

Cannabis in Schools

CANNA-PATIENT RESOURCE CONNECTION

Honoring Exceptional Students

Why Allow Full Cannabinoid Profiles?



Coltyn Turner, primary Crohn's/autoimmune disease (Credit: CBS)

Since the CNN special "Weed 1", cannabis hit mainstream media in force. This special focused on cannabidiol (CBD), and downplayed the therapeutic benefits of other cannabinoids like tetrahydrocannabinol (THC). CBD is seemingly found everywhere from gas stations to coffee shops, while we still view THC as the intoxicating villain. However, nothing could be further from the truth.

THC definitely stands on its own as a medical cannabinoid, often being used as therapy in [autoimmune diseases](#) like lupus and Crohn's, [in seizure disorders like Dravet and Doose](#), and to help the autistic mind process sensory data. In many instances, THC can be used as a seizure rescue therapy where other pharmaceuticals have failed. This means a quick administration of THC can save a child's life from

Sudden Unexpected Death in Epilepsy (SUDEP). Here is what Dr. Ethan Russo has to say about isolated cannabinoids versus whole plant preparations.

["The question then arises: can a cannabis preparation or single molecule be too pure, thus reducing synergistic potential? Recent data support this as a distinct possibility. Anecdotal information from clinicians utilizing high-CBD Cannabis extracts to treat severe epilepsy, such as Dravet and Lennox-Gastaut syndromes, showed that their patients demonstrated notable improvement in seizure frequency with doses far lower than those reported in formal clinical trials of Epidiolex, a 97% pure CBD preparation with THC removed. This observation was recently subjected to meta-analysis of 11 studies with 670 patients in aggregate. Those](#)

[results showed that 71% of patients improved with CBD-predominant Cannabis extracts vs. 36% on purified CBD \(p < 0.0001\)"](#)

In addition to CBD and THC, there are numerous other therapeutic cannabinoids all contained in one plant. Studies show that the body's endocannabinoid system is most responsive to the inclusion of all cannabinoids, a phenomenon coined "The Entourage Effect" by Israeli researcher Dr. Raphael Mechoulam.

These chemicals interact with each other differently depending on their ratios. A single chemical like CBD, acts differently when it is combined with the other cannabis chemicals versus when it is isolated. As noted above, access to the full spectrum of cannabinoids was the difference between helping just over a third versus almost three-quarters of patients. Most patients using cannabinoid therapy do not have positive results when using isolated cannabinoids and depend on whole plant options.

Without offering students access to cannabis in the same manner as any other pharmaceutical, the students and their families are placed at a severe disadvantage.

Patient families often experience hardship which requires both parents to work outside the home and leaving every day to administer cannabis can place their jobs at risk. It is also incredibly disruptive to the child's sense of normalcy. Schools would never think twice about administering opiates, benzodiazepines, and amphetamines. Treating cannabis in a discriminatory manner can create a situation where the child and family feel singled out.

Finally, requiring the parent be contacted to administer rescue medication can ultimately result in the death of the child. This is an extreme liability the school and its team are taking. In the time it takes for the parent to leave home, travel to the school, then get to the seizing child, they could suffer permanent damage and even death. This could be a death sentence for every single seizure disorder patient and one that can easily be avoided. This is a situation no school wants to face.



Gavin Ragsdale, Doose Syndrome



Gavin suffers from [Myoclonic Astatic Epilepsy](#). This type of Epilepsy is rare, accounting for less than 3% of all pediatric epilepsy. He has 6 seizure types, all of which are treatment resistant and aggravated by pharmaceutical treatments. When his seizures cluster he can have 5-10+ seizures back to back.

Gavin uses several types of cannabis treatments to control his seizures, and the only way we can slow or stop Gavin's seizures is his 5ml CBD rescue spray.

Currently when Gavin's seizures cluster, the school must call me to come administer the rescue. The CBD spray can stop or reduce his seizures significantly within minutes, without ANY psychotropic side effects. It would benefit Gavin tremendously if the school was allowed to administer the medication immediately, rather than waiting for us to drive to school. This can take us up to 20 minutes to get to him, when the school could administer his CBD easily and send him back to class.

Our district in Colorado Springs (D11) currently has no policy for administering cannabis or hemp. We hope to help change policy to give Gavin and children like him access in school to their life saving medicine. -Melissa Ragsdale, Gavin's Mother



[The time it takes to administer a rescue medicine can mean life or death for our children.](#)

PATIENTS ARE USUALLY REPLACING DANGEROUS AND INTOXICATING PHARMACEUTICALS WITH CANNABIS.

Benjamin Wann, Epilepsy



"Benjamin Wann is a senior in High School, and has a rare form of epilepsy. He is allergic to the nasal form of pharmaceutical seizure rescue. Ben is currently over 3 years and 8 months seizure-free using only [CW Hemp](#), and experience shows he responds much better to cannabis than pharmaceuticals. We want his nasal form of cannabis rescue, Cannatol with THC, on hand in the event of a seizure at school. Despite not having active seizures today, we know his latest EEG still shows he's "at risk" for having an unexpected & unpredictable seizure! His [Cannatol](#) should be at school to be administered immediately to save his life!!!"

-Amber Wann, Benjamin's Mother

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Cannabis Myths

There is no such thing as metered dosing.

Most medical products are tested, which gives patients an exact number of milligrams contained in the product. From there, metered dosing is determined by patient needs and discussed with the doctor.

Schools will lose Federal Funding if they allow medical cannabis.

To date, not a single school has lost federal funding because they allow administration of medical cannabis onsite.

There are no guidelines for nurses to follow.

Guidelines from the NCSNB can be found [here](https://www.ncsbn.org/marijuana-guidelines.htm?fbclid=IwAR2DMXI_ZKDD60gvEnm7PL_4pRnlwY77DH9C6fqD8Q5sImgTWwwZ6xQIbDM). https://www.ncsbn.org/marijuana-guidelines.htm?fbclid=IwAR2DMXI_ZKDD60gvEnm7PL_4pRnlwY77DH9C6fqD8Q5sImgTWwwZ6xQIbDM



Marley Porter, Crohn's Disease/Autoimmune Disease

In January 2016, doctors told us that Marley was about to lose part of her colon to **Severe Crohn's** and all pharmaceutical options had failed by age 10. Cannabis changed all that. She needs her Cannabis medicine four times a day for consistent and effective treatment of her Crohn's Disease. We use a whole plant Cannabis medicine, all Cannabinoids - including THC and THCa! Because of Cannabis, Marley is healthy enough to attend public school. —Sarah Porter, Marley's Mom

Jonah Trujillo, PTSD and Muscle Spasms

In 2013, Jonah Trujillo was on multiple pharmaceutical drugs all the way up to 2017. By that time, Jonah had already taken 13 different kinds of pharmaceutical drugs. As a result, he lost all his hair, became underweight, and did not eat. 2017 was the first year Jonah started medical marijuana it was life changing. He started to eat and his hair grew back. Jonah became happy and he wasn't sick any more. Pharmaceuticals are the reason Jonah has permanent spasms and medical marijuana is controlling it. It has given Jonah a new chance to thrive. Access during school hours would allow Jonah even more opportunities for success. - Vicki Trujillo, Jonah's Mom

01/2017

03/2017



03/2017

11/2017

Most Common Conditions for Pediatric Use

Several conditions are showing incredible responsiveness to cannabinoid therapy, including the psychoactive compound THC. The following conditions have shown some benefit from cannabis:

- ◆ Anxiety Disorders
- ◆ Muscle Spasms
- ◆ Ulcerative Colitis
- ◆ Traumatic Brain Injury
- ◆ Cerebral Palsy
- ◆ PTSD
- ◆ Nausea
- ◆ Cancer
- ◆ Wasting Syndrome
- ◆ ALS
- ◆ Dystonia
- ◆ Tourette's Syndrome
- ◆ Multiple Sclerosis
- ◆ Epilepsy
- ◆ Parkinsonism
- ◆ Autism
- ◆ Crohn's Disease
- ◆ Rheumatoid Arthritis
- ◆ Lupus

Methods of Cannabinoid Therapy

- Transdermal Medical Patches
- Full Extract Cannabis Oil (pills, sublingual, suppositories)
- Tinctures
- Suspensions
- Transdermal Gels
- Topical Creams
- Nasal Sprays

Autism and Cannabinoid Therapy

Autism rates among children have steadily increased over the last several decades. It is so prevalent, that nearly every classroom has at least one student affected by an autism spectrum disorder. Many parents have chosen to try cannabinoid therapy to treat autism, and large numbers are seeing success. Some of the symptoms that have responded favorably include: aggression, anxiety, ADHD, and repetitive behavior.

According to the Autism Daily Newscast, “Thomas Sudhof, a cellular physiologist at Stanford University, tested mutations associated with autism in mice. Two mutations associated with autism in a synapse-adhesion protein led to deficits in prolonged endocannabinoid signaling in mice. This suggests that autism could be caused by a disruption of the brain’s ability to send clear signals.” [This particular study looked at anandamide, which is our endocannabinoid similar to THC, and suggests that THC may play a large role in treating the neurological process surrounding autism.](#)

Many of our exceptional students exhibit autistic traits, even if it isn’t their primary diagnosis. Allowing these children access to cannabinoid therapy on campus will improve their chances in life, and allow them to participate in their education. As we progress with [scientific studies](#) and [gather information](#), cannabinoid therapy will be used more and more in pediatric autism patients. This requires that our schools be willing to make accommodations so that our children don’t have to choose between medicine and education.