



Advancing Legal Medical Marijuana Therapeutics and Research

Exhibit 4 – Edible Preparations of Cannabis

Oral Forms of Medical Cannabis

Edibles are an important part of the patient regime with respect to administration of medical marijuana for health needs. In fact, there are many patients who do not wish to inhale smoke to obtain their dosage of medicine. Additionally, there are some particular aspects of edibles that one needs to be aware so as to select the appropriate product.

Generally speaking, an edible will have a delayed onset time for one to be aware of the therapeutic effect. This is due to the slower absorption rate of the cannabinoids through the tissues of the digestive tract and also the first pass through the liver that serves to detoxify and degrade the cannabinoids. Thus, overall a higher dose is required as compared to an inhaled dose. However, there is a much longer duration of effectiveness. Thus, the slower the onset the longer the duration. Most edible products are not standardized to their THC content and The Farmacy is working towards that goal. In fact, in the extraction/purification process we are preparing a uniform starting material this is “de-carboxylated” so as to have a higher potency of THC and other active cannabinoids.

The water-insoluble cannabinoids are emulsified so that their absorption into the body and more importantly crossing the blood/brain barrier is much faster.

A final consideration is that when eating an edible make sure that it is chewed for a longer time than usual, as there can be appreciable absorption through the tissue in the mouth and into the bloodstream. This avoids the first pass liver detoxification and makes for a more therapeutic response.

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Legal Status of Edible Preparations

There has been a good amount of debate recently regarding the legal status of edible cannabis preparations (edibles). We are wishing to clarify how edibles are 100% legal for patients to use and possess under California Health & Safety Code 11362.5 (Proposition 215 or The Compassionate Use Act of 1996).

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Law enforcement contends that Health & Safety Code 11362.5 does not allow patients to possess edibles. Americans For Safe Access believes this is an incorrect interpretation of the law and finds edibles to be protected the same as traditional forms of medical cannabis.

In 2003, the Attorney General published an opinion to clarify whether or not concentrated cannabis was included within the meaning of “marijuana” as it is used in Health & Safety Code 11362.5. The Attorney General found that, because Health & Safety Code 11362.5 does not specifically define “marijuana” for the purposes of that section, the only definition we are left with is the definition in the Health & Safety Code under Section 11018. This section defines marijuana as “all parts of the plant *Cannabis sativa* L., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin [emphasis added].” The Attorney General, when applying this definition to concentrated cannabis found,

In the context of section 11362.5, we find neither intent nor need to construe the term “marijuana” any differently from the definition contained in section 11018. “Both the Legislature and the electorate by the initiative process are deemed to be aware of laws in effect at the time they enact new laws and are conclusively presumed to have enacted the new laws in light of existing laws having direct bearing upon them. [Citations.]” (Williams v. County of San Joaquin (1990) 225 Cal.App.3d 1326, 1332.)

Edible cannabis preparations clearly fall under “every compound, manufacture, salt, derivative, mixture, or preparation of the plant.” The Attorney General also examined the will of the voters by carefully reviewing the ballot materials accompanying Health & Safety Code 11362.5. He concluded,

Proposition 215 was approved by the voters without specificity as to the strength, quality, or quantity of marijuana to be used for medical purposes as long as the use is reasonably related to the patient’s current medical needs and was recommended or approved by a physician. (See People v. Mower, supra, 28 Cal.4th at pp. 471-474; People v. Galambos, supra, 104 Cal.App.4th at pp. 1161-1162, 1165-1168; People v. Rigo, supra, 69 Cal.App.4th at pp. 413, 415; People ex rel. Lungren v. Peron, 59 Cal.App.4th at p. 1394; People v. Trippet, supra, 56 Cal.App.4th at pp. 1545-1549.) If anything, the fact that ordinary marijuana and concentrated cannabis, including hashish, may have similar levels of THC supports our interpretation that the terms of section 11362.5 apply to concentrated cannabis.

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Sample Language for Regulations

Edibles. Medical marijuana may be provided by a dispensary in an edible form, provided that the edibles are prepared in a certified kitchen and meet all applicable Los Angeles County health requirements. Any beverage or edible produced, provided, or sold at the facility which contains marijuana shall be so identified, as part of the packaging, with a prominent and clearly legible warning advising that the product contains marijuana and that is to be consumed only with a physician's recommendation. In addition, labeling shall include ingredients and nutrition information as required by the Dietary Supplement Health and Education Act of 1994 (DSHEA). Dispensaries shall limit purchase of edibles to 12 doses per visit per day, unless otherwise stated by recommending physician.

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