



# **MEDICAL AND ADULT USE PURCHASER HANDBOOK**

## **The Dispensary**

### **Fulton Dispensary**

1801 16<sup>th</sup> Avenue  
Fulton, Illinois 61252  
[www.TheDispensaryFulton.com](http://www.TheDispensaryFulton.com)

### **East Dubuque Dispensary**

1709 Highway 35 North  
East Dubuque, Illinois 61025  
[www.TheDispensaryEastDubuque.com](http://www.TheDispensaryEastDubuque.com)

[info@thedispensaryfulton.com](mailto:info@thedispensaryfulton.com)  
(815) 208-7701



## WELCOME TO THE DISPENSARY

Here at The Dispensary, we take great pride in serving our patients, adult use purchasers, and providing a safe and welcoming atmosphere. Thank you for choosing our dispensary to serve your medical and recreational needs.

Please review the attached materials. These include education materials and cover information on product types, dosages, ingestion methods, as well as patient and purchaser rights. We are happy to answer any and all questions regarding our stocked products and the cannabis program in Illinois. Our staff is here to serve and assist you. Confidentiality is of the utmost importance at The Dispensary. All health information, preferred and purchased products, as well as your other personal information is highly secured and remains confidential. For those that prefer extra privacy, we offer private patient consultations for medical patients with one of our helpful and knowledgeable staff members so you can discuss and learn about the many ways cannabis and specific products may be able to help alleviate your specific symptoms. All adult use purchasers' information including general contact information is protected. Adult use purchasers may opt-in to our rewards program which will allow for special discounts, offers, online orders, and allows for tracking of product purchasers.

The Dispensary is open Monday through Saturday from 11AM to 7PM. We are closed on Sundays. Please feel free to visit our website at [www.TheDispensaryFulton.com](http://www.TheDispensaryFulton.com) for updated information, a list of available cannabis products, specials, forms, online ordering, to request a private medical patient consultation, and additional cannabis information.

For medical patients, in order to enter our facility and purchase medicine from The Dispensary, you should be prepared to bring your Registry Identification Card issue by IDPH as well as a matching photo ID. Depending on your registration, this may be a hard plastic card or a paper card. These items should be brought anytime you visit the dispensary. In order to purchase medical cannabis, you also need to be registered with The Dispensary Fulton in District 1. Without these items, we are not able to dispense your required medication. East Dubuque is currently an adult use only facility.

For adult use purchasers, in order to enter our facility and purchase cannabis products from The Dispensary, you should bring a photo ID showing your primary address and be over the age of 21. Identification must include a government issued ID, either state ID, Driver's License, registration certificate issued under the Military Selective Service Act, or an identification issued to a member of the Armed Services, or other valid government issued ID. Any identification that is acceptable shall be valid and unexpired and contain a photograph and date of birth.

Additionally, a passport may be utilized, but unless accompanied by a second form of identification listing the purchasers current address, all passports will be categorized as 'out of state' residents. Acceptable secondary forms of identification to show residency include (i) a signed lease agreement that includes the applicant's name, (ii) a property deed that includes the applicant's name, (iii) school records, (iv) current and valid voter registration card, (v) an Illinois driver's license, ID card, or a Person with a Disability ID card, (vi) the most recent paycheck stub, (vii) the most recent utility bill.

At The Dispensary, we have made it our mission to provide patients and purchasers with the highest quality medicine for the most affordable prices. In order to accomplish this, we encourage our patients and purchasers to provide any feedback regarding the quality of the product as well as the medical benefits you experience. This information will be kept confidential at all times and used internally to evaluate the product lines offered. Please also feel free to provide any feedback regarding your experience with our staff and facility. We want to serve you to the best of our abilities and are always looking for ways to make your visit more enjoyable.

Sincerely,

**The Dispensary - Fulton Facility**

Medical and Adult Use Sales

1801 16<sup>th</sup> Avenue

Fulton, Illinois 61252

District 1

[www.TheDispensaryFulton.com](http://www.TheDispensaryFulton.com)

[info@thedispensaryfulton.com](mailto:info@thedispensaryfulton.com)

(815) 208-7701

**The Dispensary - East Dubuque Facility**

Adult Use Sales Only

1709 Highway 35 North

East Dubuque, Illinois 61025

[www.TheDispensaryEastDubuque.com](http://www.TheDispensaryEastDubuque.com)

[info@thedispensaryfulton.com](mailto:info@thedispensaryfulton.com)

(815) 208-7701

## MEDICAL CANNABIS IN ILLINOIS

Illinois passed and approved the Medical Cannabis Pilot Program (MCP) in late 2014 with dispensaries first opening in late 2015. This statewide program allows patients with one of the 39 allowable conditions to obtain a recommendation from a physician. After obtaining a recommendation and applying to the Illinois Department of Public Health, if qualified and meeting all requirements, DPH will issue a Patient Registry Identification Card. This card must be renewed every one, two, or three years depending on your registration. MCP patients will receive a provisional paper card which can be printed immediately and will be mailed a hard plastic card once approved by the state of Illinois.

In 2018, Illinois expanded the medical cannabis program and passed the Opioid Alternative Pilot Program (OAPP) which allows patients with an opioid prescription as well as patients that would qualify for an opioid prescription the alternative to use cannabis as a treatment option. Conditions which qualify for the OAPP include any condition recognized by your physician that has been or could be prescribed opioids and can be treated with cannabis. OAPP patients qualify for a 90 day medical card. OAPP patients will receive a paper registry card emailed to them, cannot have caregivers, and cannot change their dispensary registration according to state law.

The program allows patients to obtain up to 2.5 ounces from a licensed dispensary every two weeks (unless approved for a higher limit by the state of Illinois and your physician). Certain persons are restricted and cannot obtain a Registry Identification Card. At this time, these include public safety officials, school bus and commercial drivers, police and correctional officers, and firefighters. There is no longer a felony restriction or the requirement for patients to undergo fingerprinting and background checks.

Medical cannabis cannot be used on a school bus, on the grounds of any school, in a correctional facility, in any motor vehicle, in a private residence used as a day care or child care facility, or in any public place. Patients cannot use medical cannabis in a health care facility or any place where smoking is prohibited by the Smoke Free Illinois Act and in proximity of anyone under the age of 18.

Cannabis is still a federally prohibited substance, and despite state laws protecting patients, there is no protection from prosecution at the federal level.

## ADULT USE RECREATIONAL CANNABIS

Illinois passed the Cannabis Regulation and Tax Act (CRTA) in mid-2019, with dispensaries first opening for adult use sales on January 1<sup>st</sup>, 2020. This statewide program allows Illinois residents over the age of 21 may legally possess and purchase 30 grams of cannabis flower, five grams of cannabis concentrate (oil), and 500 milligrams of THC in cannabis infused products (edibles). Non-residents over the age of 21 may legally possess and purchase 15 grams of cannabis flower, two and a half grams of cannabis concentrate (oil), and 250 milligrams of THC in cannabis infused products (edibles). Purchasers are limited to one purchase per day.

This information is automatically calculated by BioTrack during the checkout process.

All purchases are for personal consumption only. Diversion to non-qualifying purchasers or to circumvent

purchase limits will result in an immediate termination of purchasing privileges and notification to DPH and IDFPR as required by state law. All cannabis products purchased from the dispensary should be stored out of the reach of children and pets. Products should be kept in their original packaging if transporting and should remain sealed and out of reach of the driver, in a childproof and odor resistant and sealed packaging in order to comply with the CRTA. Your cannabis products must remain sealed in the exit bag as you leave the sales floor and the facility. We recommend transporting any cannabis products sealed in their exit bag and located in your car trunk if possible. It is illegal to smoke or medicate in public or in a motor vehicle.

By default, The Dispensary cannot record any general identifying information regarding adult use purchasers including name, purchased items, and contact information. The Dispensary does offer a rewards program. Opting into the rewards program enhanced recordkeeping will allow purchasers access to daily deals, specials, loyalty programs, and online ordering. By opting into this rewards program, a purchaser also consents to saving necessary information for tracking of those rewards including name, contact information, and purchase history. This is also utilized in the case of any product recall for notification purposes. Purchasers may decide to not opt-in, in which case no identifying information will be retained. By default, purchasers are not enrolled in the rewards program with enhanced recordkeeping.

## IMPORTANT NOTICES

- Cannabis consumption can impair cognition and driving, is for adult use only, may be habit forming, and should not be used by pregnant or breastfeeding women or any person operating heavy machinery;
- Edible cannabis-infused products were produced in a kitchen that may also process common food allergens;
- The effects of cannabis products can vary from person to person, and it can take as long as two hours to feel the effects of some cannabis-infused products. Carefully review the portion size information and warnings contained on the product packaging before consuming.
- No minors permitted on the premises unless the minor is a minor qualifying patient under the Compassionate Use of Medical Cannabis Pilot Program Act;
- Distribution to persons under the age of 21 is prohibited;
- Transportation of cannabis or cannabis products across state lines is prohibited.
- A person may not attempt any task under the influence of cannabis that would constitute malpractice, negligence or professional misconduct.
- A person may not use in any public place – any place where a person could reasonably be expected to be seen by others. This includes restaurants, bars, movie theaters, parking lots, sidewalks, streets, stores, basically anywhere where there are people in a public place.
- A person may not use near anyone who is less than 21 years old (unless that patient has a medical authorization).
- A person may not use anywhere prohibited by Smoke-Free Illinois.
- A passenger may not use or possess on a school bus, except in the case of an approved medical marijuana case.
- A person may not use or possess in a correctional center, school, home daycare.
- A person may not use or possess in a vehicle, unless it is secured in a sealed, odor-proof, children resistant container that is kept reasonably inaccessible to the driver. This means cannabis products must be kept in a sealed, odor-proof, children resistant container, and out of the driver's reach.

# THE THERAPEUTIC POTENTIAL OF CANNABIS

The most common use for cannabis in the United States is for pain control. While cannabis isn't necessarily strong enough for severe pain (for example, post-surgical pain or a broken bone), it is quite effective for the chronic pain that plagues millions of Americans, especially as they age. Part of its allure is that it is clearly safer than opiates (it is impossible to overdose on and far less addictive) and it can take the place of NSAIDs such as Advil or Aleve, if people can't take them due to problems with their kidneys or ulcers or GERD.

In particular, cannabis appears to ease the pain of multiple sclerosis, and nerve pain in general. This is an area where few other options exist, and those that do, such as Neurontin, Lyrica, or opiates are highly sedating. Patients claim that cannabis allows them to resume their previous activities without feeling completely out of it and disengaged.

Along these lines, cannabis is said to be a fantastic muscle relaxant, and people swear by its ability to lessen tremors in Parkinson's disease. Cannabis quite successfully for fibromyalgia, endometriosis, interstitial cystitis, and most other conditions where the final common pathway is chronic pain.

Cannabis is also used to manage nausea and weight loss, and can be used to treat glaucoma. A highly promising area of research is its use for PTSD in veterans who are returning from combat zones. Many veterans and their therapists report drastic improvement and clamor for more studies, and for a loosening of governmental restrictions on its study. Medical cannabis is also reported to help patients suffering from pain and wasting syndrome associated with HIV, as well as irritable bowel syndrome and Crohn's disease.

This is not intended to be an inclusive list, but rather to give a brief survey of the types of conditions for which medical cannabis can provide relief. As with all remedies, claims of effectiveness should be critically evaluated and treated with caution.

## CLINICAL EVALUATION OF CANNABIS

While research in the United States has been sharply restricted by the federal prohibition on cannabis in the past, recent discoveries have increased interest among scientists in the more than 100 different cannabinoids so far identified in the cannabis plant. The International Cannabinoid Research Society (ICRS) was formally incorporated as a scientific research organization in 1991, and since its incorporation the membership has more than tripled. The International Association for Cannabis as Medicine (IACM), founded in 2000, publishes a bi-weekly newsletter and holds a bi-annual symposium to highlight emerging clinical research concerning cannabis therapeutics. The University of California established the Center for Medical Cannabis Research (CMCR) in 2001 to conduct scientific studies to ascertain the general medical safety and efficacy of cannabis products and examine alternative forms of cannabis administration. In 2010, the CMCR issued a report on the 14 clinical studies it has conducted, most of which were FDA-approved, double-blind, placebo-controlled clinical studies that have demonstrated that cannabis can control pain, in some cases better than the available alternatives.

To date, more than 15,000 modern peer-reviewed scientific articles on the chemistry and pharmacology of cannabis and cannabinoids have been published, as well as more than 2,000 articles on the body's natural endocannabinoids. In recent years, studies and our knowledge of the endocannabinoids system and its effects have been subject of greater focus and interest, and we continue to learn more about its potential.

A 2009 review of clinical studies conducted over a 38-year period, found that "nearly all of the 33 published controlled clinical trials conducted in the United States have shown significant and measurable benefits in subjects receiving the treatment." The review's authors note that cannabinoids have the capacity for analgesia through neuromodulation in ascending and descending pain pathways, neuroprotection, and anti-inflammatory mechanisms—all of which indicates that the cannabinoids found

in cannabis have applications in managing chronic pain, muscle spasticity, cachexia, and other debilitating conditions.

## THE ENDOCANNABINOID SYSTEM

Humans have used drugs derived from the opium poppy for thousands of years to lessen pain and produce euphoria. In 1973, scientists discovered the brain receptors that interact with these opiates, which include opium, morphine, and heroin. In 1975, the first of the brain's natural chemicals that bind with these receptors was identified. The similarity of this chemical, enkephalin, to morphine suggested opiate drugs work primarily by mimicking natural opiate-like molecules. These discoveries helped explain the effects of opiate drugs and opened the door to the development of powerful new therapeutic drugs that revolutionized pain management.

Similarly, humans have used the cannabis plant for thousands of years to reduce pain, control nausea, stimulate appetite, control anxiety, and produce feelings of euphoria. Since 1964 when the first cannabinoid was identified, researchers have made new discoveries that help us better understand not just why and how cannabis works so well for so many people but its full therapeutic potential.

The therapeutic benefits of cannabis are derived from the interactions of cannabinoids and the human body's own endocannabinoid system, first identified in 1988. The endocannabinoid system (ECS) is a sophisticated group of neuromodulators, their receptors, and signaling pathways involved in regulating a variety of physiological processes including movement, mood, memory, appetite, and pain.

In the little more than 20 years since researchers began developing an understanding of the ECS, two types of cannabinoid receptors, CB1 and CB2, have been identified, setting the stage for discoveries that have dramatically increased our understanding of how cannabis and its many constituent cannabinoids affect the human body.

CB1 receptors are found in the central nervous system, particularly the brain, and in other organs and tissues such as the eyes, lungs, kidneys, liver and digestive tract. In fact, the brain's receptors for cannabinoids far outnumber its opiate receptors, perhaps by as much as ten to one. The relative safety of cannabis is explained by the fact that cannabinoid receptors are virtually absent from those regions at the base of the brain that are responsible for such vital functions as breathing and heart control. CB2 receptors are primarily located in tissues associated with immune function, such as the spleen, thymus, tonsils, bone marrow, and white blood cells.

## GENERAL CANNABIS INFORMATION

Cannabis is a flowering plant that has fibrous stalks used for paper, clothing, rope, and building materials while leaves, flowers, and resin used for medicinal purposes, and seeds used for food and fuel oil.

Cannabis leaves with resin and flowers are consumed in several forms: dried flower buds or various types of concentrated, loose, or pressed resin extracted from the flowers or leaves through a variety of methods. Once mature, the plant's leaves and flowers are covered with trichomes, tiny glands of resinous oil containing cannabinoids and terpenes that provide physical and psychoactive effects.

- At least 113 different types of cannabinoids have been isolated from the cannabis plant.
- Concentrations or percent of each type of cannabinoid ranges widely from plant to plant and strain to strain.
- The first identified and best-known cannabinoid is THC (delta-9- tetrahydrocannabinol). THC has the most significant psychoactive effect of the cannabinoids and is the most studied.

- The ratio of THC to other cannabinoids varies from strain to strain. While THC has been the focus of breeding and research due to its various psychoactive and therapeutic effects, non-psychoactive cannabinoids have physiologic effects that can be therapeutic and may not be accompanied by psychoactive side effects.
- Cannabidiol (CBD) relieves convulsions, inflammation, anxiety and nausea— many of the same therapeutic qualities as THC but without psychoactive effects. It is the main cannabinoid in low-THC cannabis strains, and modern breeders have been developing strains with greater CBD content for medical use.
- Cannabinol (CBN) is mildly psychoactive, decreases intraocular pressure, and seizure occurrence.
- Cannabichromene (CBC) promotes the analgesic effects (pain relief) of THC and has sedative (calming) effects.
- Cannabigerol (CBG) has sedative effects and antimicrobial properties, as well as lowers intraocular pressure.
- Tetrahydrocannabivarin (THCV) is showing promise for type 2 diabetes and related metabolic disorders.

In addition to cannabinoids, other cannabis plant molecules are biologically active. A few other molecules known to have health effects are flavonoids and terpenes or terpenoids (compounds providing the flavor and smell of the cannabis). Cannabinoids, terpenoids, and other compounds are secreted by the glandular trichomes found most densely on the floral leaves and flowers of female plants.

### **Effects**

Different people have different experiences. One individual may feel stress release, while another feels over-stimulated, while another feels energized and on-task. There are many factors that impact the effect:

- Amount used (dosage)
- Strain of cannabis used and method of consumption
- Environment/setting
- Experience and history of cannabis use
- Biochemistry
- Mindset or mood
- Nutrition or diet

### **Types of Cannabis**

Though cannabis is biologically classified as the single species *Cannabis Sativa*, there are at least three distinct plant varieties: *Cannabis Sativa*, *Cannabis Indica*, and *Cannabis Ruderalis*, though the last is rarely used for medical or commercial production. There are also hybrids, which are crosses between *sativa* and *indica* varieties, and further polyhybrids which have established a complete and wide spectrum for cannabis characteristics and effects. Cannabis used for fiber is typically referred to as hemp and has only small amounts of the psychoactive cannabinoid THC, less than 0.3%.

All types of medical cannabis produce effects that are more similar than not, including pain and nausea control, appetite stimulation, reduced muscle spasm, improved sleep, and others. But individual strains will have differing cannabinoid and terpene content, producing noticeably different effects. Many people report finding some strains more beneficial than others. For instance, strains with more CBD tend to produce better pain and spasticity relief. As noted above, effects will also vary for an individual based on the setting in which it is used and the person's physiological state when using it. In general, *sativas* and *indicas* are frequently distinguished as follows:

### **Sativas**

The primary effects are on thoughts and feelings. *Sativas* tend to produce stimulating feelings, and many prefer it for daytime use. Some noted therapeutic effects from use of *Sativas*:

- Stimulating/energizing



- Increased sense of well-being, focus, creativity
- Reduces depression, elevates mood
- Relieves headaches/migraines/nausea
- Increases appetite

Some noted Side-Effects from use of Sativas:

- Increased anxiety feelings
- Increased paranoia feelings

### **Indicas**

The primary effects are on the body. Indicas tend to produce sedated feelings, and many prefer it for nighttime use. Some noted Therapeutic Effects from use of Indicas:

- Provides relaxation/reduces stress
- Relaxes muscles/spasms
- Reduces pain/inflammation/headaches/migraines
- Helps sleep
- Reduces anxiety
- Reduces nausea, stimulates appetite
- Reduces intra-ocular pressure
- Reduces seizure frequency/anti-convulsant

Some noted Side-Effects from use of Indicas:

- Feelings of tiredness
- “Fuzzy” thinking

### **Hybrids and Polyhybrids**

Strains bred from crossing two or more varieties, with typically one dominant. For example, a sativa-dominant cross may be helpful in stimulating appetite and relaxing muscle spasms. Crosses are reported to work well to combat nausea and increase appetite. These strains have the ability to provide various characteristic from each side of the spectrum, allowing for patients to fine tune strains and products that best work for their symptoms.

### **Cannabis Extracts and Concentrates**

The dried flower or bud from the manicured, mature female plant is the most widely consumed form of cannabis in the U.S. Elsewhere in the world, extracts or concentrates of the cannabis plant are more commonly used in the form of hash or hashish. These concentrated forms are made from cannabinoid-rich glandular trichomes, which are found in varying amounts on cannabis flowers, leaves and stalks. The flowers of a mature female plant contain the most trichomes.

### **Kief**

Kief is a powder made from trichomes removed from the leaves and flowers of cannabis plants. Can be compressed to produce cakes of hashish, or consumed (typically smoked) in powder form in a pipe or with cannabis bud or other herbs. Kief is collected through mechanical extraction methods, physically knocking glandular trichomes off the plant and separating from plant matter. Kief, if of proper purity, can be compressed into hashish.

### **Hashish**

Hashish (also known as hash or hashisha) is a collection of compressed or concentrated resin glands (trichomes). Hash contains the same active cannabinoids as the flower and leaves but typically in higher concentrations (in other words, hash is more potent by volume than the plant material from which it was made).

Hashish usually is a paste-like substance with varying hardness. Good quality is typically described as soft and pliable. It becomes progressively harder and less potent as it oxidizes and oil evaporates.

- THC content of hashish ranges from 15-70%.
- Often smoked with a small pipe. Can be used in food, in a hookah, vaporizer, mixed with joints of cannabis bud or aromatic herbs.
- Color varies from black to brown to red, golden, or blonde. Color typically reflects methods of harvesting, manufacturing, and storage.

### **Hash Oil and Extracts**

Hash oil is a mix of essential oils and resins extracted from mature cannabis foliage through the use of various solvents such as hydrocarbons (butane/propane), ethanol, or pressurized carbon dioxide. The solvent is then evaporated, which leaves the remaining concentrated cannabis oil.

- Honey oil contains waxes and essential oils.
- Tends to have a high proportion of cannabinoids—a range from 30 to 90% THC content can be found.
- Can smoke with a specialty pipe for hash oil or hash, with a vaporizer, with cannabis bud in a pipe, joint, or added to food.

### **Edibles**

Cannabis can be ingested or eaten when added to cake, cookies, dressings, and other foods. It can also be brewed into a tea or other beverage. To be effective, cannabis and its extracts or concentrates must be heated in order to convert the cannabinoid tetrahydrocannabinolic acid into active THC. Digestive processes alter the metabolism of cannabinoids and produce a different metabolite of THC in the liver. That metabolite may produce markedly different effects or negligible ones, depending on the individual. Onset of effects are delayed and last longer due to slower absorption of the cannabinoids.

- Cannabinoids are fat-soluble, hydrophobic oils, meaning they dissolve in oils, butters, fats and alcohol, but not water.
- Processes using oil, butter, fat or alcohol can extract the cannabinoids from plant material.

Various forms of converted cannabis can be used for edible medicating. Each can be made from cannabis flowers, leaves, and concentrates such as hash. The potency of the edible will depend on the material used in making it and the amount used. Edibles made with concentrated products will be stronger than those made from leaf trim.

The recommended starting edible dose is 5mg to 10mg. Consumers new to ingesting cannabis should start with a 5mg dose and wait two hours before adding any additional doses until you can determine your tolerance level. Everyone reacts to edibles differently based on their physical body chemistry. Purchasers should always be recommended a low dose, following the saying, “Start low and go slow.” You can always supplement your dosage, but if overmedicating, it is much more difficult to reverse the psychoactive effects.

### **Cannabis Cooking Oil**

Cannabis Oil (cannaoil): is cooking oil infused with cannabinoids. Can be used in any recipe that includes oil and that doesn't go over 280 degrees Fahrenheit (evaporating point).

### **Cannabis Butter**

Cannabis Butter (cannabutter) is butter infused with cannabinoids. The butter and cannabis mix is combined and heated so that the cannabinoids are extracted and infused into the fat. Cannabis butter can be used in any recipe that includes butter and doesn't go over 280 degrees Fahrenheit.

### **Tincture**

Tinctures use ethanol alcohol (e.g. pure grain alcohol, not rubbing alcohol) or other solvents to extract the cannabinoids. You use droplet amounts, and it is absorbed through the mucous membranes in the mouth.

### **Spray**

Sublingual sprays is another way of using a tincture. Use ethanol alcohol or other solvents to extract the

cannabinoids. You use a pump to spray cannabis-alcohol solution under your tongue.

### **Cannabis Topicals**

Cannabinoids combined with a penetrating topical cream can enter the skin and body tissues and allow for direct application to affected areas (e.g. allergic skin reactions, post-herpes neuralgia, muscle strain, inflammation, swelling, etc.).

- Cannabinoids in cannabis interact with CB1 and CB2 receptors that are found all over the body, including the skin.
- Both THC and Cannabidiol (CBD) have been found to provide pain relief and reduce inflammation.
- Topical cannabis use does not produce a psychoactive effect, which is different from eating or inhaling the medicine.

Different types of cannabis topicals include:

- Salve: cannabinoids heated into coconut oil combined with bees wax and cooled. Rub directly on skin.
- Cream: cannabinoids heated into shea butter combined with other ingredients and cooled. Rub directly on skin.
- Patches: cannabinoids are infused into band-aid like patches which slowly deliver medicating cannabinoids through the body.

Topicals may produce anti-inflammatory and analgesic or pain relief effects. Research has to date been limited to studies on allergic and post-herpes skin reactions and pain relief. Anecdotal reports on topical treatment efficacy include:

- Certain types of dermatitis (including atopic) and psoriasis
- Balm for lips, fever blisters, herpes
- Superficial wounds, cuts, acne pimples, furuncles, corns, certain nail fungus
- Rheumatism and arthritic pains (up to the 2nd degree of arthritis)
- Torticollis, back pains, muscular pains and cramps, sprains and other contusions
- Phlebitis, venous ulcerations
- Hemorrhoids
- Menstruation pains
- Cold and sore throat, bronchitis
- Asthmatic problems with breathing
- Chronical inflammation of larynx (application in the form of a Priessnitz compress)
- Migraine, head pains, tension headaches

### **Methods of Consumption**

Adjust the Way You Use Cannabis. One of the great aspects of cannabis is that there are many ways to use the medicine effectively.

#### **Ingest via Eating**

This is one of the safest ways to consume your medication, but understand that the effects from eaten cannabis may be more pronounced and onset of the effects will be delayed by an hour or more and typically last longer than inhalation. Using edible cannabis effectively will usually take some experimentation with particular product types and dosage. Digesting cannabis also metabolizes the cannabinoids somewhat differently and can produce different subjective effects, depending on the individual.

- Use small amounts of edibles and wait 2 hours before gradually increasing the dose, if needed. Take care to find and use the right dose-excessive dosage can be uncomfortable and happens most often with edibles.
- Try cannabis pills made with hash or cannabis oil.

### **Ingest via Tinctures/Sprays**

This is one of the safest ways to consume your medication.

- Find your ideal dosage to enhance your therapeutic benefits. Start with no more than two drops and wait at least an hour before increasing the dosage, incrementally and as necessary.

### **Apply via Topicals**

This is one of the safest ways to consume your medication and may be the best option for certain pains or ailments. Rubbing cannabis products on the skin will not result in a psychoactive effect.

### **Inhale via Smoking**

Because the effects are noticed or felt quickly, this is a good way to get immediate relief and find the best dose for you. Research has shown that smoking cannabis does not increase your risk of lung or other cancers, but studies are limited and because it entails inhaling tars and other potential irritants, it may produce unpleasant bronchial effects such as harsh coughing.

- Smoke as little as possible. Try 1 to 3 inhalations and wait 10 to 15 minutes to find the right dosage. Increase dosage as necessary.
- Take smaller, shallower inhalations rather than deep inhales. Holding smoke in does not increase the effects; studies show that 95% of the THC is absorbed in the first few seconds of inhaling.
- If consuming with others, for health reasons, try not to share the smoking device. If sharing, quickly apply flame to the pipe mouthpiece or wipe with rubbing alcohol to kill germs.
- To avoid inhaling unnecessary chemicals, use hemp paper coated with beeswax to light your medicine rather than matches or a lighter.

### **Inhale via Vaporizer**

This is the safest way to inhale your medicine because it heats the cannabinoid-laden oils to the point where they become airborne vapors, without bringing the other plant material to combustion, drastically reducing the amount of tars and other chemical irritants that you otherwise would inhale. Vaporizers also emit much less odor than any type of smoking.

### **Cannabis Dosage**

Due to the wide range of types of cannabis, the various cannabis products, and individual responses to various cannabinoids, dosages may vary. At The Dispensary Fulton, we advise patients to ‘start low and go slow.’ Generally smoking and vaporization lead to the fastest onset of effects which can occur in 1 to 30 minutes. For ingestion, effects may not be felt for up to two hours. Illinois law required edibles to be labeled with dosage information. Maintaining a record of medicine consumed, type, onset, duration, and medical benefits is a good way to maintain accurate records and determine your most beneficial dosage level.

## **CANNABIS SAFETY AND EFFECTS**

Cannabis and its psychoactive cannabinoid, THC, have an excellent safety profile. The Drug Awareness Warning Network Annual Report, published by the Substance Abuse and Mental Health Services Administration (SAMHSA), contains a statistical compilation of all drug deaths which occur in the United States. According to this report, there has never been a death recorded from the use of cannabis.

DEA Chief Administrative Law Judge, Francis Young, in response to a petition to reschedule cannabis under federal law concluded in 1988 that, “In strict medical terms marijuana is far safer than many foods we commonly consume. Marijuana in its natural form is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within the supervised routine of medical care.”

More than a decade later, Institute of Medicine investigators considered the physiological risks of using cannabis and concluded that “Marijuana is not a completely benign substance. It is a powerful drug with

a variety of effects. However, except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications.”

Since the IOM report, research on the long term effects of smoking cannabis that studied thousands of users over decades has shown that smoking moderate amounts of cannabis (equivalent to a joint a day) has no negative effects on lung function, even in those who have consumed more than 10,000 joints. We encourage all patients to however consider the potential effects of combustion on lungs and consider one of the many alternative methods of ingestion.

### **Toxicity, Risk of Overdose**

Cannabis has an extraordinarily high estimated lethal dose, equivalent to smoking approximately 1,500 pounds in 15 minutes, a physical impossibility. Scientists have had to estimate the LD50, or Lethal Dose for 50% of the human population, because it has never been demonstrated. This puts cannabis in a class of its own, since even relatively safe medications such as aspirin have a lethal dose. Dr. Grinspoon had this to say in a 1995 article in the Journal of the American Medical Association:

One of marijuana's greatest advantages as a medicine is its remarkable safety. It has little effect on major physiological functions. There is no known case of a lethal overdose; on the basis of animal models, the ratio of lethal to effective dose is estimated as 40,000 to 1. By comparison, the ratio is between 3 and 50 to 1 for secobarbital and between 4 and 10 to 1 for ethanol.

Marijuana is also far less addictive and far less subject to abuse than many drugs now used as muscle relaxants, hypnotics, and analgesics. The chief legitimate concern is the effect of smoking on the lungs. Cannabis smoke carries even more tars and other particulate matter than tobacco smoke. But the amount smoked is much less, especially in medical use, and once marijuana is an openly recognized medicine, solutions may be found; ultimately a technology for the inhalation of cannabinoid vapors could be developed.

That technology Dr. Grinspoon envisioned is now readily available in the form of vaporizing devices, manufactured by many companies, and available at The Dispensary Fulton in a variety of forms. And, as mentioned previously, recent research on the rate of lung cancer and pulmonary diseases among even heavy cannabis smokers has revealed that they have no greater risk of lung cancer, obstructive pulmonary disease, or other adverse effects on pulmonary function than those who smoke nothing at all. However, cannabis should not be considered a harmless substance. Cannabis has a number of physiological effects, such as rapid heart rate and dilation of the blood vessels that, in limited cases, could be hazardous, particularly for those with pre-existing cardiac conditions. These adverse effects are within the range tolerated for most FDA-approved medications, and tend to dissipate with continued use, but all patients should continue to discuss with their physician.

As Dr. Grinspoon observes, “The greatest danger in medical use of marijuana is its illegality, which imposes much anxiety and expense on suffering people, forces them to bargain with illicit drug dealers, and exposes them to the threat of criminal prosecution.”

This information and more can be found through  
Americans for Safe Access located at [www.safeaccessnow.org](http://www.safeaccessnow.org)