Medical Marijuana 101

Interest in marijuana as a treatment option for many medical conditions, including cancer, is growing across the country. During the 2017 Virginia General Assembly session, VBCF reviewed the existing research on medical marijuana and decided to support medical marijuana legislation allowing its use for cancer patients. Research shows that marijuana can be beneficial in combating the side-effects of cancer treatment, including nausea, appetite loss, and pain. VBCF believes breast cancer patients should have access to all potentially useful tools during their treatment journey, including medical marijuana. Therefore, VBCF supports expanding Virginia’s current law, allowing the use of cannabidiol to treat epilepsy, to include other diseases like cancer.

Potential Health Benefits of Marijuana

Marijuana, classified by the U.S. Food & Drug Administration (FDA) as a Schedule 1 substance, is illegal at the federal level. Therefore, comprehensive medical research has been limited. The two most studied chemical components of marijuana are delta-9-THC and cannabidiol (CBD). These active chemicals are referred to as cannabinoids. THC is the primary active cannabinoid that produces the “high” often associated with marijuana, while CBD does not. Cannabinoids can be taken orally, inhaled, or sprayed under the tongue.

Research studies have shown that marijuana can help counteract the side effects of cancer and cancer treatment (chemotherapy and radiation):

- THC can relieve pain and nausea, help increase appetite, reduce inflammation, and can act as an antioxidant.
- CBD can reduce nausea and stimulate appetite, decrease pain, treat seizures and reduce anxiety.

VBCF hears often from breast cancer patients (and their loved ones) that they would be open to using marijuana to counteract the side effects of treatment and drug regimens.

VBCF wants to hear from you.

What do you think about legalizing medical marijuana in Virginia? Do you or someone close to you have personal experience with this issue? Tell us at www.vbcf.org/poll
“My mother had a very hard time eating during her treatment for breast cancer between the nausea and the awful taste in her mouth. She was losing a lot of weight, and we had tried everything we could think of. When the conversation would lean towards trying marijuana to try to increase her appetite, she would refuse. My mom being the person she was, would not try it because it is illegal in Virginia. No, marijuana was not going to save my mother’s life, but it would have helped the quality of life for the time she had. And when your cancer is terminal, that’s all you really want.” Nichole - VBCF volunteer advocate

“During my treatment, sometimes the medicines my doctors prescribed had unwanted side effects like digestive problems and lack of appetite. I would have welcomed the choice of an alternative remedy like marijuana if it was legal. Having another option to try and something more natural would have been great.” Bernice - VBCF volunteer advocate

Support for Medical Marijuana

Many states across the country have passed laws to allow patients to utilize legal medical marijuana. Twenty-nine (29) states and the District of Columbia have legalized medical marijuana to treat certain diseases and medical conditions. An additional 18 states have approved low-THC, high CBD (the non-psychoactive component of marijuana, cannabidiol, often in oil form) for use for certain disease states. It is estimated that 300 million Americans or 85% of the United States’ population now live in states with access to medical marijuana.

In Virginia, public support for medical marijuana is very strong. An April 2017 Quinnipiac poll showed an overwhelming 92.6% of Virginia voters support allowing adults to use marijuana for medical use if a doctor prescribes it. Recently, both of Virginia’s 2017 gubernatorial candidates, Ed Gillespie and Ralph Northam, expressed their support for expanded use of medical marijuana in the Commonwealth.

Medical Marijuana in Virginia

Currently in Virginia, medical marijuana (cannabidiol or THC-A oil, both non-psychoactive) can be legally prescribed only for use in treating intractable epilepsy. During the 2017 General Assembly, legislative efforts to expand use to other diseases, such as cancer, glaucoma, HIV/AIDS, Crohn’s disease, and multiple sclerosis, failed. Instead, legislators asked Virginia’s Joint Commission on Health Care (JCHC) to conduct a study of the long-term effects of marijuana use on individuals and populations. This report will be released on October 17th.

VBCF believes Virginians with breast cancer should have access to medical marijuana as prescribed by their healthcare providers. VBCF staff and advocates met with state legislators this summer to discuss the future of this issue in the 2018 General Assembly session. VBCF has also been working to build a coalition of other interested patient advocacy and disease groups who support increased access to medical marijuana in the Commonwealth.

If you would like to get more involved with our advocacy work around this issue, please contact Kirsta Millar, VBCF Policy Manager at kirsta@vbcf.org. To receive VBCF Advocacy Alerts with “calls to action” on this and all policy issues related to breast cancer, sign up at: https://vbcf.wufoo.com/forms/vbcf-advocacy-alerts-registration.

To see this article with source notes please visit www.vbcf.org/medical-marijuana-101.
In honor of VBCF’s motto - Breast Cancer is More Than a Pink Ribbon - VBCF distributes 75,000 FREE pink ribbon safety pins attached to our Breast Health Basics brochures for women and men through its local volunteer and community organization network. Materials include information for women and men about breast cancer rates, screening recommendations, symptoms, and risk and lifestyle factors. We are always looking for ways to get this valuable information in the hands of more people, so this year we translated our brochures into Spanish.

The Hispanic population in Virginia grew 92% between 2000 and 2010, and is still growing in nearly every region in the state (VDH Epidemiology Profile 2016). When educating non-native English speakers on breast health and breast cancer, the challenge is two-fold. Not only is the language barrier an obstacle (translating health care terms and concepts, with not every word having a direct translation), but the person seeking assistance may not be familiar with some health care terms in their native language.

Latinas who develop cancer are more likely to die from it—even those types with promising survival rates. Why? Latinas are less likely than non-Hispanic white women to be diagnosed in the early stages of disease. VBCF is taking a step towards reducing this disparity by making information on screenings and risk reduction available to Spanish-speaking women and men in Virginia.

“VBCF’s Spanish Breast Health Basics Brochure is a great tool because of the graphics that make it an easy read for those with low literacy skills. We are so grateful to have this resource for the Hispanic community which empowers them with essential breast health information. Our Lay Health Promoters/ Promotores de Salud volunteer health advocates are distributing this brochure in the community, and we are utilizing this resource with our clients.”

Karen Bunn, Hispanic Health Education Coordinator at CrossOver Healthcare Ministry
2017 Library Grants

Since 2000, VBCF has supported local libraries and library systems across the Commonwealth, providing more than $60,000 in funding. This funding is an extension of our mission to educate Virginians about breast cancer. Through the program, libraries have been able to purchase breast health books, e-books, periodicals, DVDs and other materials to support women and their families in local communities.

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We recently received notice that telemarketers are making calls in Virginia. VBCF DOES NOT solicit funds by phone. If you receive a call, it is not from VBCF.