

SCHEDULE ONE



INSIDE THE MEDICAL CANNABIS MOVEMENT

By Madeline Deninger

MARGARET GAER, A 26 YEAR OLD FROM WEST DES MOINES, BEGAN USING HEMP OIL 19 MONTHS AGO, BUT SHE'S SUFFERED FROM DRAVET SYNDROME, A SEVERE FORM OF EPILEPSY, ALMOST ALL HER LIFE.

Before using hemp oil, Gaer tried multiple prescription medications to treat her seizures, including two to counter the effects of the seizure medications themselves.

After Iowa legalized the use of cannabidiol (CBD) oil for intractable epilepsy in May 2014, Gaer applied for a cannabidiol card. However, because the legislation passed did not permit CBD oil to be produced in Iowa, Gaer had to reach outside of the state for treatment.

"We had to wait, even though we had her cannabidiol card under Iowa. We had to wait until we were able to get it from Colorado," Margaret's mother, Sally Gaer, said.

Sally Gaer is a representative for Iowans 4 Medical Cannabis, a coalition made up of patients of a number of conditions as well as caregivers, physicians, and family members. The coalition supports a comprehensive program that would broaden the currently relatively limited legal uses of medical cannabis in Iowa.

"I hope this legislative session we are able to get a comprehensive medical cannabis program in Iowa where the medical cannabis can be grown, produced, tested, and dispensed in Iowa, for Iowans, for diseases that physicians determine, not legislators," Gaer said.

In total, 41 states allow for medical use of cannabis to some degree. Iowa is currently one of 16 states to legalize the use of CBD oil, a non-psychoactive extract of cannabis, for medical uses. CBD oil does not contain THC and therefore does not give patients a high. 25 states currently allow medical use of the actual cannabis plant.

Beyond these two categories, individual state laws can vary enor-

mously. Iowa, for example, is the only state in which CBD oil cannot be produced, despite being legal for intractable epilepsy, and no legal dispensaries exist in the state. By contrast, California permits medical cannabis for any illness for which it can provide relief, and companies like Eaze can deliver it right to a patient's doorstep.

Mae Van Der Weide '16 currently works as a model in Los Angeles. In recent months, Van Der Weide has been involved with nonprofit organization Grow for Vets, which donates medical cannabis to veterans in need.

"I got involved with medical marijuana because I saw its potential to help cancer and PTSD patients instead of taking a cocktail of unnecessary medication," she said.

Having lived in both Iowa and California, Van Der Weide can attest to the difference in perception in the two states surrounding the plant.

"The attitude toward cannabis in Iowa is incomparable to that of California. California always takes the lead with progressive policies," she said. "It's only a matter of time before medical marijuana fully makes its way to the Midwest."

This variance comes in part due to the federal regulations surrounding the drug. Cannabis is currently classified as schedule one, meaning it has no accepted medical uses and a high potential for abuse, according to the DEA. Other schedule one drugs include Heroin and LSD.

Carl Olsen, an application developer at Drake University and cannabis blogger, has been actively involved in numerous petitions at the national level to have cannabis rescheduled and recognized for its medical merits, including the 2002

petition filed by the Coalition for Cannabis Rescheduling. This petition eventually ended in the US Court of Appeals in 2013.

"Now it's just more of a residual stigma. That stigma's kind of going away, but how do you undo all of that international law and federal law?" he said. "[The DEA and federal government] put up so many obstacles that it's really hard to reverse all of that."

Because cannabis is a schedule one drug, research at a federal level is highly restricted. However, research does exist on a smaller scale. Frank Caligiuri is a professor of pharmacy and board certified pharmacotherapy specialist. He has spoken on panels at the state capital regarding the medical uses of cannabis.

"When it comes to cannabinoid research, looking at the compounds found in cannabis such as THC and cannabidiol, the list goes on and on. You name it, there's plenty of research. It's just that most of that research is at a subclinical level, a level of animals," Caligiuri said. "But in most of those studies, whether it's looking at inflammation, pain, Crohn's disease, or certain types of cancers, there's certainly plenty of literature to suggest at a cellular level, this is what's happening, and it's the cannabinoids that are primarily doing that."

For as long as cannabis remains a schedule one drug, its legal use will largely be left up to the states. A bill that would have permitted Iowans to attain CBD oil in Minnesota as a means of keeping production out of Iowa while still granting patients access was shot down by the Iowa House last April. The bill would not, however, have changed the fact that