

Patient sues to get ID card to buy marijuana in Maine

BY MATT NANCI
THE KEENE SENTINEL

When Linda Horan of Alstead, New Hampshire, was diagnosed with stage-4 lung cancer in July, doctors said there wasn't much they could do. They told the 64-year-old to think in terms of months, not years.

Her original tumor has swelled 25 percent since her diagnosis, and three more have appeared on her lungs. The cancer has spread to her brain and her lymph nodes, and she's already dropped 15 pounds.

She's vomiting and losing her appetite. And she believes medical marijuana could help these problems while delaying the point where she'll need to be in a "narcotic stupor."

But 28 months after New Hampshire Gov. Maggie Hassan signed a medical marijuana bill into law, patients like her still can't access it legally.

So Horan, a longtime labor activist, is embarking on what she calls her "last crusade." She's suing the state's commissioner of health and human services.

She planned to file the lawsuit this morning in Merrimack County Superior Court against Commissioner Nicholas Toumpas.

"It's on behalf of all sick and suffering patients in New Hampshire who have been denied the dignity of medicine that they require and are forced to be crimi-

nals in order to get the relief they need," she said.

In the lawsuit, Horan seeks to acquire a medical marijuana ID card so she can get medical marijuana in Maine.

Patients who qualify for medical marijuana in other states are eligible to purchase it in Maine with an ID card from their home state, a form filled out by their doctor and a photo ID, according to Maine state law.

Maine is one of seven states with so-called reciprocity in its medical marijuana law, which allows for visitors from other states to buy the medicine.

Since her diagnosis, Horan has had one radiation treatment to relieve neurological symptoms and began chemotherapy this week. So far, she said, she feels pretty good and isn't experiencing pain.

However, the most difficult part for her isn't living with cancer but knowing other people are going through worse.

"The hardest part for me was actually coming to the realization that people who are suffering much worse than I am on a daily basis and are being denied the right to the medicine that will give them some relief," Horan said.

Since Hassan signed the bill to legalize medical marijuana on July 23, 2013, no ID cards have been issued because of a ruling by the attorney general's office not to

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issue any cards until the state's dispensaries open, according to New Hampshire State Rep. Renny Cushing, the Hampton Democrat supporting Horan in her fight.

The health and human services department has estimated the state's four dispensaries could open in the first quarter of 2016.

Cushing voted in favor of legalizing medical marijuana and said the law wasn't meant to force patients to wait until dispensaries opened to get their ID cards.

"The Legislature never intended that people with severe medical conditions who would benefit from medical marijuana should die before the state got around to issuing their cards," he said.

Cushing and Horan are not alone in their criticism of the rollout of New Hampshire's medical marijuana law; its delayed implementation, for example, led New Hampshire State Rep. Joe Lachance, R-Manchester, to sue Toumpas in the same court at the end of May.

Horan has been a labor activist her whole life and said she'll bring that fighting spirit to the lawsuit. "I'm going out with a

cause to help other people who are being unjustly denied their dignity," she said.

Cushing said he's known Horan for about 30 years and she's spent her life working to improve others. He described her as feisty,

hardworking, compassionate and giving.

Horan planned to hold a news conference in front of the courthouse before filing the lawsuit this morning, where she would be joined by Cushing, Glenn Brackett, the president of the New Hampshire American Federation of Labor-Congress of Industrial Organizations, and her attorney, Paul Twomey.

The New Hampshire Department of Health and Human Services did not

provide comment by press time this morning.

Cushing said he "can't believe we're still in the situation where we're making criminals out of patients."

He said he's hopeful that the lawsuit will be successful and a judge will issue Horan and other qualified patients a medical marijuana ID.

"It's about Linda, but it's not just about Linda," he said. "It's about everybody else in a similar situation as her."

EpiPen injuries are rare but may be serious for children

BY MADELINE KENNEDY
REUTERS

Squirming kids may be badly hurt by the needles of epinephrine injectors like EpiPens, according to a set of case studies collected by U.S. doctors.

"Young children typically don't have the cognitive ability to hold still 'for their own good'," said lead author Dr. Julie Brown, an emergency physician at Seattle Children's Hospital, who noted that injuries typically happen when children move during the injection.

Brown and her coauthors emphasize that the risk of injury should not prevent parents and other caregivers from using EpiPens in cases of severe allergic reaction, as they may be lifesaving. However, parents should restrain the child and may not need to keep the needle in place for a full 10 seconds.

EpiPens work by injecting epinephrine into a person's thigh at the first signs of a severe allergic reaction. The drug can prevent the potentially life-threatening effects of extreme allergic reactions, including lack of oxygen or shock to the heart.

Severe allergic reactions are a growing problem and the number of deaths each year from allergic reactions is on the rise, the study team writes in Annals of Emergency Medicine.

Brown decided to investigate injector injuries after she saw an EpiPen-related injury in one of her own patients. "I was surprised by size and depth of his wounds, and wondered how an EpiPen Jr. device could have caused these injuries," she told Reuters Health.

Brown videotaped an experiment to see how quickly the medication was released from these devices and observed that it was expelled in less than a second. Previous studies have suggested the medication is released in less than 3 seconds from in-

jectors, she noted.

To see how common injector injuries are, the research team asked participants in online emergency medicine discussion groups and Facebook allergy groups in North America.

The researchers included 22 cases in their study, all injuries from EpiPen or EpiPen Jr. devices. The injured children were between the ages of 1 and 11 years old and the average age was four and a half years.

The majority of the injections, 12, were given by parents, while six were administered by healthcare providers and three were done by teachers. Only one was done by the child.

In 17 cases, children had deep gashes from the needle, while in four cases the needle got stuck in the child's leg. In one case, a needle cut a nurse's finger.

In three of the cases, the person giving the injection reinserted the needle because it was knocked out before 10 seconds had gone by, causing a second injury.

Although many of the cases from this study resulted in severe cuts requiring stitches, Brown noted that EpiPen injuries may not be very common. "It is difficult to say for sure, but these injuries are probably fairly uncommon relative to how frequently EpiPens are used," she said.

Dr. Ronna Campbell, who was not involved in the study, also thinks such injuries are likely rare. "In over 10 years of practicing emergency medicine I have never seen nor heard of a laceration secondary to an epinephrine autoinjector," she said.

The researchers recommend that in cases of allergic reaction, the EpiPen needle should be inserted for as short a time as possible, the needle should never be reinserted and the child's leg should be immobilized.

Brown also advised par-



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EpiPens are lifesaving in cases of severe allergies but can lead to injuries if not administered correctly.

ents to think about and practice how they will hold their child to reduce injury from EpiPens.

"The benefits of the medication far outweigh the risk of injury. Careful administration and leg immobilization are likely to help reduce the risk of injury," Campbell said by email.

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