The world of medical cannabis is populated by passionate advocates. But Tom Arneson, MD, research manager for the Minnesota Department of Health’s Office of Medical Cannabis, isn’t one of them.

“Before I took this job, I had not had an interest in cannabis,” Arneson says. “A lot of people organize their lives around being advocates for cannabis use. That was not me at all. I was interested in the legislation and the component about being able to collect data. When I looked into cannabis, I felt it was quite interesting.”

A former researcher at the Minneapolis Department of Health, director of population health at Stratis Health and medical director for industry-sponsored research at the Chronic Disease Research Group, Arneson first heard about the Office of Medical Cannabis job from his medical residency mentor, former Minnesota Commissioner of Health Ed Ehlinger, who thought Arneson’s experience, attention to detail and abiding interest in research made him a good match.

As he was considering whether he should accept the position, Arneson says he realized that it "had some very interesting parts to it. Part of that is trying to collect data, trying to know something about what happens to the participants in the program. Ed thought my background would lend itself to the research aspect of it. I decided he was right.”

The job is filled with potential political landmines, but Arneson’s dispassion is key to the program’s success; because he holds no clear advocacy position, the information that he and his staff collects and distributes is more likely to be fair and balanced.

Arneson and his colleagues have completed two comprehensive reports using data collected from patients who enrolled in the first year of the program. The department produces annual cohort updates for all measures over time; Arneson says there will be repeated analyses annually. The reports are posted on the department’s extensive, well-maintained website (http://www.health.state.mn.us/topics/cannabis/).

The extensive research and reporting puts Minnesota’s medical cannabis program ahead of other states, Arneson says: “No other state collects information from the program on benefits and harms. Ours does. We figured out a way to do that, and that sets us apart.”

This data collection, while exacting and time-consuming, feels important, Arneson says. There are charts and graphs detailing information about enrollees, providers and medicines, as well as multiple pages of verbatim patient comments. These are particularly interesting, Arneson says, and intended to be helpful for people who are thinking about enrolling in the medical cannabis program.

“They can look and see what the experience has been for other people. They are organized by condition, including survey comments and free-form comments where people can say how much they’ve been benefited or harmed and what the nature of those benefits or harms are.”

The comments are also helpful for physicians and other health care providers...
who are considering approving individuals for participation in the program.

“The comments make it easier for members of the clinical community to get a sense of what people think is happening to them when they participate in this program,” Arneson says. “We also collect information about what products the patients are using.”

Increased interest
Since its launch, Minnesota’s medical cannabis program has experienced steady growth. As of January 2019, about 1,500 medical professionals have registered themselves to certify patients for medical cannabis treatment, up from 1,081 last year.

The number of patients actively enrolled in the registry is also on the rise: In January 2019, 14,481 patients were actively enrolled in the patient registry—6,352 more than were enrolled on Dec. 28, 2017. (Since the program was launched, a total of 25,000 Minnesotans have enrolled, although many haven’t kept their enrollment up-to-date.)

Arneson says increasing numbers of clinicians (advance practice RNs and physician assistants can also certify patients) are registering themselves to be part of the program. This is a positive, he says; he would rather see the process become more widely accepted than to have the program consist of just a few physicians certifying hundreds of patients.

“The more that there are clinicians who are willing to register patients they think are a decent fit for the program, the more the intention of the program can be fulfilled,” he says. “I’m happy to see that every week there are a few more. It is very consistent and constant over time.”

Arneson chalks up early physician resistance to everything from concern over the lack of clinical science about medical cannabis to a reluctance to be connected to such a program during a politically conservative administration.

“Some physicians don’t like the government getting in on things that have to do with medical care,” Arneson says. “And some are nervous about doing this in case the federal government comes knocking on their door.”

But those physicians who have begun to certify patients say they are largely pleased with the results, Arneson reports. They went into medicine to help others, and many believe they have been able to help ease their patients’ pain.

Patient comments on the department website back this up. “Many of the patient comments focus on improved quality of life,” Arneson says. “They say things like, ‘I can do more. I have my life back again.’ Who can argue with that?”

Andy Steiner is a Twin Cities freelance writer.

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Current qualifying conditions for medical cannabis and number of patients certified

AS OF JANUARY 2019

<table>
<thead>
<tr>
<th>Condition</th>
<th>Patients Certified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intractable pain</td>
<td>9,267</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>2,323</td>
</tr>
<tr>
<td>Severe and persistent muscle spasms</td>
<td>1,826</td>
</tr>
<tr>
<td>Cancer</td>
<td>1,300</td>
</tr>
<tr>
<td>Seizures</td>
<td>616</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>447</td>
</tr>
<tr>
<td>Obstructive sleep apnea</td>
<td>441</td>
</tr>
<tr>
<td>Autism spectrum disorders</td>
<td>357</td>
</tr>
<tr>
<td>Terminal illness (life expectancy of less than a year)</td>
<td>137</td>
</tr>
<tr>
<td>Tourette syndrome</td>
<td>122</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>110</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>98</td>
</tr>
<tr>
<td>Amyotrophic lateral sclerosis</td>
<td>32</td>
</tr>
<tr>
<td>Alzheimer’s disease (beginning August 1, 2019)</td>
<td></td>
</tr>
</tbody>
</table>

The Minnesota Department of Health accepts petitions from June 1 through July 31 each year for new qualifying conditions and delivery methods. A review panel then makes recommendations to the Commissioner of Health. In 2018, seven medical conditions were reviewed and only one—Alzheimer’s disease—was added to the list of qualifying conditions.

In the nearly five years since medical cannabis became legal, five qualifying conditions (intractable pain, autism, obstructive sleep apnea, post-traumatic stress disorder and Alzheimer’s disease) have been added to the original nine.
IS MEDICAL CANNABIS ANOTHER TOOL IN THE TOOLBOX?
Or has Minnesota gone too far?

POINT: Success against pain
Matthew Thorson, MD, an interventional pain medicine specialist at Advanced Spine and Pain Clinics of Minnesota, didn’t start out as an advocate for medical cannabis, but in recent years his perspective on the medication and its impact on his patients has changed. He talked to Minnesota Medicine about his experience certifying intractable pain patients for medical cannabis — and his perspective on the future of cannabis in the state.

What factors convinced you to register yourself as a physician willing to certify patients for Minnesota’s medical cannabis program?
Five or six years ago I would be one of the physicians who was more on the anti-marijuana side of things. It is an illicit substance that we test for on our illicit drug screens of patients who are on opiate contract with our clinic. But as the opiate crisis kept snowballing in Minnesota and the nation, many physicians are trying to find alternatives for pain control. After doing research, I found that this is a safer route for many of my patients to try medical cannabis rather than opioids. I also use medical cannabis as a tool to wean people off their opiate medications whenever possible. Eighty percent of my chronic pain patients respond positively to medical cannabis as an alternative to opiates.

What positive effects are you seeing in patients who use medical cannabis to treat chronic, intractable pain?
I think the pain relief provided by cannabis is actually probably superior in some cases to the relief provided by opiate medications. In fibromyalgia or rheumatoid arthritis patients who have chronic widespread pain, opiates only work in the central nervous system. They slow down the gut and cause constipation, whereas cannabinoid receptors are widespread and the medication is well tolerated.

I see the results of how my patients are doing and they are for the most part giving me very positive feedback on how medical cannabis has helped them. I’ve also seen that there are

FROM THE DISPENSARY
CEO and ER physician Jay Westwater, MD, believes in the potential of medical cannabis

BY ANDY STEINER
Joseph (Jay) Westwater, MD, seems at ease as he moves around Minnesota Medical Solutions’ clean, light-filled dispensary in downtown Minneapolis. A longtime emergency medicine physician, he’s been CEO of the company since August 2018, when founder Kyle Kingsley, MD, became CEO for parent company Vireo Health. Unusual for a CEO, Westwater continues to practice medicine on a limited basis in St. Paul and western Wisconsin.

Westwater says he believes in the potential of medical cannabis to improve the lives of people struggling with a variety of ailments, and his calm, measured approach to the issues means that he doesn’t come off like a huckster or an over-enthusiastic convert. He welcomes all questions and encourages debate.

There are eight medical cannabis dispensaries (or Cannabis Patient Centers) in Minnesota; four are operated by Minnesota Medical Solutions and four are operated by Leafline Labs, currently the only two companies with state approval to sell medical cannabis products in Minnesota. When a practitioner certifies a patient for medical cannabis use, the next stop is a Cannabis Patient Center, where the patient consults with a specially-trained pharmacist before deciding on cannabis varieties, dose levels and
Medical cannabis (products include tinctures, oils to be used in vaporizers, and capsules, with different levels of THC and CBD). “Some physicians think about cannabis as being sold as a cure-all or a miracle drug,” Westwater says. “The way I see it, it’s working in a safe, complementary way with other medications for appropriate people. It is particularly effective in the areas in which people can be certified for use in Minnesota.”

After about six months as CEO, Westwater’s thoughts on medical cannabis include:

- **An emergency room physician is perfectly suited for the medical cannabis business.** “I think that ER docs tend to be curious,” Westwater says. “I think we’re also comfortable with a certain amount of risk. Every day in the emergency department, I have to make decisions without all the facts at hand. That’s a normal, everyday situation for me. You can analogize that to the cannabis field in a way.” Because limited legalization means that research on cannabis is still spotty, “We’re still figuring things out, and I’m okay with that.”

- **Some of today’s support for medical cannabis is a direct reaction to the ‘90s pain-med “boom.”** Medical professionals still smarting from the days when they were encouraged to aggressively treat pain with opioids may be more open to alternative options for pain relief, Westwater theorizes. “I was part of that whole phase of medicine when we were being told that we were under-treating pain and that pain is the fifth vital sign,” he says. “I was graded in the emergency room on my ability to rapidly treat pain—even without seeing some patients first. That was where the pendulum reached its furthest tick in the opposite direction. Now we’re moving away from that. Into that void comes this new—possibly, hopefully—safer, maybe better-tolerated medicine.”

- **Medical cannabis doesn’t work for all pain.** Despite some advocates’ argument that cannabis is a miracle cure for just about everything, Westwater says that when it comes to pain, medical cannabis “is not the answer for everybody.” Some pain is too extreme for cannabis alone. “I would never claim that someone could just get by with cannabis for acute, severe pain,” he says. “That’s the role of opioids. But even in those cases, as an adjunct, cannabis allows people to minimize their use of other meds that may be effective for them but could have harsh side effects. That’s where it is can be particularly helpful.

- **It’s nearly impossible to access medical cannabis in rural areas of the state.** Because medical providers registered to certify patients for medical cannabis tend to be clustered in the seven-county metropolitan area, Westwater says, “In some rural areas of the state, people often have to travel far distances to find a provider willing to prescribe medical cannabis, and they may have to travel even farther to get to a dispensary.” In particular, he says, Native American populations in the state are underserved. “These are the very patients who may be the most debilitated, and they have the hardest time finding a provider that’s willing to certify them, let alone find a dispensary in which to get their supplies,” he says. He is in favor of remote cannabis certification: “The state has mandated that here must be a face-to-face meeting with a provider to certify a person for medical cannabis. We’d like to see a move toward the use of telemedicine—at least with recertifications—which may alleviate some of this issue.”
few people who are non-responders, and I’ve had no instances when anyone has been harmed or had a worsening of symptoms. The bottom line is that 80 percent of my pain patients are responding positively to medical cannabis. That’s a good thing. With a lot of medicines, if 20 percent of people respond positively, we’d think that’s a good thing. If we’re at 80 percent-plus, it’s hard to argue that it’s bad in any way. For me, as a pain physician, I need every tool in my toolbox to be able to help some of these people. Cannabis is just another tool in the toolbox.

Have you experienced backlash over your decision to certify patients?
I have not experienced backlash, although I think there is still some catching up to do overall around our attitudes about medical cannabis. About a year-and-a-half ago, I gave a talk in front of University of Minnesota pharmacy students. One of the professors asked me, “Dr. Thorson, are opiate receptors and cannabis receptors pharmacologically very different?” I said, “They are different pharmacologically but not necessarily politically.”

The views of various people and policy makers when it comes to marijuana are incredibly varied. The Senate majority leader in Minnesota, when he talked about legalizing recreational marijuana, said, “How can you open the door on recreational marijuana when you are staring down an opiate crisis?” Some people think these drugs are one and the same, when opiates are actually so much more deadly than cannabis.

Do any of your patients express concerns about using medical cannabis for pain?
With some pain patients, one of the barriers for them with medical cannabis is a financial barrier. Insurance companies for the most part do not cover medical cannabis. The only insurance I have gotten to cover it is Workers’ Compensation. But even then, patients usually have to get their lawyer involved.

When I talk about the personal economics of taking medical cannabis with a patient, we quickly come to understand the real economic issues of managing pain. Many patients are not just on MS Contin® or generic morphine. They may also be on an antidepressant, a muscle relaxer, a sleeping aid. They might be able to reduce or eliminate those medications through the use of medical cannabis. If I can get someone on medical cannabis and eliminate the need for them to come into my office every month, sometimes it weighs into their financial decisions.

Minnesota seems to be on a path toward legalization of recreational marijuana. What do you think about that?
Medical trends come and go. Westwater admits he’s been around long enough to know that medical trends may be just that—trends. He hopes that medical cannabis is bigger and more lasting. “You go back 120 years and everybody thought cocaine was the answer. You go back how many years after that and morphine was the answer. I’m jaded enough to realize we may go too far. What convinces me that we might be heading in the right direction is the safety profile. That’s the key of cannabis for pain.”

Andy Steiner is a Twin Cities freelance writer

“He went from compliant and docile, loving and sweet to having fits of rage and attacking myself and my husband,” Grancarich says. “He was very violent for several months.” During his rages, Julian broke every bone in his mother’s face. “I had my nose broken three times,” Grancarich says now. “I had my jaw dislocated.”

Julian’s outbursts were also directed at himself. He would violently hit his head against a wall or any other hard surface he could reach. “He was giving himself skull fractures,” Grancarich says. “His eyes were swollen shut. He’d completely lost the will to live.”

Grancarich theorizes that Julian was in so much physical pain in his head that he wanted to end his life. “It was clear to me that he wanted to kill himself,” she says. “He was not going to stop until he took himself out.”

Physicians tried a wide range of medications and other therapies to end Julian’s rages but nothing seemed to work. Several times, Grancarich recalls, hospital staff told her and her husband to prepare themselves for their son’s death.

Through Grancarich’s work with national autism organizations, she had learned that some young people with seizure disorder and autism were finding relief from their symptoms with the help of medical cannabis. When the medication became legal in Minnesota, she and John made the decision to try it on Julian. They felt like they had nothing to lose.

Grancarich explains that she began by giving Julian “a very low dose” of cannabis oil on January 18, 2017. Julian’s response to the
IS MEDICAL CANNABIS ANOTHER TOOL IN THE TOOLBOX?
(continued from page 18)

I’m okay with it. I think the majority of Americans and Minnesotans are on the side of medical cannabis. And a majority of them now support full legalization. The tides are changing on the whole issue.

The statistics show that whatever form of legislation a state has—full recreation or just medical cannabis—there has been roughly a 25 percent reduction in opiate-related deaths. We definitely need something like that in Minnesota.

—Andy Steiner

COUNTERPOINT: Reasons to be cautious

Not every Minnesota physician is enthusiastic about medical cannabis. Psychiatrists, in particular, are concerned that marijuana use has the potential to worsen psychiatric symptoms in some patients.

Patricia Dickmann, MD, a psychiatrist practicing at the Minneapolis Veteran’s Administration Medical Center, pointed to a January 14, 2019 New Yorker article titled, “Is Marijuana as Safe as We Think?” She cited the article in an email, adding that she agreed “100 percent” with this quote: “As the National Academy panel declared, in one of its few unequivocal conclusions, ‘Cannabis use is likely to increase the risk of developing schizophrenia and other psychoses; the higher the use, the greater the risk.’”

Dickmann points to the impact of marijuana use on her own patients: “I have . . . seen marijuana cause transition to manic episode in patients with bipolar disorder. Overall, the reported benefits of marijuana are far overrated and the potential risks are often downplayed.”

Kaz Nelson, MD, a psychiatrist who practices at the University of Minnesota Medical Center, says many psychiatrists were concerned when post-traumatic stress disorder (PTSD) was added to the state’s list of qualifying conditions for medical cannabis use. The larger concern that marijuana is a bad match for psychiatric conditions like PTSD made members of the state’s psychiatric community feel “disappointed and worried.”

“We see people who come in and tell us they smoke pot recreationally,” she says. “There seems to be an indication of psychosis developing among some patients. In some cases, the psychosis does not go away. It’s hard to tease apart. I’m not for criminalization of marijuana, but I do have concerns about the widespread acceptance of it being something that’s healthy for everyone. We have seen people who are profoundly impaired.”

Charles Reznikoff, MD, an addiction medicine physician at Hennepin Healthcare, says the medical cannabis issue is more complicated than most people realize.

“This is a huge, complex deal,” he says. “There are some elements of our state’s medical cannabis program that have been

MEDICAL CANNABIS AND AUTISM
(continued from previous page)

therapy wasn’t immediate but after the family adjusted his dosing over several weeks, he slowly began to show signs of improvement. He was able to get out of bed. His periods of agitation were less frequent and he stopped injuring himself and others.

Best of all, Grancarich was able to teach Julian how to communicate using an iPad. Once Julian learned how to use technology to “speak” with others, he explained to Grancarich that he had been in severe pain. The violent outbursts had been his only way of communicating his distress.

“He was crying out for help,” Grancarich says. “No one deserves to feel like he did. My child is remorseful about his actions. Whenever we type and talk about that time, he never talks about what he did to himself. He always says he is sorry for what he did to me.”

Grancarich credits medical cannabis with her son’s recovery, not only from the self-injuring behavior but from other disorders.

Cannabis manufacturers

There are two manufacturers registered to cultivate, produce and distribute medical cannabis products in Minnesota.

Minnesota Medical Solutions—with Cannabis Patient Centers in Minneapolis, Rochester, Moorhead and Bloomington.

To be certified to use medical cannabis, an individual must:

**Have a qualifying condition**

**Be certified** by a physician, physician assistant or advanced practice registered nurse.

**Register online**, using a link from the Office of Medical Cannabis.

**Pay an annual registration fee** of $200 ($50 for those on SSI, SSD, Medicaid, MNCare, HIS or CHAMPVA).

**Complete a patient self-evaluation report** on the online registry.

**Go to a Cannabis Patient Center** (there are eight in the state) in person (or a parent, legal guardian or caregiver can make the in-person visit).

**Be reviewed by a pharmacist at the CPC**, who will recommend the dose and type of medical cannabis.

Most insurers do not pay for medical cannabis at this time and the products can be expensive, running to over $200 for some capsules (although there are some discounts for those who receive some kind of medical assistance, active military and veterans and their families). Price depends on the kind of product and the amount of THC and CBD.

“It helped his IBS,” she says. “He had constipation and cannabis reduces systemic inflammation. He has no more constipation and he hasn’t required an enema in two years. His gut pain has improved.” Julian’s epilepsy and motor tics are better controlled, she says: “We’re not seeing grand mal seizures on a regular basis. We’re also seeing the motor tics are well managed. The agitation is well managed. His appetite has improved. His communication has improved. He is very rarely aggressive.”

**Helping others get access**

Grancarich was able to get access to medical cannabis for Julian in early 2017 because he had been diagnosed with a seizure disorder, a condition that was already on the state’s list of qualifying conditions. Because Julian’s response was so positive, Grancarich decided she needed to help other Minnesota families facing autism get access to this medication.

She accelerated her disability rights activism, becoming a vocal advocate for autism to be added to the state’s list of qualifying medical conditions for medical cannabis. She filed a petition with the Department of Health in August 2017 asking that autism be added.

Thanks to the work of individuals like Grancarich, autism (along with obstructive sleep apnea) was added to the list of qualifying conditions on July 1, 2018. It felt like a significant achievement, a high-water mark in her ongoing disability rights activism.

Today, Julian takes a dose of cannabis oil orally three times a day. His general health is stable and his communication keeps improving. His mother is grateful. “He calls himself a ‘free-thinking genius,’” Grancarich says, with a fond chuckle. Despite all his struggles, Julian is still a kid, and the sense of freedom that his mother says cannabis has given him makes him feel like world is his oyster: “He tells me he wants to save his allowance, buy himself an RV and drive to the Grand Canyon.”

His mother is thrilled that he’s dreaming about the future: “Not so long ago,” she says, “he would have never done that. He felt like he had nothing to look forward to.”

Andy Steiner is a Twin Cities freelance writer.
really helpful for people, really life changing. It’s hard not to call the program a success when you talk about those situations—but there are also some components that are really concerning.”

The components that feel particularly concerning to Reznikoff are with conditions that commonly manifest with psychiatric symptoms. Alzheimer’s disease, the latest condition to be added to the state’s qualifying condition list (patients with Alzheimer’s can be certified by a registered medical provider to receive medical cannabis beginning July 1, 2019), gives Reznikoff pause.

“If you talk to 10 geriatricians, how many are confident that Alzheimer’s is a condition that is appropriate for medical cannabis?” he asks. “Where is that support for Alzheimer’s being certified coming from? Where is it coming from for PTSD? Most providers I talk to about this are at best wary of the role cannabis will have for PTSD and many feel that other treatments are undermined by its use. ”

Reznikoff questions how certain conditions made it to the qualifying list. “There likely is pressure on the state,” he says. “I say that as a backdrop to discussing how we are choosing to add conditions and which conditions get added. I think the Number 1 point of concern for me is that I fail to see the logic behind some of these conditions’ selection. It’s been a political process, not a medical one.”

But Reznikoff doesn’t completely write off medical cannabis or the state’s goal of making it available to the people who will best benefit from its use. In his own practice, he’s seen patients with some specific conditions respond well to cannabis. He’s just not certain it’s advisable for everyone.

“A lot of the approved conditions on the state’s list are excellent conditions for treatment with medical cannabis,” Reznikoff says. “Take HIV with symptoms, cancer with symptoms, multiple sclerosis, seizure disorder … People have clearly benefited from these medications, including some folks with pain. I don’t want to discount that. It’s been significant. But some of the qualifying conditions are just confusing. Why did they get added to the list?”

—Andy Steiner

Not so long ago, it would’ve been hard to believe that Jim Zimmerman would be in the business of selling cannabis. A nationally respected marketing professional with decades of experience as president of the Zimmerman Group, director of new products and business development for Pillsbury and new products manager for General Foods, his expertise was creating and promoting mainstream consumer products for a national audience.

The fact that Zimmerman and his business partner Dave Rye, who earned his chops working in strategic sales, product and business development at Cargill, would get behind a line of high-end products made from CBD oil distilled from hemp is an indicator of mainstream acceptance of the health benefits of cannabis-based products. Their company, C4Life, sells a full range of CBD products online.

About a year ago, intrigued by growing consumer interest in the health benefits of cannabis, Zimmerman and Rye began studying the market.
ON THE COVER

MEDICAL CANNABIS in MINNESOTA

WILL MEDICAL CANNABIS PUSH CBD INTO THE MAINSTREAM?
(continued from previous page)

“We always focused on developing new business and new brands,” Zimmerman explains. They saw a growing market for products made from CBD, the component of cannabis made from industrial hemp that does not produce any psychoactive effects.

CBD is cannabidiol. Like tetrahydrocannabinol, or THC, it is a natural compound found in plants of the Cannabis genus. But the CBD products on the over-the-counter market in Minnesota are made from extractions from hemp, not marijuana. Although both hemp and marijuana produce CBD and THC, hemp has a relatively low level of THC—which is the main psychoactive component of cannabis and an illegal drug in most countries. Medical cannabis products approved in Minnesota generally have a higher concentration of THC.

“CBD has no psychoactive component to it whatsoever,” Zimmerman says. “You will not get a buzz from CBD. What it does have is a tremendous number of health and wellness benefits. They are discovering more every day.”

This winter, the 2018 Farm Bill was signed into law and hemp cultivation became legal nationwide, effectively opening the door for a well-funded and promoted national brand. There are already a large number of CBD products available, but the pair felt that there was space in the marketplace for a strong, safety-tested hemp product that mainstream consumers and retailers could trust.

“We started doing a little bit of research on the category,” Zimmerman says. “What we learned was that it is pretty much the Wild West, with a lot of small, unsophisticated companies. The major players are sitting on the sidelines until the dust settles.”

C4Life is banking on the belief that widespread consumer familiarity with medical cannabis will help push CBD even further into the mainstream. Today, C4Life products are only available online, but Zimmerman says the company is now focusing on making inroads into large retailers like Target, Costco and Kroger.

Tom Huynh, PharmD, the pharmacy manager for Minnesota Medical Solutions, one of the two distributors for medical cannabis in Minnesota, says CBD products sold over-the-counter don’t get the same rigorous testing that medical cannabis does, but he thinks they have value.

“Hemp has very little to no concentration of THC in it, but CBD from hemp itself does have some beneficial properties,” Huynh says. “It has been known to help with anxiety for many patients. It also has some anti-inflammatory properties. I wouldn’t credit those benefits to just a placebo effect.”

Huynh says some patients who are certified for medical cannabis are attracted to it because they’ve already tried CBD products and found them useful. “They say they’ve been using CBD from a company on the internet or from Colorado and they like the effect it’s having on their condition, but now they want to try CBD made from medical cannabis,” he says.

“If you do anecdotal research you’ll find that almost everybody knows someone that is using medical marijuana for pain, Parkinson’s, seizures and getting tremendous results,” Zimmerman says. “In Minnesota, it can be prescribed for a number of things. That absolutely paves the way for us. It positions marijuana as something that’s not just for stoners. All the negative imagery it had for so many years is fading. This attitude is different from just a year or a half ago.”

Changing attitudes about cannabis can translate into serious sales. At C4Life, Zimmerman celebrates every time he hears anyone say anything positive about CBD or hemp. This, he believes, can only mean increased profit potential for his company.

“CBD has been getting a lot of very positive press lately,” he says. Nation’s Restaurant News magazine, for instance, named CBD a top food trend for 2019: “Then Whole Foods came out and said they believe hemp-derived products will be one of the top 10 trends for food and body care for 2019,” Zimmerman adds. “That sounds like good news to me. It’s really catching on.” MM

Andy Steiner is a Twin Cities freelance writer

CBD products can include tinctures, roll-on gels and even facial cleansers and serums.

CME opportunity

MMA members can earn CME credit online. Go to http://ebiz.mnmed.org/DNN/Default.aspx?TabId=251&productId=8912072 for “Cannabliss or Cannabust?” featuring Tom Arneson, MD, of the Minnesota Department of Health.