

I am writing today in support of HB1147 to regulate, monitor, and prevent individuals diagnosed with cannabis-induced psychosis from purchasing cannabis or cannabis products through the State's Medical Cannabis Program or Adult-Use Cannabis Program. I also support limiting the concentration of delta-9-tetrahydrocannabinols in State programs to no more than 15% as a preventative measure for all State cannabis programs. I am writing from first hand experience regarding the dangers of cannabis use and the lack of protections for the health and safety of the patient.

As background, I testified in February of 2020 against increasing the category of professionals who can recommend medical marijuana. I enclose that testimony here, which makes explicit the flaws in the legalization of medical marijuana, and the link to my oral testimony in February 2020:

[https://mgaleg.maryland.gov/mgawebsite/Committees/Media/false?cmte=fin&ys=2020RS&clip=FIN\\_2\\_20\\_2020\\_meeting\\_1&url=https%3A%2F%2Fmgahouse.maryland.gov%2Fmga%2Fplay%2F2dae048d-951a-45cb-8648-09b85597caf6%3Fcatalog%2F03e481c7-8a42-4438-a7da-93ff74bdaa4c%26playfrom%3D9829500](https://mgaleg.maryland.gov/mgawebsite/Committees/Media/false?cmte=fin&ys=2020RS&clip=FIN_2_20_2020_meeting_1&url=https%3A%2F%2Fmgahouse.maryland.gov%2Fmga%2Fplay%2F2dae048d-951a-45cb-8648-09b85597caf6%3Fcatalog%2F03e481c7-8a42-4438-a7da-93ff74bdaa4c%26playfrom%3D9829500)

With the new law, the opportunity for harm includes any adult over the age of 18. Let me share a brief history to underscore the need for the current proposed regulations.

In 2018, when medical cannabis was first made available, my adult son received a medical marijuana card, ostensibly to control social anxiety. He did not meet criteria, having never seen a doctor, been evaluated for risk, had a review of his medical records, or taken any other medication for anxiety. During the following months he increased the amount of cannabis he used to counteract the increased anxiety caused by using cannabis. Had the potency and quantity of cannabis he received been monitored, the outcome might have been different.

Within eight months his behaviors were troubling enough that we encouraged him to see a doctor. We did not know enough to recognize it as anosognosia, a lack of insight into his mental health condition and an inability to perceive his condition accurately, which is a symptom of psychosis. He continued to use cannabis. He was involuntarily hospitalized for seven weeks. He left the hospital with a diagnosis of psychosis and substance abuse disorder. He continued to receive cannabis legally, with his medical marijuana card, despite the medical recommendations to the contrary. Had there been monitoring, he would have been prohibited from purchasing medical marijuana.

After six months of psychotic thinking, he was diagnosed with schizophrenia. As an adult, he is protected by the Civil Rights Act from being forced to take medications that might quiet his delusions and allow him to seek medical help. Instead, he is homeless, alone, and unable to participate in any activities. Now the only hope is that he will be arrested, losing his civil rights to be unmedicated. He could then be forcibly medicated and hospitalized for the rest of his life. If things go well, no one else will be harmed in the process.

There is no possibility that my son can recover at this point. He has been ill for too long. I write with the hope that our experience can help prevent this tragedy from happening to others. Had the Natalie M. LaPrade Medical Cannabis Commission had polices to protect the consumer by prohibiting cannabis or cannabis products sold through the State's programs from containing high concentrations of delta-9-tetrahydrocannabinol, it would be less likely that my son's brain would have been permanently damaged. Had the Natalie M. LaPrade Medical Cannabis Commission developed policies, procedures, guidelines, and regulations to implement programs to make medical cannabis available to qualifying patients in a safe and effective manner prior to making it legally available to the public, my son would still be a member of our family and a productive member of society.

**Oppose: SB0304** - Natalie  
LaPrade Medical Cannabis  
Commission - Certifying  
Providers

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I am writing to suggest that rather than relaxing the regulations on who can recommend marijuana, the regulations need to be tightened. The Maryland Medical Cannabis Commission should have the authority to revoke a practitioner's certification if they fail to screen and monitor their patients in the same way they would for any other medical condition. Currently there is no redress with the Commission when practitioners fail in this regard. I would like to share with you one story of detailing the failures and how that impacted my family. The quotations below are taken from the Maryland Medical Cannabis Commission website.

One year ago this month I had to evict my son from our home and change the locks on the doors. Two years ago, in January, the nightmare began as I watched him fade away when he received authorization to purchase medical marijuana. That marked the beginning of the end of a tragedy that did not need to happen simply because there was no accountability in the system.

My son is a 38-year-old adult who is autistic. He was kind and gentle, wanting very much to be independent and have a family but he struggled with social skills, anxiety, and lack of insight. He is also very perseverative, a strength given his challenges. Despite his handicap, he attended the Baltimore School for the Arts, Carver, and received an academic scholarship to Goucher College. He has two bachelor's degrees – one in Creative Writing and the other in Music Performance – as well as master's degree from Shenandoah Conservatory in Music Performance. He has never held a job or lived independently.

When medical marijuana became legal in Maryland, he was among the first to apply although he never consented to any other treatment previously. Presumably he thought marijuana was safe as he was always concerned with side effects and grew up in the "Just Say No" generation. Whatever his condition was, is not one of the "qualifying medical conditions"<sup>1</sup> for marijuana and a "Certifying Provider" had obligations under the law to verify his 'medical' need. He should have never been certified. Yet he was.

The requirements for issuing a written certification for medical cannabis are fourfold. The first requirement is that there is a "bona fide provider-patient relationship" with the patient. Maryland law defines a "bona fide relationship" as a treatment or counseling relationship between a Provider and patient in which the provider reviews the patient's relevant medical records, completes an in-person assessment of the patient's medical history and current medical condition, creates and maintains medically standardized records, expects to monitor patient program and takes any medically indicated action to follow up. While this is reasonable,

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<sup>1</sup> Qualifying conditions include cachexia, anorexia, wasting syndrome, severe pain, severe nausea, seizures, severe or persistent muscle spasms, glaucoma, post-traumatic stress disorder, and chronic pain.

it does not happen. The “Certifying Provider” met with my son once, accepted payment of \$100, and certified him for marijuana. There was no review of medical records or assessment of his medical history and current medical condition(s). Had this been done, the provider would have reviewed my son’s records and seen that he did not meet criteria.

There was no monitoring or follow up. My son was permitted to purchase seemingly unlimited quantities with his limited Social Security Disability benefits, which he used every few hours for months before his psychotic break. He was not monitored for side effects or to see if the marijuana improved his symptoms. In fact, he never saw the “Certifying Provider” again. In the wildest imagination this does not meet criteria for a “bona fide provider-patient relationship”

The second criteria is that the “patient’s condition must be severe, other medical treatments have been ineffective, and the symptoms reasonably can be expected to be relieved by the medical use of cannabis.” My son lived with us and there was no evidence that he had a severe condition. He has a primary care provider who was treating him for fatty liver disease, which is not a qualifying condition. He does suffer from anxiety but has refused any pharmaceutical interventions. He complained of digestive problems which were managed by diet. The second criteria is moot since the first had not been met.

The third criteria is that other medical treatments must have proven ineffective for the patient’s condition. The last criteria is that he symptoms must reasonably be expected to be relieved by the use of medical cannabis. Since he did not meet the previous criteria, these criteria are also moot.

Over a period of a year after receiving his marijuana authorization I watched as my son drifted further and further away. He stopped coming to family meals, stopped interacting with family members, and became increasingly paranoid. I begged him to see a doctor but he refused. He lived in an altered state of consciousness, believing he is married and that my husband tried to rape his imaginary wife. In this altered state, he has traveled the world with his imaginary wife and is recognized as an accomplished musician and poet. About nine months after starting medical marijuana, he had multiple violent episodes in which my gentle, peaceful son spit in my face when I asked him to get help; kicked in doors; broke windows; and shattered the oven door. After each event he had no explanation for what he did. Once, when I tried to call for help, he jumped out of the dark and threatened me. My husband and I were forced to leave our house and stay in a hotel until we could get a court order to have him hospitalized.

During his 7 weeks in a locked unit at Sheppard Pratt my son refused treatment. Ironically, he did not receive his medical marijuana during that time and suffered no negative physical symptoms. He had extensive medical testing as a result of his complaints that his heart was racing, his breathing was irregular, and his stomach was bleeding. All physical tests came back in the normal range. His only condition was psychosis which, without treatment, would become permanent. Shortly before being approved for medical marijuana, while he was being evaluated for Social Security Disability, my son had a psychiatric evaluation that ruled out psychosis. There is no family history of psychosis. The hospital’s psychiatrist determined that the psychosis was a

result of the marijuana use and recommended that he never use marijuana again. He was diagnosed with a substance abuse disorder, in addition to psychosis, and discharged.

I contacted the dispensary where he bought his drugs, which happens to be the same facility where the provider worked. Clearly this is not an arm's length transaction. The ethics of having a certifying provider who has an office at the place of distribution, if nothing else, gives the appearance of a conflict of interest. There should be no pre-existing relationship between the Provider and the Dispensary. Patients like my son are encouraged to purchase the products so the distributors and Providers can profit.

I informed the staff at the Dispensary by phone of my son's condition and followed up with a registered letter. I copied the Commission and the Board of Physicians to alert them to the unethical actions of the physician (see attached). They verbally told me that they would need a written order from the physician to decertify my son and could not discuss his case with me. Clearly there was no way that a psychotic patient would provide that permission when he believed there was nothing wrong with him and did not trust the doctors or his family. "Once issued, a Provider may amend or revoke a patient's written certification on any medical grounds or if the patient no longer meets the Provider's inclusion criteria or the patient now meets the Provider's exclusion criteria." The certifying provider must have had a change of mind and revoked my son's certification in December 2018.

That should have been the end of the story but my son went to another "Certifying Provider" and was again approved in January 2019. The nightmare continued. Had the second provider checked the database or reviewed the medical records, they would have seen he had been decertified and that he had a diagnosis of substance abuse disorder. These should have been red flags to look more closely. "Examples of exclusion criteria include suspicion on the part of the provider that the patient is abusing cannabis or diverting cannabis to others." Had the second provider established a "bona fide provider-patient relationship" he would see that there was no qualifying condition and that the patient had a mental disorder. Had the second provider monitored the patient, he would see that symptoms did not improve but became worse with marijuana use.

On at least eight separate criteria the system failed my son. He did not have a "qualifying medical condition." There were no severe symptoms. Other medical treatments had not been tried for his medical condition. The symptoms were not relieved by the medical use of cannabis; they in fact became worse in that he had heart arrhythmia, extreme anxiety, paranoia, and lack of insight. There was no "bona fide provider-patient relationship," no review of medical records, no assessment of his medical history and current medical condition, and no monitoring or follow up. The second time he went for certification the same failures were repeated, with the addition that the documented exclusion criteria were ignored. He also had a new diagnosis: Substance Abuse Disorder. There was no accountability for any of these failures, even when addressed through the Commission. I contacted attorneys, many of whom would not even return my calls. Those that did would not take the case because they represented the Providers and Dispensaries, not the patients.

I will never understand how a drug can be approved for medical use without research showing dosage, and side effects. I will never understand how a medical provider can in all good conscience treat cannabis so casually. Cannabis is easier to get than my prescription diabetes drugs yet there is less scientific information to support its use in a medical setting.

There is a large amount of information available on the Commission's website on how obtain medical cannabis, how to become a "Certified Provider", where to find a registered provider, where to find a dispensary, and how to retain an attorney if charged with possession. There is no assistance for patients who have been harmed from cannabis and no system to hold providers accountable. "A provider's professional obligations to prospective medical cannabis patients are not different from those for any other patient. A provider is not required to qualify a patient for medical cannabis. The provider is expected to assess a patient's medical history and medical condition, and recommend treatment that they think is appropriate." Ignoring the medical guidelines despite a preponderance of evidence is negligent. The State of Maryland is the defacto drug dealer, supplying my son drugs under the guise of providing medical care. It is even more dangerous that buying street drugs since the patient has a false sense of security that he is receiving medical care.

I would like to think our family's experience was an anomaly. I have learned that many of the seemingly normal people I meet know someone who has been devastated by marijuana use. You hear their stories at NAMI family support groups. A large number of my acquaintances have been certified to purchase marijuana, as if it's no different from a baby aspirin, and have no information about the risks. While I don't often try to predict the future, I can promise the devastation resulting from the negligence in protecting patients will continue to grow. It will effect each of you in this room, either through firsthand experience or knowing someone who has been effected. You can contain the damage by enforcing accountability to the existing guidelines and not expanding access by making it easier to be certified. De-certification of medical marijuana providers who do not follow the criteria. Provide redress for patients who are harmed. Limit access with Providers who are knowledgable and uphold the Hippocratic Oath to do no harm.

On behalf of my son and our family, I hold you accountable.

## ATTACHMENT

Jeff Crabtree and Karen Shavin  
404 Dunkirk Road  
Baltimore, MD 21212  
February 8, 2019

Charm City Medicus  
717 North Point Boulevard  
Baltimore, MD 21224

To Whom It May Concern:

Our son, [REDACTED], recently received a medical marijuana. He purchased it at a Greenleaf facility, according to a charge on his bank statement on February 3, 2019. I called to speak to the doctor who certified him and provide critical medical history. I was put on hold. After waiting for a very long time, it was clear that the doctor was not willing to speak with me. I do know that it was a female staff doctor who “disagreed with the previous doctors’ recommendations” to decertify our son.

[REDACTED] has a dual diagnosis of Autistic Disorder and Substance Use Disorder, which is documented in his medical records. He spent November and December of 2018 in the locked psychosis unit at Sheppard Pratt Hospital at a cost of over \$56,000 and considerable emotional pain for all involved. The psychosis was triggered by his use of medical cannabis. His records show that certification was revoked in December 2018, both on medical grounds and because he no longer met the physician’s inclusion criteria since he was abusing cannabis.

At discharge from the hospital Zach was still psychotic, having refused treatment after retaining an attorney to defend his civil liberties to remain mentally ill. He returned to our care in the same state as when he left, with the only difference is the lack of access to legal marijuana.

[REDACTED] does not meet criteria for cannabis. During his time in the hospital he did not receive marijuana and suffered no consequences for not using it. It is highly questionable as to whether he ever needed it since no other treatments for anxiety were never explored.

What we know is that the provider is expected to assess a patient’s medical history, medical condition, and recommend treatment that they think is appropriate. The physician and patient must have a “bona fide provider-patient relationship,” which includes reviewing the patient’s relevant medical records. A review of records would reveal the previous hospitalization, diagnoses, and recommendations to discontinue cannabis use. The required in person assessment of the patient’s medical history and current medical condition by an appropriate professional would reveal his delusional thinking and impaired reasoning. Assuming all of that had been satisfactory, there would be a commitment to monitor the patient’s program and to take any medically indicated action to follow up. In a patient with a mental illness, monitoring by a psychiatrist is indicated. I must assume you have psychiatric professionals on staff who approved certification for cannabis.

Because of all the reasons stated above and the inability to contact you directly, we are putting you on notice in order to protect our son from further injury. Patients have a right to be treated appropriately by health care providers who are diagnosing them and recommending treatment. Other doctors in the same specialty did not feel cannabis was in our son’s best interest.

It is medically negligent to give access to marijuana to a person with an altered view of reality and who cannot make decisions in his own best interest, who has impaired thinking, and who has a clinical dependency on the drug. It is negligent to prescribe without having a complete medical history, ignoring the recommendations of other professionals who have more direct knowledge of the patient's condition, and who does not have a condition that meets the criteria for the drug. It is negligent not to monitor that same patient, who has a chemical dependency on that drug, for side effects. In fact, providing access to cannabis for our son is no different from the dealer on the street corner.

The longer one remains psychotic, the more difficult it is to treat. Your actions put our son at great risk. On Zach's behalf, we hold you accountable for the outcomes.

Sincerely,

Karen Shavin  
Jeff Crabtree

Cc: Maryland Medical Cannabis Commission  
Maryland Board of Physicians