The Medical Cannabis Toolkit is intended for educational purposes only. It is not intended as a substitute for professional medical advice; individuals should be encouraged to seek advice from their health care providers regarding the use of medical marijuana.

The Toolkit is not an all-inclusive list of resources or references. It provides a basic framework and suggestions of resources to support efforts to educate faculty, staff and students about the laws, potential benefits and health and safety risks of medical cannabis. It is not intended as a primary reference. Because the Toolkit is not a dynamic reference, resources may not necessarily be most recent. Users of the Toolkit are encouraged to review additional information sources as needed.
Acknowledgements

This publication was initiated for the American Association of Colleges of Pharmacy (AACP) in 2015. The Task Force on Non-Medical Marijuana was formed in 2014 to discuss whether AACP should create an educational policy on the non-medical (recreational) use of marijuana. After discussion, the task force decided to focus on educating faculty, staff, and students about the use of medical cannabis as many but not all states have legalized or are pending legislation about its use. The terms marijuana and cannabis are used interchangeably throughout document.

For purposes of the Toolkit, “Medical Cannabis/Marijuana” refers to the use of marijuana that is specifically defined as “Medical in the laws of the state of jurisdiction”.

It is important to realize that although states may legalize marijuana use, whether for medical or recreational use, the Supremacy Clause (Article VI, Clause 2) of the United States Constitution declares that federal laws are the "supreme Law of the Land." Hence, state court laws are inferior so long as the federal law is valid (constitutional). Task Force members discussed issues regarding state/land grant and private university policies about drug screens for illicit drug use. Example: Use of marijuana on the University of Washington (UW) campus, including UW-managed residence halls, is strictly prohibited. Legalization of marijuana in WA does not change the fact that marijuana is illegal under Federal Law. UW is a recipient of Federal funding and continues to prohibit the use of marijuana. Those with a license or prescription for marijuana still must abide by the Federal law. Also, keep in mind, many WA employers may still prefer employees to be drug free, regardless of the legal status.

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# Medical Cannabis/Marijuana

- Medical Cannabis/Marijuana Timeline .................................................. 4
- Pharmacology of Cannabis/Introduction to Pharmacological Discoveries ... 4
- Endocannabinoid system (ECS) .................................................................. 4
- Cannabinoid receptors ............................................................................. 4
- Endocannabinoids ................................................................................... 5
- Cannabis nomenclature and constituents ............................................... 5
- Cannabinoids .......................................................................................... 5
- Tetrahydrocannabinol (THC) .................................................................... 5
- Non-Psychoactive Cannabinoids ............................................................... 6
- Cannabidiol (CBD) .................................................................................. 6
- Future Drug Development ....................................................................... 6

## Objective Overview of Risks of Medical Cannabis

- Risks Associated with Medical Cannabis ............................................... 7
- Adverse Effects of Cannabinoid use ......................................................... 7
- Effects of Repeated Use of Medical Cannabis ....................................... 8
- Effects from Smoked Marijuana .............................................................. 8
- Respiratory Problems Associated with Heavy Marijuana Smokers ......... 8
- Cardiovascular Effects of Marijuana ....................................................... 8
- Psychoactive Effects from Marijuana Use ............................................... 8
- PTSD and Marijuana .............................................................................. 8
- Brain Development and Marijuana Use in Adolescents ........................... 8

## Objective Overview of Potential Benefits of Medical Cannabis

- Medical Marijuana for Different Disease States ...................................... 9
- Epilepsy and marijuana .......................................................................... 9
- Pain and Marijuana .............................................................................. 9
- Use of Opioid and Marijuana ................................................................. 9

## Federal and State Legislation

- “Driving Under the Influence” ................................................................. 10

## Is Cannabis Addictive? (How Do You Know If Someone Is Dependent?)

- Treatment and Recovery Support Resources for Substance Use Disorders 12

## Resources

- Health Care Provider Resources ............................................................. 12
- For Patients and General Public ............................................................... 14
- Books ..................................................................................................... 16
- Social Media .......................................................................................... 16
- Educational Opportunities ..................................................................... 16
MEDICAL CANNABIS/MARIJUANA

MEDICAL CANNABIS/MARIJUANA TIMELINE


http://norml.org/about/item/marijuana-law-reform-timeline

www.scientificamerican.com/article/the-science-behind-the-dea-s-long-war-on-marijuana/

Policy and Ethics: The Science Behind the DEA’s Long War on Marijuana. David Downs on April 19, 2016

PHARMACOLOGY OF CANNABIS

Medical marijuana is the generally accepted term for the use of the constituents of the cannabis genus for therapeutic effects. These references review the pharmacology of the cannabis plant and the endocannabinoid system that the majority of the plants effects are mediated through.

INTRODUCTION TO PHARMACOLOGICAL DISCOVERIES

[A Note to Readers: This research initiative was very similar to that employed in the discovery of the opioid-based pain relievers, the mu receptors system, and the endogenous compounds known as endorphins.]


ENDOCANNABINOID SYSTEM (ECS)


CANNABINOID RECEPTORS


**ENDOCANNABINIODS**

[Note to readers: Anandamide was the first endocannabinoid discovered and was named after the Sanskrit word ‘ananda’ which means “bliss” due to its actions on mood.]


**CANNABIS NOMENCLATURE AND CONSTITUENTS**

- Cannabinoids or phytocannabinoids - cannabinoids found within the cannabis plant
- Endocannabinoids – cannabinoid compounds produced endogenously by humans and animals
- Synthetic cannabinoids – cannabinoids compounds created by researchers. These agents have varying effects on the ECS (e.g. full agonists, partial agonists, antagonists, CB receptor specific)


**CANNABINOIDS**

Cannabinoids are lipophilic, odorless compounds that produce a multitude of effects depending on which receptors they work on within the body. The major cannabinoid found in cannabis is delta-9-tetrahydrocannabinol, commonly referred to as THC. THC has been researched extensively both in terms of its abuse potential and adverse effects, as well as its therapeutic benefits.


**TETRAHYDROCANNABINOL (THC)**

Marinol ® dronabinol – FDA Approved synthetic THC
Cesamet ® nabilone – FDA Approved synthetic THC analog

THC is produced in the glands on the leaves and flowers of cannabis plants. Strains of cannabis have been bred to increase their content of THC over the years for both medical and recreational purposes. THC is highly psychoactive and these effects are mediated through its partial agonism of the CB1 receptor. THC also is a partial agonist for the CB2 receptor, but to a lesser degree than CB1.


NON-Psychoactive cannabinoids are a promising area for researchers as they are able to work on the ECS and other receptors without producing any psychotropic adverse reactions. These cannabinoids include cannabigerol (CBG), cannabichromene (CBC), tetrahydrocannabivarin (THCV), cannabidivarin (CBDV), cannabinol (CBN), and cannabidiol (CBD) among others.

Cannabidiol (CBD)

CBD is the second most abundant cannabinoid in the drug-type plant following THC, and is the most well studied among the non-psychoactive cannabinoids. In certain plant strains intended for medical use CBD is the predominant cannabinoid while THC is only present in very low concentrations.


Future Drug Development

Epidiolex® cannabidiol – Pharmaceutical grade CBD preparation currently in clinical studies

Sativex® nabiximols (THC:CBD in a 1:1 ratio) – approved in several countries for the treatment of pain and spasticity associated with multiple sclerosis. In Phase III FDA trials and is expected to be approved in the near future.

The Endocannabinoid System (ECS) is widespread in human tissues and appears to have a role in maintaining homeostasis and locally regulating levels or actions of other chemical signals or neurotransmitters. Cannabis-based as well as synthetic compounds that manipulate the actions and levels of endocannabinoids at their receptors have been and are being developed currently.

OBJECTIVE OVERVIEW OF RISKS OF MEDICAL CANNABIS

Cannabis is a generic term used for drugs produced from plants belonging to the genus *Cannabis*. Medical cannabis refers to the use of cannabis or cannabinoids as medical therapy to treat disease or alleviate symptoms. Cannabinoids can be administered orally, sublingually, topically or in rectal or vaginal suppository form and they can be smoked, inhaled, mixed with food, or made into tea. Prescribed cannabinoids that are approved by the Food and Drug Administration include dronabinol and nabilone capsules. A systematic review was recently published in the Journal of the American Medical Association that extensively evaluated the evidence for the benefits and adverse events of medical cannabinoids across a broad range of indications.


RISKS ASSOCIATED WITH MEDICAL CANNABIS


ADVERSE EFFECTS OF CANNABINOID USE

**Effects of Repeated Use of Medical Cannabis**

Very little data exists that have identified the interactions of marijuana with other drugs that may be concurrently prescribed. Proponents of medical marijuana claim that use may allow patients to lower their opioid analgesic doses. However, the existing evidence does not support this contention.


**Effects from Smoked Marijuana**


**Respiratory Problems Associated with Heavy Marijuana Smokers**


**Cardiovascular Effects of Marijuana**


**Psychoactive Effects from Marijuana Use**


**Post-Traumatic Stress Disorder (PTSD) and Marijuana**


**Brain Development and Marijuana Use in Adolescents**

OBJECTIVE OVERVIEW OF POTENTIAL BENEFITS OF MEDICAL CANNABIS

Medical marijuana laws across the United States vary from state to state as to which disease states can legally be treated and the dispensable legal limit. Indications often include epilepsy, pain syndromes, nausea and vomiting from chemotherapy, spasticity from multiple sclerosis, hepatitis C, Parkinson’s disease, Tourette’s syndrome, psoriasis, sickle cell disease and posttraumatic stress.

For most conditions, approval for use has relied on limited scientific evidence, anecdotal reports, individual testimonials, legislative initiatives, and public opinion. Therefore, the evidence often fails to meet FDA standards. Additionally, the composition of cannabis preparations can vary substantially in its content of cannabidiol (CBD) and tetrahydrocannabinol (THC) so dosing is difficult. Given the variable composition, patients have to experiment with different strains and doses to achieve the desired effects, without much input or oversight by trained prescribers. Because the federal Drug Enforcement Administration has classified marijuana as a schedule I drug, it is exceptionally difficult to do high-quality studies on its medicinal effects in the United States.

MEDICAL MARIJUANA FOR DIFFERENT DISEASE STATES


EPILEPSY AND MARIJUANA


PAIN AND MARIJUANA


Ware M, Wang T, Shapiro S, et al. Smoked Cannabis for Chronic Neuropathic Pain: A Randomized Controlled Trial. CMAJ 2010;182:E694-701


USE OF OPIOIDS AND MARIJUANA


FEDERAL AND STATE LEGISLATION

[NOTE: Because the status of marijuana in the US is dynamic review, the Task Force suggests inquiries related to federal and state regulations are directed to their respective state Departments of Health, Pharmacy Commissions, etc. with regard to legislative issues. In addition, College and University policy with regard to use of cannabis on campus should be reviewed.]

The Marihuana Tax Act of 1937 did not outright ban the use and possession of cannabis, rather it provides for a tax on all buyers, seller, prescribers, and possessors. Interestingly, marihuana is frequently categorized as a “narcotic” during this era and the Federal Bureau of Narcotics enforces many sections of the Marihuana Tax Act of 1937.

http://www.druglibrary.org/schaffer/hemp/taxact/mjtaxact.htm

ProCon, a nonprofit public charity found online at http://www.procon.org/ or http://medicalmarijuana.procon.org/view_resource.php?resourceID=002481 ProCon provides unbiased resources for critical thinking and education about a number of issues including extensive information on medical marijuana and related up-to-date information on state-by-state legislative issues.

National Institute on Drug Abuse
http://www.drugabuse.gov/publications/research-reports/marijuana/letter-director
Research Report is intended as a useful summary of what the most up-to-date science has to say about marijuana and its effects on those who use it

White House Office of National Drug Control Policy
https://www.whitehouse.gov/ondcp/marijuanainfo
https://www.whitehouse.gov/ondcp/state-laws-related-to-marijuana
Web-based resource center provides the general public, community leaders, and other interested people with the facts, knowledge, and tools to better understand and address marijuana in their communities.

New Frontier
https://frontierfinancials.com/
The website states the following: “New Frontier is the premiere data collection and industry-reporting firm in the cannabis industry and provides data, analytics, and customized actionable intelligence to investors, operators, and legislators in this new blooming sector. New Frontier collects millions of data points gathered across the nation from the government, trading associations, strategic partners and operators to correlate them with other big data relevant to energy, real estate, demographics, and crime rates focused answers allowing them to grow their investments, find new opportunities, and make educated decisions. New Frontier’s data collection, aggregation and reporting efforts are ultimately intended to improve industry standards, increase transparency, and create one centralized and reliable data repository for this still nascent market space.”

Investigations and Prosecutions in States Authorizing the Medical Use of Marijuana
Memorandum for selected United States attorneys. David W. Ogden, Deputy Attorney General, October 19, 2009

Guidance Regarding Marijuana Enforcement Memorandum for All United States Attorneys
James M. Cole, Deputy Attorney General, August 29, 2013
**Driving “Under the Influence”**

Each state has a definition of substances that result in driving under the influence offenses. A summary of scientific review of marijuana and effects on driving (1988 – 2002) can be found on NORML website: [http://norml.org/library/item/marijuana-and-driving-a-review-of-the-scientific-evidence](http://norml.org/library/item/marijuana-and-driving-a-review-of-the-scientific-evidence). Links can also be found for information about individual states’ drugged driving laws. Example: In Washington, under RCW 46.61.502, 5 nanograms of active THC per mL of blood (5ng/mL) or higher is considered driving under the influence. By driving on WA state roads, individuals give consent for an arresting officer to test blood and breath if there is reason to believe he/she is under the influence. In 2012, Washington state voters passed a law making it legal for adults 21 years and over to possess and use small amounts of marijuana. Similarly, to alcohol, it is unlawful to consume marijuana or infused marijuana products in public and drive under the influence.

**Is Cannabis Addictive? How Do You Know If Someone is Dependent?**

Is marijuana addictive? Like many other mood-altering substances, marijuana affects the reward center in the brain, which is why it has the capability to be addictive. Addiction potential is most likely in people who start using marijuana in their teens and those who use daily.

What does it mean to be “dependent” on marijuana? “Dependency” related to any type of substance or activity can be both physiological and psychological. To be dependent means you need to use that substance or do that activity to feel “normal.”

How do you know if someone is dependent? A person is considered dependent if he or she experiences three or more of the following each year:

- tolerance, meaning more marijuana is needed to get the same effect
- withdrawal effects upon stopping marijuana use
- using more than intended
- numerous failed attempts to quit or cut back
- spending a lot of time obtaining, using, or recovering from the use of marijuana
- giving up other activities in order to use marijuana
- using marijuana despite knowing it causes problems

What are the withdrawal symptoms associated with marijuana? Common withdrawal symptoms include: loss of appetite, weight loss, grouchiness, anxiety, restlessness and difficulty sleeping. Less common effects are chills, sweats, depressed mood, anger, stomach pain, and shakiness.

“How long after using marijuana do I need to wait before I can drive?” The blood concentration after using marijuana varies depending on the amount, potency, route, frequency of use, concurrent drug and/or alcohol use, etc. It is not uncommon to have a blood concentration over 100ng/mL after smoking. It will generally take 3 hours to decrease to less than 5ng/mL. Concentrations after oral administration take longer to reach peak concentrations. “Impairment” is an entirely individual and controversial determination. Marijuana is shown to impair performance in driver simulator tests for up to three hours, however, many “experts” (i.e. those who have been defending DUI MJ users), have recommended waiting up to 10 hours after use before driving or until the user has a “clear head”. The individual who is “under the influence” may not be able to accurately assess their personal level of impairment.

How long will marijuana test positive on a urinalysis? A urinalysis (UA) tests for the major breakdown product of marijuana, THC-COOH. Generally, it takes about four hours for THC-COOH to show up in the urine. It can be detectable for an average 2-4 days, depending on amount, route, and frequency of use. In chronic users, it may be detectable in the urine for up to 30 days because marijuana is stored in fatty body tissue and released slowly back into the blood.
TREATMENT AND RECOVERY SUPPORT RESOURCES FOR SUBSTANCE USE DISORDERS INCLUDING MARIJUANA

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/
Find treatment facilities and programs in the United States or U.S. Territories for mental and substance use disorders. Also provides information on a wide variety of topics related to substance use and mental health.

Addictions and Recovery.org
http://www.addictionsandrecovery.org/marijuana.htm
Public service website meant to help you or a loved one overcome addiction. It is based on independent and verified medical research

Marijuana Anonymous
https://www.marijuana-anonymous.org
Fellowship program that uses the basic 12 Steps of Recovery founded by Alcoholics Anonymous

National Institute on Drug Abuse
http://www.drugabuse.gov/publications/research-reports/marijuana/letter-director
Research Report is intended as a useful summary of what the most up-to-date science has to say about marijuana and its effects on those who use it

National Suicide Prevention Lifeline
http://www.suicidepreventionlifeline.org/
Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week

Recovery.org
http://www.recovery.org/topics/find-a-reputable-marijuana-addiction-recovery-hotline/
Privately funded resource to connect people and their families with the information and resources to help them recover from substance abuse and behavioral disorders

Smart Recovery
http://www.smartrecovery.org/addiction/marijuana.htm
Self-empowering addiction recovery support group

RESOURCES

HEALTH CARE PROVIDER RESOURCES

The American Alliance for Medical Cannabis (AAMC)
http://www.letfreedomgrow.com/
Bring patients, caregivers and volunteers the facts they need to make informed decisions about whether Cannabis is the right medicine for them, the laws surrounding Medicinal Marijuana in your area, political activism and even handy recipes and guides to growing your own nontoxic medicine.

The National Association of Cannabis Pharmacy (NACP)
For information contact: info@cannabisrx.orgThe purpose of the association, established in 2014, is to support pharmacists who dispense, administer and compound cannabis-based products to treat specialty diseases including multiple sclerosis, HIV, oncology and rheumatoid arthritis. NACP focuses on the patient and how they are receiving guidance and education to manage conditions in which medical marijuana is incorporated as part of the treatment plan.
HEALTH CARE PROVIDER RESOURCES (CONTINUED)

American Pharmacists Association (APhA)
Medicinal Use of Marijuana (1980)
- APhA supports research by properly qualified investigators operating under the investigational new drug (IND) process to explore fully the potential medicinal uses of marijuana and its constituents or derivatives.
- APhA opposes state by state, marijuana specific, or other drug specific legislation intended to circumvent the federal laws and regulations pertaining to:
  ~ marketing approval of new drugs based on demonstrated safety and efficacy; or
  ~ control restrictions relating to those substances having recognized hazard of abuse.

How pharmacists can counsel patients on medical marijuana (2014)
https://www.pharmacist.com/how-pharmacists-can-counsel-patients-medical-marijuana

Role of the Pharmacist in the Care of Patients Using Cannabis (2014-2015 APhA Policy Committee)

American Cannabis Nurses Association
http://www.americancannabisnursesassociation.org/
Mission is to advance excellence in cannabis nursing practice through advocacy, collaboration, education, research and policy development

IACM (International Association for Cannabinoid Medicine)
http://cannabis-med.org/
Publishes news bulletins that capture updates in the international cannabis movement and new cannabis studies. Large database of clinical studies and case reports (last update October 2011). Also provides international legal resources. Has a FAQ section, but includes a disclaimer that the answers may not always be the most up-to-date.

Marijuana Science Forum
http://marijuanascienceforum.org/
Group of concerned academics, public health experts, research scientists and medical professionals committed to ensuring that factually accurate scientific information is disseminated in the ongoing public policy discussion about marijuana usage.

Medical Cannabis Caregivers Institute
http://www.mccdirectory.org/
Non-profit Association founded in 2006 with the support of California branch of the National Organization for the Reform of Marijuana Law (CANORML.org) for the purpose of providing Information, Classes and Resources that support the compliant implementation of California Medical Marijuana Program

National Institute on Drug Abuse
http://www.drugabuse.gov/publications/research-reports/marijuana/letter-director
Research Report is intended as a useful summary of what the most up-to-date science has to say about marijuana and its effects on those who use it
HEALTH CARE PROVIDER RESOURCES (CONTINUED)

Office of National Drug Control Policy
https://www.whitehouse.gov/ondcp/marijuanainfo
Web-based resource center provides the general public, community leaders, and other interested people with the facts, knowledge, and tools to better understand and address marijuana in their communities
https://www.whitehouse.gov/ondcp/state-laws-related-to-marijuana State laws/bills related to marijuana

Patients Out of Time
http://www.medicalcannabis.com/
Provides information to health care professionals, patients, and caregivers about cannabis. Clinical conferences, information about the therapeutic basis of cannabis, and indications for use are also provided.

The Pot Book: A Complete Guide to Cannabis by Julie Holland, MD
Comprehensive book that covers role of cannabis in medicine, politics, history, and society. Includes comprehensive information on scientific research involving marijuana. It discusses myths about marijuana, its physiological and psychological effects, and its potential uses and risks.

RESOURCES FOR PATIENTS AND THE GENERAL PUBLIC

The American Alliance for Medical Cannabis (AAMC)
http://www.letfreedomgrow.com/
Bring patients, caregivers and volunteers the facts they need to make informed decisions about whether Cannabis is the right medicine for them, the laws surrounding Medicinal Marijuana in your area, political activism and even handy recipes and guides to growing your own nontoxic medicine.

Americans for Safe Access
http://safeaccessnow.org/
ASA provides training and resources for activists. Including legal resources, resources by state, information on talking to the media, testifying, lobbying, movement building, etc. Condition-based booklets and legal information by state manuals can also be purchased from this site.

Cannabis Plus
http://cannabisplus.net/
Dr. Deborah Malka’s website with a large research article database and information for patients on specific conditions. The site also includes articles personally written by Dr. Malka on medical marijuana and related topics.

High Times
http://www.hightimes.com/
Newspaper with sections including news, legalization efforts, cultivation, entertainment, videos, and events related to marijuana.

IACM (International Association for Cannabinoid Medicine)
http://cannabis-med.org/
Publishes news bulletins that capture updates in the international cannabis movement and new cannabis studies. Large database of clinical studies and case reports (last update October 2011). Also provides international legal resources. Has a FAQ section, but includes a disclaimer that the answers may not always be the most up-to-date.

Leafly
http://www.leafly.com/
Describes many marijuana strains and their anticipated effects. Also has information about dispensary locations, varieties offered at that location, and daily specials.
RESOURCES FOR PATIENTS AND THE GENERAL PUBLIC (CONTINUED)

Marijuana Policy Project
http://www.mpp.org/
The mission of this group is to increase support for non-punitive, non-coercive marijuana policies, identify and activate supporters of those policies, change state laws to reduce or eliminate penalties for medical and non-medical use of marijuana, and gain influence in Congress. Information about significant issues and policies as well as news is available.

NORML
http://norml.org/
Provides information about marijuana, including a primer; personal, medical, and industrial use; testing; health endorsements; legal issues, and a “research library” of information. State NORML chapters provide varying levels of education, primarily regarding legal issues. Their physician finder links to Weedmaps.

O'Shaughnessy’s
http://www.beyondthc.com/
Several different sections including a reader (ongoing history of marijuana), dispatches (original articles), second column (information worth sharing), and a CBDiary (blog).

Cannabis Patient Network
www.medicalcannabis.com
A blog dedicated to patients that are chronically and/or terminally ill. This website provides patient testimonials on the efficacy of medical cannabis.

Patients Out of Time
http://www.medicalcannabis.com/
Provides information to health care professionals, patients, and caregivers about cannabis. Clinical conferences, information about the therapeutic basis of cannabis, and indications for use are also provided.

Procon.org
http://www.procon.org/
This is a nonprofit public charity that provides resources for critical thinking and to educate without bias. Marijuana is one of many issues discussed on this website.

Sensible Colorado
http://sensiblecolorado.org/
An organization which has fought for medical marijuana patient rights and worked to reform laws in Colorado to make marijuana regulated like alcohol. Patient resource center is available for patients, caregivers, and business members.

Toke of the Town
http://www.tokeofthetown.com/
As their tagline indicates, “cannabis news, views, rumor, and humor”. Sections include news, medical, culture, dispensaries, products, growing, legislation, and global.

United Patients Group
http://www.unitedpatientsgroup.com/
Website states it is dedicated to being the most professional and safe resource for medical cannabis information
BOOKS (A small sampling of books on cannabis provided without specific endorsement by the Task Force.)


Rosenthal E, Gieringer D, Mikuriya T. Medical marijuana handbook: a practical guide to the therapeutic uses of marijuana. Oakland (CA): Quick American Archives; 2008. 266p. According to the Amazon book review, “candid, objective advice on using marijuana for healing, understanding its effects on the body, safe administration, targeting illnesses, side effects, and the various delivery methods from edibles and tinctures to smokeless vaporizer pipes. The book also details supply issues, cultivation solutions (in a chapter by renowned expert Ed Rosenthal), and legal consequences.”


SOCIAL MEDIA SITES

Patients and the general public often look to social media sites such as Facebook, Twitter, YouTube and Pinterest for information on a variety of topics, including marijuana. The Task Force urges caution as information provided on these sites is anecdotal and may be misinformed and/or misleading.

EDUCATIONAL OPPORTUNITIES

Medical Cannabis Institute
http://themedicalcannabisinstitute.org/
Online medical cannabis courses for healthcare professionals seeking continuing medical education

Cannabis Training Institute
http://www.cannabistraininginstitute.com/
Online training & certification resource for cannabis businesses, entrepreneurs, clinicians, & policymakers

Clinical Cannabinoid Curriculum (The Medical Cannabis Institute in collaboration from the Society of Cannabis Clinicians.)
On-line course focused on pharmacy professional audience.