

Marijuana

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er who studies social factors in the development of addictions. I follow many of the emerging trends in substance use.

When New York state passed legislation allowing for medical marijuana late in 2015, I began to collect information on the ways that the states were approaching this controversial issue.

As medical marijuana laws become more common in the U.S., it's good to understand what, exactly, these state laws allow — and what they don't. States are trying to strike a balance between access to medical marijuana for patients who might benefit, while also ensuring that these laws don't become a backdoor to full legalization. And, as I have found, there is a lot of variation in terms of what states mean by "medical marijuana." This can affect whether and how patients can access it and what conditions it can be used to treat.

What is medicinal about marijuana?

Let's start by looking at what medicinal properties marijuana actually has.

Marijuana consists of several hundred chemical components, but the most well known is tetrahydrocannabinol (THC), which causes marijuana's "high." It can also be used to treat nausea and vomiting. In fact, there are two FDA-approved synthetic versions of THC, Dronabinol (also called Marinol) and Cesemet, which are prescribed to treat nausea and vomiting for patients undergoing chemotherapy for cancer or to stimulate appetite for patients with AIDS. A side effect of these drugs is euphoria, which means they can make you high.

At the federal level, only these two medications are legal. THC or other extracts, whether synthetic or derived from the marijuana plant, are not.

The other marijuana compound with known medical applications at present is cannabidiol (CBD). Unlike THC, CBD does not produce a high. There are no FDA-approved medications based on CBD yet, although it is being studied as promising treatment for severe epilepsy and pain.

Proponents of medical marijuana argue that the combination of the chemical components present



Jon Richards, compliance manager at Patients Against Pain Cannabis Collective in Los Angeles, removes dead leaves while inspecting plants for harvest inside a growing room. Growers operating at this facility in downtown Los Angeles will be among the tenants of a planned 380,000-square-foot facility in Desert Hot Springs.

MEL MELCON | LOS ANGELES TIMES | TNS

in the plant itself provides the most effective treatment for some medical symptoms. However, the amount of the medically important components differs from one plant to the next, and other potentially harmful components may also be present in the natural product. Research examining this issue is critically needed.

In some states 'medical marijuana' means marijuana

The phrase "medical marijuana" might give you the image of people buying plants or dried marijuana to smoke. That's the case in some states with medical marijuana laws, but not all.

In 21 states and the District of Columbia as of this writing, people can possess marijuana in plant form for medical purposes. But, of course, there is plenty of variation between these 21 states.

For instance, in 15 of those states, laws permit people to cultivate marijuana plants for medicinal use. Limits on the number of plants vary from state to state, but most of the states allow for 6-12 plants. And some of those states limit the number of mature versus immature or seedling plants people are allowed to have.

Several of these 15 states allow home cultivation only under certain circumstances. For example, Massachusetts allows patients to cultivate plants if a state dispensary is not nearby or for financial reasons. Other states require the cultivation to be in a locked area or have other restrictions.

In six other states, medical marijuana laws allow people to possess usable marijuana, but prohibit them from cultivating the plant.

Still with me? Good. Those are just the states that permit people to possess marijuana or to cultivate plants to some degree or another.

And in other states 'medical marijuana' means a marijuana extract

In 15 states, medical marijuana laws allow people to possess only one specific marijuana extract, CBD, the component that does not produce a high. Possessing marijuana itself or cultivating plants isn't allowed.

If you live in Minnesota, New York or Pennsylvania, state laws prohibit "smokeable marijuana" but do allow marijuana extracts in nonsmokeable forms, such as

oils that can be vaporized, oral solutions and capsules. These products are manufactured with specific amounts of THC and CBD.

Now that we have sorted out the different types of medical marijuana states permit, let's move on to the next major variation in medical marijuana legislation — what conditions medical marijuana can treat.

What do states say medical marijuana can treat?

Most states that allow people to possess or cultivate marijuana for medical purposes allow its use to treat many medical conditions, including pain, nausea, HIV/AIDS, seizures and glaucoma. As of now, nine states also allow for the use of marijuana for post-traumatic stress disorder.

The most liberal of the states, California, goes a step further. Not only is medical marijuana permitted to treat all of these conditions, but also for any other major illness where marijuana has been "deemed appropriate and has been recommended by a physician."

Remember, in some states the only "medical marijuana" permitted is an extract, CBD. One of

these states, Kentucky, allows CBD only for people in a state-sponsored clinical trial.

The other 14 states that allow the use of CBD allow it only for "debilitating," "severe" or "intractable" epilepsy. Most of these states do not have dispensaries where CBD can be purchased, or they have one single source, usually a medical school. So if a physician in these states determines that a patient would benefit from CBD, a patient would have to travel to another state with a dispensary that sells CBD.

And, of course, it gets even more complicated. Many of the states with legal dispensaries of CBD are not permitted to provide it to nonresidents. That means that even though CBD is legal in some states, it is effectively unavailable for most who might benefit.

Why is there so much variation between the states?

Marijuana is classified as a Schedule 1 Drug, a category reserved for substances with "no currently accepted medical use and a high potential for abuse." This makes research on marijuana medical applications difficult.

As Nora Volkow, the Director of the National Institute on Drug Abuse, pointed out, "medical research can and is being done with schedule I substances; however, there are strict regulations and administrative hurdles associated with this status."

With research about medical marijuana moving so slowly, states, often based on citizen lobbying efforts, have acted, creating legislation that might be based more on opinion than on evidence.

Whatever your opinion is on the legalization of marijuana for recreational purposes, the array of state and federal laws regarding the use of medical marijuana is confusing and problematic for those who might benefit from such a program. It is vitally important that we clear the hurdles to clinical research on marijuana, and that we accelerate research addressing the potential benefits and harms.

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Merger

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community members to tackle pressing local issues, as part of the heritage he and other residents risk losing if the merger goes forward.

"We have a great city and we need to be proud of it. We were the All-American City way before the city across the bridge was," he said. "We did that as the city of Auburn, not as two cities joined at the hip."

Another challenge for merger proponents is that some Auburn residents fear that the union will amount to Lewiston taking over Auburn.

"A lot of us in the city of Auburn feel that we'll get swallowed up in the whole mix," Walker said.

The root of that concern is numbers. Lewiston has a population of 36,000, according to the 2010 U.S. Census, making it the second largest city in the state. Auburn, on the other hand, has only 23,000 residents. With a joint governing body, Walker said, Lewiston's larger population

would tip the scale in its favor when residents debate which direction the larger city should take.

"This is really an existential threat to the cities," Howaniec said.

Whether the cities merge could very well hinge on how the merger's proponents address concerns about loss of identity and autonomy. Pro-merger campaigns that focus on the promise of greater efficiency in city services or cost savings from eliminating duplicate services are unlikely to sway voters who are skeptical of the potential savings, according to a 2006 study by Suzanne Leland and Kurt Thurmaier, professors of public administration at the University of North Carolina at Charlotte and Northern Illinois University respectively.

A merger campaign has a better chance of garnering support if supporters can convince voters that a larger city will attract economic development and that the existing political structure is unable to achieve a desired vision, according to Leland and Thurmaier. But voters can be easily mobilized against a merger if they believe it will cost

them political representation and civic identity.

Long odds

Very few cities contemplating a merger ever make it through the process of drafting a charter. Only 15 percent of those mergers that make it to referendum garner support from voters, according to Leland and Thurmaier.

Lewiston and Auburn have a long history of failed mergers that dates back to 1869, when Auburn residents voted 299-283 against a referendum to join Lewiston. Just in the last 20 years, three other citizen commissions — in 1996, 2006 and 2009 — created a roadmap for how city officials could merge Lewiston and Auburn, along with the benefits of doing so, but the merger proposals never went to voters.

In each case, there was little political will to go down that road.

Will this effort to merge the cities have a different outcome? There hasn't been any polling in more than 20 years to gauge whether residents support a merger. According to a 1995 poll commissioned by a citizen commission, 40 percent of respondents fa-

vored greater cooperation between the cities, but only about 16 percent thought they should merge.

"I've talked with people on both sides of the river, and I've not seen any broad grassroots support for this effort," Howaniec said.

Model of cooperation

Although residents haven't been in a hurry to merge their cities, the Twin Cities have found many areas for collaboration. For Morrison of the joint charter commission, this means it's time to stop nibbling around the edges and take the step toward a complete merger.

"What were very different communities 50 years ago aren't anymore," he said. "Some people don't even see the lines anymore."

The list of Lewiston and Auburn's joint ventures is long.

During the 1970s and 1980s, the cities worked together to clean up the watershed around Lake Auburn after years of pollution from the old mills. This led to the creation of a shared wastewater treatment plant that both cities still use.

When it comes to eco-

nomics development, the cities created an industrial park outside the municipal airport, which Auburn and Lewiston have shared since before World War II.

In the 1980s, the cities merged their economic development arms to create the Lewiston-Auburn Economic Growth Council, which provides financing and other support to businesses that are putting down roots in the Twin Cities.

Lewiston and Auburn even share a 911 communication center and public transit system.

With this history of collaboration, Howaniec said that merger opponents don't see any need to give up their respective identities to work together. Rather, the cities should find other areas for collaboration while retaining the authority to make decisions in the interest of their respective populations, Howaniec said.

"In a lot of ways, it's been a model of municipal cooperation," Howaniec said. "But I don't think the two cities need to merge for that to continue."

Steed

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leaving this month — but noted his landlord is considering nearly doubling rent upon his departure.

My company looked for a studio for nine months and, without exaggeration, every property we looked at, including the one we eventually leased, was part of some condo conversion plan. The market has helped to make renters a priority lower than buyers of condos, guests at hotels, or Airbnb tenants.

Increasingly, Portland is becoming difficult to inhabit for people who aren't looking to start a restaurant, brewery, startup or become landlords. My wife and I do comparatively well — she is in commercial banking, and I own my own company, which is growing at a steady pace — and we are looking to relocate to

Greater Portland, but Portland is out of our reach.

The realities of a Portland in which the Portlanders who gave the city the charm and personality responsible for its wide appeal can no longer live here illustrates the paradoxical, and sometimes seemingly cannibalistic, nature of development booms.

The resulting anxiety has picked up in recent years.

The hubbub surrounding Congress Square Park a few years back — the backlash against the City Council's plan to sell and privatize city-owned land — was deeply rooted in this feeling among Portlanders that they aren't quite sure they understand where they fit in the city's future. While I disagreed with their proposed approach, the Soul of Portland's movement to preserve Portland's views were rooted in the same anxieties.

Most recently, the push-back against the city's plan



Chairs are set up in the Circus Conservatory of America's new training facility on Thompson's Point in Portland in January 2015.

BDN FILE

to shut down the India Street public health clinic, an organized movement that was partially successful in altering Portland's plan, reflected the feeling among many that the city is not prepared to maintain a standard of livability that is realistic for most — and especially so for the city's most vulnerable population.

My friends who make things happen in the business and development communities assure me that this eventually will mean an elevation of wages for working people in the city. It is certainly helping my own company create jobs. But for many who are still living paycheck to pay-

check, or are one emergen-

cy away from homelessness, long-term promises leave them wondering if Portland will be able to accommodate them in the meantime. If artists can't afford to create here, musicians are left without space to perform, working people are left without a place to live, on what lists will the city appear in a few years' time?

I often hear populist movements written off as reactionary and anti-growth or anti-development, but the reality is that many who have been making the city cool, quirky, appealing and livable for so long aren't sure where they fit in the future of the city they shaped.

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Cianchette

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My guess is, if Ms. Quimby chose to create her own privately owned park, much of the opposition would dissipate. Or, if she ceded the land to Baxter and utilized the \$40 million to improve and promote Maine's existing park, she would be supported. So the question isn't about a park, it is about federal control.

Supporters dismiss that concern as right-wing wackery. They are wrong. Wherever you lay blame, the reality is Washington's commitments outpace our ability to pay regardless of the Quimby endowment. The National Park Service began this year \$12 billion in the hole. Our roads and bridges are approaching \$1 trillion in needed repairs and upgrades, Social Security will run out of reserves in the next 15 years and we're almost at \$20 trillion in national debt.

Additionally, the federal government remains a slow-moving, distant, faceless bureaucracy. That isn't political commentary against the Obama administration. It would be the same under a Republican. When it comes to the concerns of Mainers, Maine officials — the attorney general, the commissioner of IF&W and the state forester — will always be more responsive and certainly more accountable.

So, as much as well-intentioned people want to help by bringing in a federal monument, the lesson of the bison calf should remain in our minds. Washington's involvement could euthanize everything that makes the Maine woods — local control, private ownership, responsible forestry and traditional recreation — unique. Let's not kill what we love.

Michael Cianchette is former chief counsel to Gov. Paul LePage, a Navy reservist who served in Afghanistan and in-house counsel to a number of businesses in southern Maine.