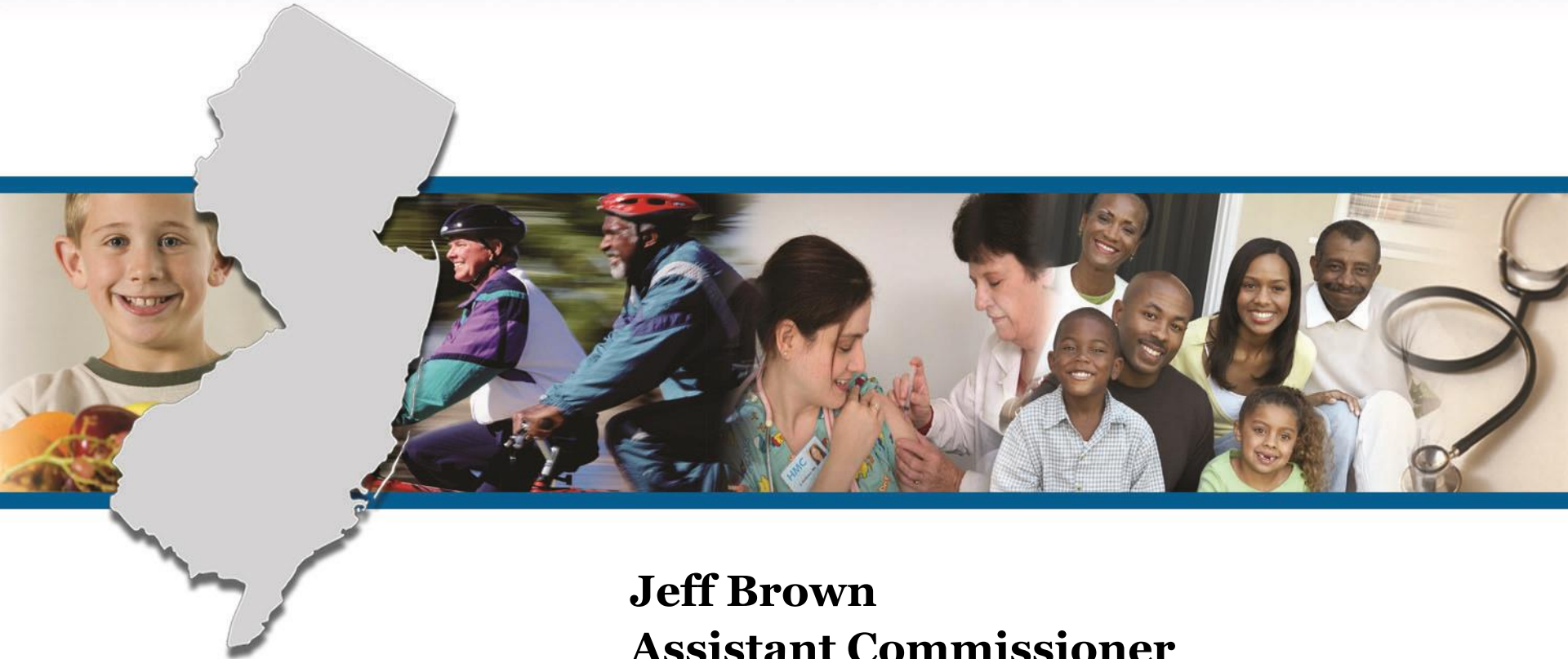


Going Green

Expanding New Jersey's Medicinal Marijuana Program



Jeff Brown
Assistant Commissioner



The Reason We Do This



- **8,000 BC: hemp cultivation in Japan**
- **Mentioned in texts since 2,727 BC (China)**
 - Assyrians (Middle East), Ancient Greeks, Romans, Egyptians, medieval Arab society
- **Used for arthritis, pain, inflammation, “mothers and children,” and in religious ceremonies and funerals**



Illustrations of *Cannabis sativa* in the Vienna Dioscorides, a pharmacological manuscript of the early 6th century

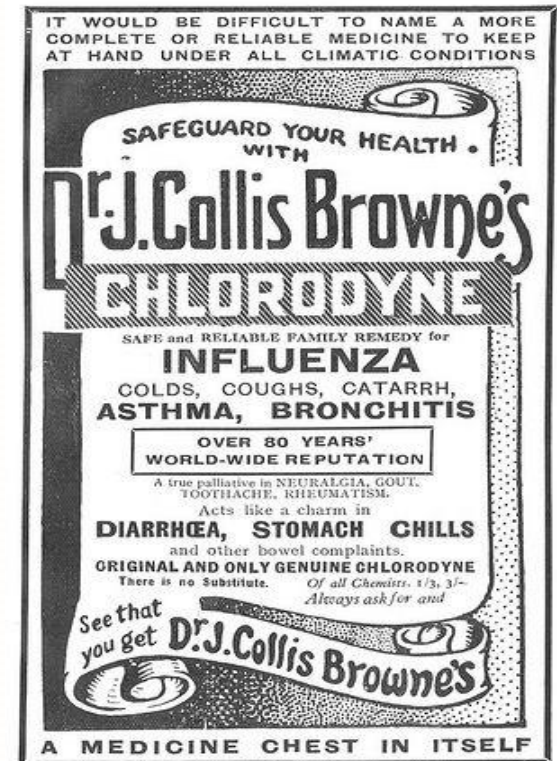


History in the U.S.

- Colonies were directed to grow hemp
- Widely used as a patent medicine in the late 1800s to early 1900s
- Listed in U.S. Pharmacopoeia 1851 - 1942

EXTRACTUM CANNABIS. *Extract of Hemp.*
An alcoholic extract of the dried tops of
Cannabis sativa—variety *Indica*.

U.S. Pharmacopoeia, 1851 (3rd Ed)



- **34 states, DC, Guam, Puerto Rico, USVI have MMPs**
- **12 states allow CBD products in limited situations**

Most Common Uses:

- **Chronic Pain/headaches**
- **Anxiety, depression**
- **IBD**



About the Program

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

Governor Phil Murphy · Lt. Governor Sheila Oliver
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Medicinal Marijuana Program

[Home](#) [Patients](#) [Physicians](#) [Caregivers](#) [Alternative Treatment Centers](#) [Program Rules](#) [Review Panel](#)

SPOTLIGHT

Opioid Addiction Added to Eligible Conditions

Governor Murphy announced the addition of opioid addiction to the Medicinal Marijuana Program as an eligible condition. The MMP will have expanded availability by allowing for the use of medical cannabis as an adjunct to Medication Assisted Treatment (MAT) for all patients that suffer from opioid addiction, not only those with chronic pain.

The addition of opioid use disorder as a qualifying condition comprises a revision to the Final Agency Decision on new qualifying conditions first issued by DOH Commissioner Stacey Elnahai on March 22, 2018.

[Learn More](#)



2018 ATC RFA Document Library

Following a request for ATC applications in summer 2018, the Department selected six applicants to continue the ATC approval process in December 2018.

[Read Press Release](#)

[Document Library](#)

- 45,000 patients
 - Increase of more than 28,000 since beginning of the Murphy Administration.
- 940 physicians
- 1800 caregivers
- 6 Alternative Treatment Centers (ATCs) + 6 in the permitting process.

Executive Order #6: Expanding Access to Medicinal Marijuana

Executive Order #6

- **Directed the NJ Department of Health to review the Medicinal Marijuana Program to improve access to patients, reduce regulatory burdens, and increase physician participation**
- **60 day timeline**
- **After internal review, issued Executive Order #6 Report to Governor on March 23, 2018**

Executive Order #6

- **Report included three sets of recommended actions:**
 - ✓ Immediate (through executive action)
 - ✓ Regulatory (through rule-making process)
 - ✓ Statutory (through legislation)



Issued by Acting Commissioner Shereef Elnahal, M.D., M.B.A.


March 23, 2018

E06: Immediate Action


- Expanded conditions
- Reduced fees
- Physician name publication optional
- Mobile Access
- Allow ATC satellites
- Allow 2 caregiver per patient

New Jersey Department of Health Medicinal Marijuana Program


See if you have a qualifying condition.




Your physician will certify your condition.




You* provide information, proof of ID, and payment.



Your name is added to the New Jersey Department of Health Registry.



You may now obtain medicinal marijuana at any of the alternative treatment centers.




There are five new categories of debilitating conditions:

Anxiety	Chronic pain related to musculoskeletal disorders	Chronic pain of visceral origin	Migraine	Tourette's Syndrome
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There is a \$100 registration fee for patients and caregivers.

Reduced \$20 fee available for:

- ♦ Veterans
- ♦ Seniors
- ♦ Individuals receiving government assistance

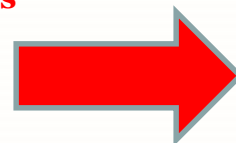


* A caregiver may represent a patient by applying and meeting conditions including a background check.

Qualifying Conditions

Debilitating:

- **Chronic pain related to musculoskeletal disorders**
- **Migraine**
- **Anxiety**
- **Chronic pain of visceral origin**
- **Tourette's Syndrome**
- Amyotrophic lateral sclerosis
- Multiple sclerosis
- Terminal cancer
- Muscular dystrophy
- Inflammatory bowel disease (IBD), including Crohn's disease
- Terminal illness, if the physician has determined a prognosis of less than 12 months of life.



Newly added
conditions

Resistance, or intolerance, to conventional therapy:

- Seizure disorder, including epilepsy
- Intractable skeletal muscular spasticity
- Glaucoma
- Post-Traumatic Stress Disorder (PTSD)

Severe or chronic pain, severe nausea or vomiting, cachexia or wasting syndrome resulting from the condition or treatment of:

- Positive status for human immunodeficiency virus (HIV)
- Acquired immune deficiency syndrome (AIDS)
- Cancer

EO6: Regulatory Action

- **Streamline process for the addition of new conditions for treatment with medicinal marijuana**
- **Create separate endorsements in permitting process: dispensary, processor, cultivator**
- **Eliminate 10% THC limit**
- **Eliminate psychiatrist evaluation for minors**

EO6: Statutory Action

- **Allow edible forms for all patients, not only minors**
- **Allow patients to go to more than one ATC at a time**
- **Allow marijuana as a first-line treatment for all approved conditions**
- **Eliminate 2 ounce per month limit for terminal patients**
- **Raise limit for all others over time**
- **Remove non-profit requirement for original ATCs**

EO6: Future Considerations

- **Redesigning patient/physician portal**
- **Home delivery**
- **Using external labs for quality control**
- **Elimination of sales tax**
- **Review of ATC permitting and background check process**

Additional Reforms

- **Reduced wait time for new patient cards.**
- **Changed first certification period to give patients close to full 90 days.**
- **Started issuing provisional caregiver cards.**
- **Approved concentrated oil cartridges.**

Division of Medicinal Marijuana

Biennial Report

Findings

- **Prices are not excessive, but are high and are artificially suppressing demand among patients.**
- **2 ounce per month limit should be raised for all patients, removed for terminal patients.**
- **More ATCs are needed. Between 25-50 cultivation sites and 50-90 dispensaries.**

Prices at ATCs

2017

<u>Alternative Treatment Center</u>	<u>Avg Ounce with Discount</u>	<u>% of Illegal Price</u>
Greenleaf Compassion Center	\$413.24	120%
Garden State Dispensary	\$387.69	113%
Breakwater Dispensary	\$322.11	94%
Compassionate Care Foundation	\$332.00	97%
Curaleaf	\$307.32	89%

2018

<u>Alternative Treatment Center</u>	<u>Avg Ounce with Discount</u>	
Greenleaf Compassion Center	\$409.52	119%
Harmony Foundation	\$401.87	117%
Garden State Dispensary	\$392.30	114%
Breakwater Dispensary	\$310.87	90%
Compassionate Care Foundation	\$321.22	94%
Curaleaf	\$316.51	92%

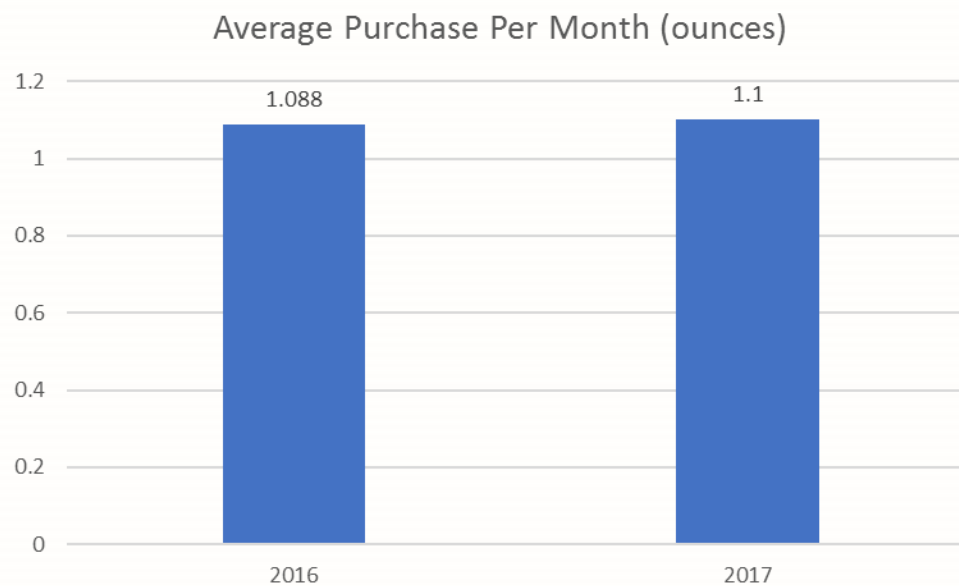
Source: ATC Inventory Management systems, compared against crowd-sourced price of illegal market on PriceOfWeed.com.

Prices at ATCs

ATC	<i>1/8 Ounce Whole Flower Price</i>	<i>1/4 Ounce Whole Flower Price</i>	<i>Whole Ounce</i>
Breakwater ATC (Cranbury)	\$58.00	\$115.00	\$460.00
Compassionate Care Foundation (Egg Harbor Twp)	\$59.00	\$118.00	\$472.00
Curaleaf (Bellmawr)	\$50.00	\$90.00	\$360.00
Garden State Dispensary (Woodbridge)	\$64.50	\$125.00	\$500.00
Greenleaf Compassion Center (Montclair)	\$65.00	\$125.00	\$500.00
Harmony Foundation (Secaucus)	\$60.00	\$120.00	\$480.00

Source: ATC Menus, Sales Tax included

Monthly Purchase Limit



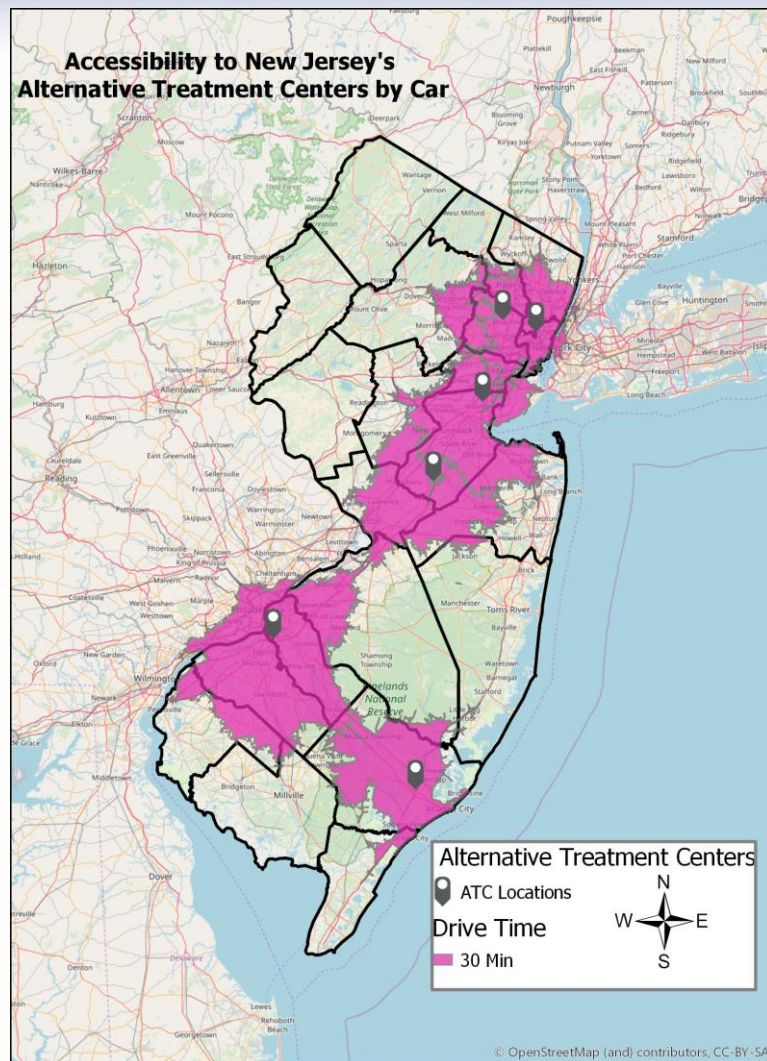
Source: Patient Registry – Average purchase amount among patients making a purchase in a given month.

Monthly Purchase Limit

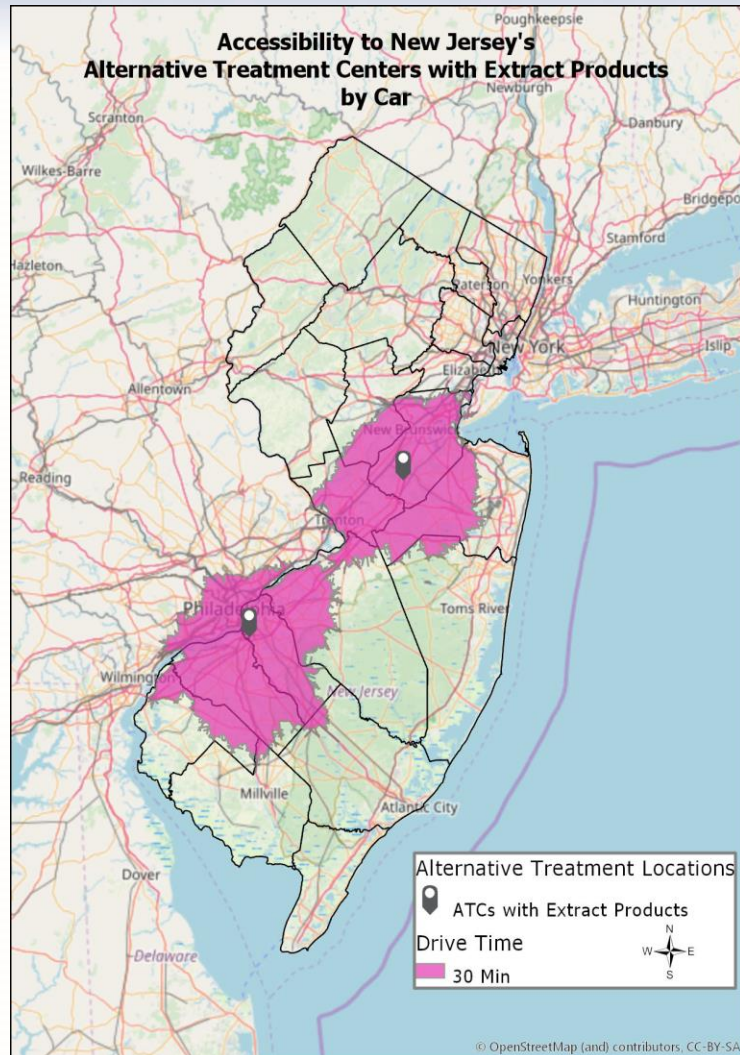
Year	% of Patients Purchasing Up to Limit	# Number of Months
2016	6.82%	6 of 12 months
2016	24.24%	1 of 12 months
2017	8.62%	6 of 12 months
2017	27.71%	1 of 12 months

Source: Patient Registry – Percentage of patients purchasing up to the limit in a specified time period.

ATC Needs Analysis – Drive Time

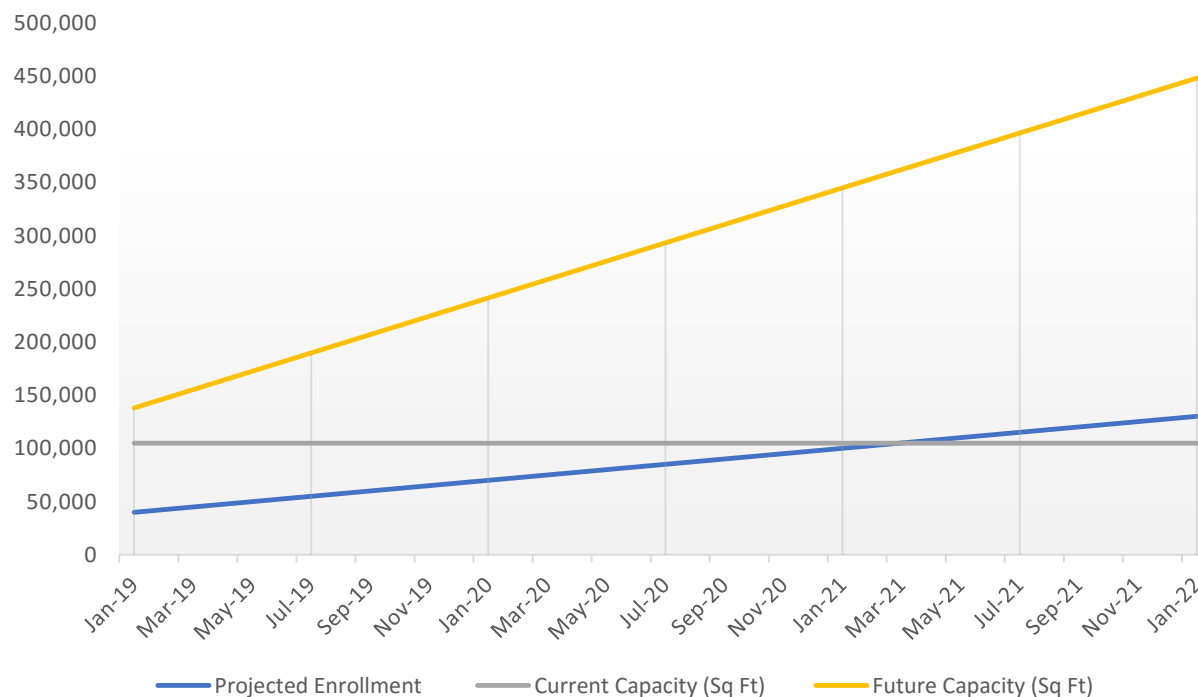


ATC Needs Analysis – Drive Time



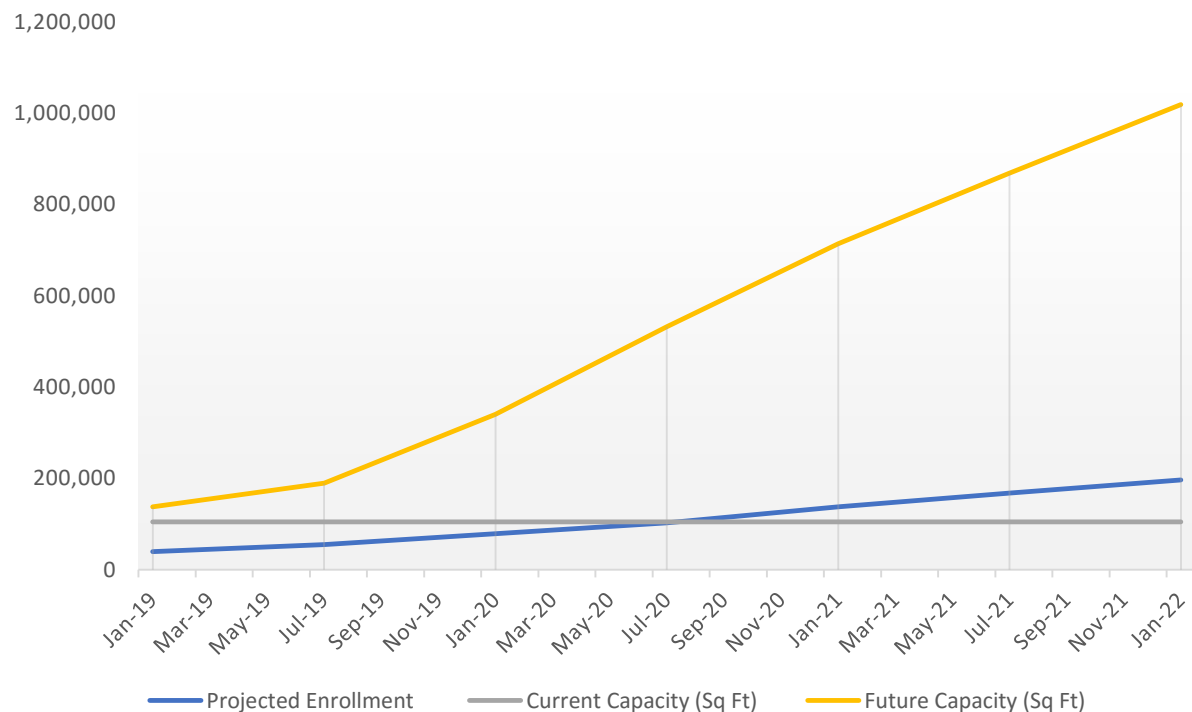
ATC Needs Analysis – Cultivation Capacity

Cultivation Needs: Status Quo



ATC Needs Analysis – Cultivation Capacity

Cultivation Needs: EO6



Forms of Therapy

Current forms of medicinal marijuana in NJ

All Patients:

- **Oral – primarily lozenges that dissolve in the mouth**
- **Topical– oils, ointments, and other formulations that are meant to be absorbed through the skin**
- **Flower – the “buds” that can be smoked, vaporized, or baked.**
- **Oil – oils that contains extracted THC and CBD that can be vaporized.**

Minors:

- **Edibles – tablets, capsules, drops or syrups that are ingested**

Forms of Therapy

Plant Types:

- **Cannabis Indica**
- **Cannabis Sativa**
- **Hybrid**

Chemotypes:

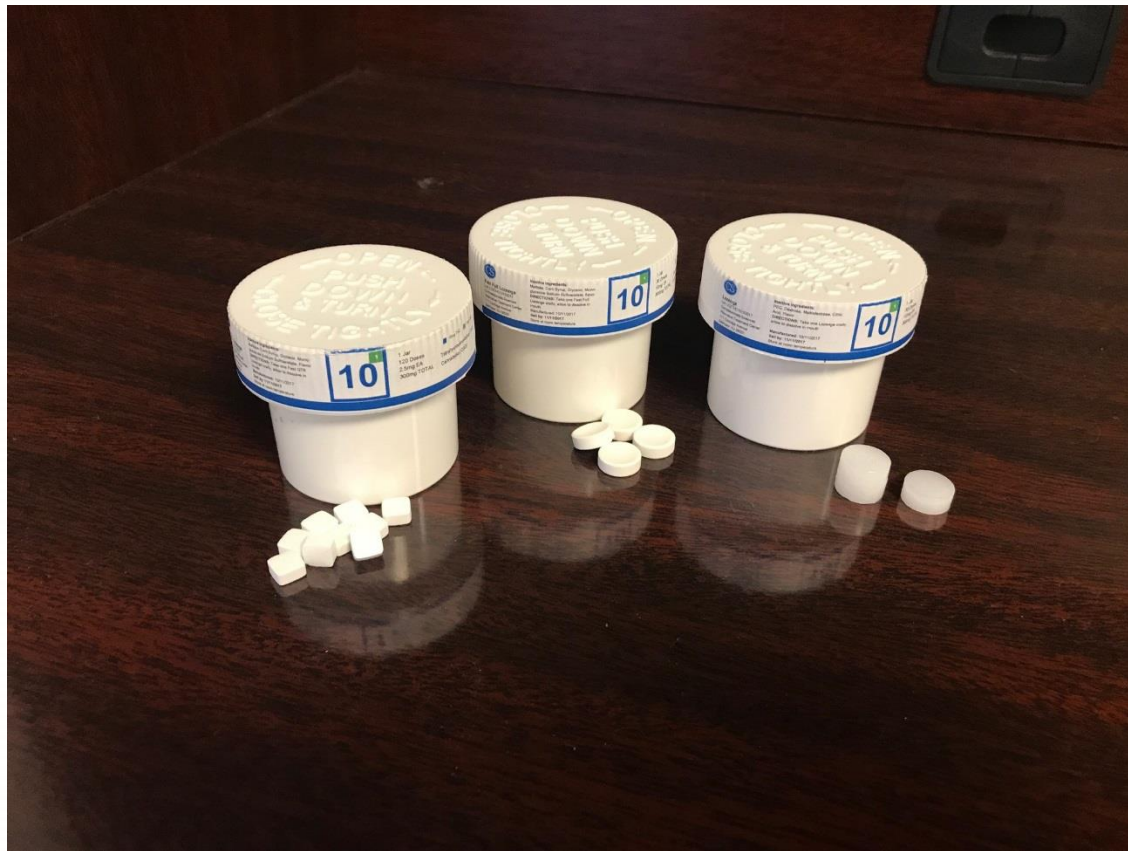
- **1: High THC/Low CBD**
- **2: THC/CBD ratio between .5 and 3.0**
- **3: High CBD/Low THC**



Lozenges/Edibles

- **High-CBD**
- **High-THC**
- **CBD/THC**

Pictured: three types of lozenges, all with 10:1 THC:CBD ratio.
Lozenges come in full dose (10 mg THC, 1 mg CBD), half (5 mg THC, .5 mg CBD) or quarter (2.5 mg THC, .25 mg CBD)



Oils



Forms of Therapy



Requirements and Eligibility

Physician requirements:

- Active NJ medical license, in good standing, issued by the Board of Medical Examiners;
- Active controlled dangerous substances (CDS) registration, issued by the NJ Division of Consumer Affairs, which is not subject to limitation; and
- Practice within the State of New Jersey.

Patient Qualifications:

- Proof of current New Jersey residency;
- Bona fide relationship with a physician; and
- Diagnosed with a qualifying medical condition.

Requirements and Eligibility

Bona fide relationship: a relationship in which the physician has ongoing responsibility for the assessment, care and treatment of a patient's debilitating medical condition whereby:

- The physician-patient relationship must have existed for at least one year; or
- The physician has seen or assessed the patient for their debilitating medical condition on at least four office visits; or
- **The physician, after a thorough medical history and physical examination of the patient, assumes the responsibility for providing management and care of the patient's debilitating medical condition.**

What's ahead?



British Journal of
Pharmacology

Themed Issue: Cannabinoids in Biology and Medicine, Part I

REVIEW

Taming THC: potential cannabis synergy and phytocannabinoid-terpenoid entourage effects

Ethan B Russo

GW Pharmaceuticals, Salisbury, Wiltshire, UK

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www.bjppharmacol.org

Correspondence

Ethan Russo, MD, 20402 81st
Avenue SW, Vashon, WA 98070,
USA. E-mail:
ethanrusso@comcast.net

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