The Grow-It-Yourself Medicine

Sure, the state of Rhode Island says it's legal to take pot if your doctor prescribes it. But just try getting your hand on some—safely and legally—without a grow light. The mess that is medical marijuana. **By Ellen Liberman**

When marijuana is your medicine, your pharmacist is not clad in a white coat, your pharmacy is not conveniently located in a strip mall, and the quality of your pharmaceutical is not known. Confronted with these vagaries, Ellen Smith of North Scituate turned to her young adult sons for comfort. It was 2006, and Smith's rare connective tissue disease, Ehlers-Dalos Syndrome, was slowly weakening her body's collagen.

The syndrome's clinical cousin, Marfan's Disease, put competitive swimmer Michael Phelps at the top of his game, giving him unusual flexibility and arm span. But Ehlers-Dalos has only put Smith, a retired swim coach, in a wheelchair and constant pain. She was properly diagnosed after her second bladder repair surgery, but found her body couldn't tolerate most pain medications. When her doctor suggested she try marijuana, Smith contacted her sons for advice.

"I got emails back from all four immediately," she recalls. "We all laughed about it—helping your mother find pot. But at that point there was no place to go."

One son's friend agreed to help, and he showed Smith how to grinc the leaves and steep the granules in oil. Smith mixed a tablespoon ir applesauce to disguise the taste and swallowed her trepidation.

"I was absolutely scared to death. I had tried it once in college and had a horrible experience. I took one hit and the feeling wa like I was going in and out of sodium pentothal," she said. "But wher you are in pain, it's not the same reaction. I would just get pain relief The first time I took it, I slept the entire night. I couldn't believe it. woke up and it was the next day. Medical marijuana allows my body to rest. I honestly think I wouldn't be alive if I didn't have this."

Currently, fourteen states and the District of Columbia regulate the use of medical marijuana. In Rhode Island, 2,448 had registered with the state Department of Health as medical marijuana patients another 1,738 were registered as caregivers. That's about a four-fold increase in users and three times as many growers since December 2008, when the health department last tallied the numbers for an annual report. Their ranks are growing rapidly; this fall, the department was issuing seventy-six licenses a week. By that measure

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health officials consider the program a great success.

But four years after the state legalized marijuana for medical use, the law remains a work in progress. Advocates complain that it is still not accessible enough; some doctors resist it as a treatment because they cannot prescribe marijuana under federal law; police say that its privacy strictures hamper drug investigations.

There is no formal program evaluation—the only procedure in place is that the department must submit a report to the state legislature every two years detailing enrollment figures, the number of revocations and the percentage of patients by disease. Doctors must affirm that a patient has a qualifying condition, but caregivers aren't certified in any way. No state entity regulates the price.

In September, the process of licensing the state's first so-called compassion centers faltered, after the health department threw out all fifteen applications for failing to meet the minimum scoring requirements. The department re-opened the application process in October. The review process was expected to last at least four months.

"The issue of distribution is a very hot topic in virtually all of the medical marijuana states," says Kris Hermes of Americans for Safe Access, a medical marijuana advocacy group. "Each state is going at it with a different strategy but a similar goal."

The ad hoc nature of medical marijuana programs is, in part, a result of the misalignment of state and federal policies. The latter does not recognize marijuana use for medical purposes. And under the administration of President Bush, the Drug Enforcement Agency regularly raided dispensaries in California, host to the nation's oldest program and more than 1,200 medical marijuana clinics. The U.S. Supreme Court has upheld the federal government's right to prohibit marijuana, but President Obama called a truce against state medical marijuana programs, which continue to multiply in a gray zone.

In 2005, when the General Assembly overrode a veto to legalize marijuana for chronic, painful and debilitating conditions, then-Governor Donald Carcieri, the Rhode Island State Police and the state Department of Health opposed the law, predicting that it would increase recreational use and encourage crime. And in the last year, seven

legally registered caregivers—a few of whom are also licensed as patients—were arrested for growing in excess of the twenty-four-plant limit. Some were busted after under-cover drug buys, or with guns and other drugs in their possession. The most serious case resulted in a fatality. Matthew A. Salvato, a licensed patient and caregiver, shot an intruder to his Providence apartment. He was indicted on firearms charges and medical marijuana license violations in September as the shooting remained under investigation.

But, in four years, the health department has revoked only six caregivers' licenses. Convicted felons cannot be caregivers, but they can register as patients. And the law strictly guards a registrant's identity, much to the dismay of law enforcement. State Police Colonel Brendan P. Doherty says he does not oppose marijuana for medical use, but the emphasis on patient privacy puts police at a disadvantage.

"If we receive information from a source that someone is dealing or holding large quantities of marijuana, we have no way of finding out if that person has it legally and that creates a cascade of issues, starting with safety of the officer," he says.

Former Attorney General Patrick Lynch, who first wrestled with the implementation of the law as the state's prosecutor, calls it "imperfect, at best."

"As much as it's meant to provide relief and comfort, it's created a lot of headaches," Lynch says. "I can remember two Woonsocket cases involving different houses. Both claimed they had the provider cards. They had forty to fifty pounds of marijuana, thirty plants, a shotgun and other drugs, and they were holding up this card like it's a get-out-of-jail-free card."

Patient advocates argue that the emphasis on wrongdoing is misplaced. The real scandal is how many legal patients have no safe way to obtain medical marijuana. A chemotherapy patient with an immediate need for relief would have to wait at least three months to grow a supply, or hunt down a caregiver, or resort to obtaining marijuana on the black market. The decision to restart the compassion center application process could delay their inception by another year, says Jo Anne Leppanen, executive director of the Rhode Island Patient Advocacy Coalition.

"It's bureaucratic incompetence at its worst," Leppanen says. "They are pushing patients toward the street and drug dealers and unsafe situations. It's a tremendous burden on patients."

And some of the compassion center hopefuls are feeling the weight of the program's expectations. Todd Handel, a physical medicine and rehabilitation doctor, was among the first round of applicants, but decided not to re-apply. »

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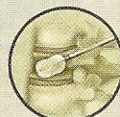

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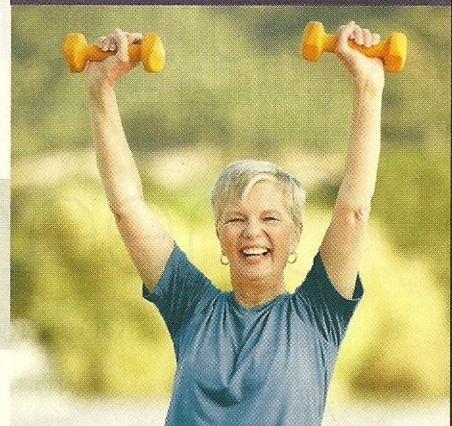

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"They are asking compassion centers to develop as not-for-profits. If someone is investing a couple of million, why would they do that as a not-for-profit, not knowing how much they will sell? If it loses money, how will they cover their losses and if they make a profit, what will they do with it? There will only be a limited number of compassion centers, but they are supposed to treat a large number of patients. There are so many questions that don't have answers."

Ellen Smith is no longer dependent on clandestine arrangements. Her husband is her registered caregiver, and they grow their own marijuana. She is within the law and a half-step ahead of the progression of her disease. Yet, it's a strain—on the electric bill and the nerves. Thieves made off with one outdoor crop, so the Smiths were forced to grow indoors.

"We live in the country, so we're in a better position than some. But if we had to move, what would we do?" she asks. "It's a big deal to make your own medicine to keep yourself alive." Ⓡ

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