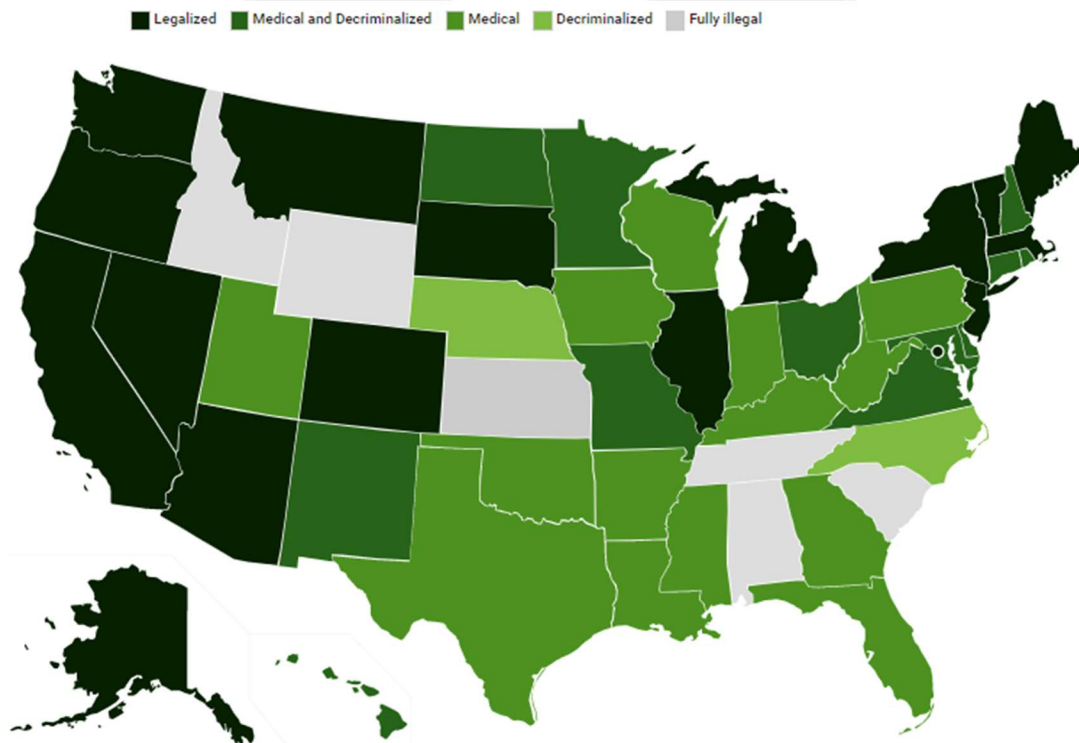


Cannabis effects on society, use, extraction, legalization, and all other topics discussed in this document are complex and changing. All information in this document is based on the research of entity reports, cannabis use, user reports and are the interpretations of Extract-ED LLC. Medicinal legalization information is based on the best interpretation at the time the document was produced.

Marijuana Minutes

I. The Legalization of Marijuana



Marijuana is still illegal at the federal level and is still a Schedule I controlled substance. Two memos from the United States Attorney General's Office, the Ogden memo in 2009 and the Cole memo in 2013, encourage federal agencies and prosecutors to focus on the "big fish" and leave lower level or localized activity to local authorities. The Sessions memo in 2018 directed all U.S. Attorneys to use previously established prosecutorial principles that provide them all the necessary tools to disrupt criminal organizations and tackle the growing drug crisis.

How has legalization worked out so far? Colorado introduced medical marijuana in 2000 and recreational marijuana in 2012. Between 2014 and 2018, marijuana DWI citations increased 25.5%. Marijuana/alcohol DWI citations increased 112%. Marijuana-related traffic fatalities increased 151%.

Montana legalized medical marijuana in 2004. Between 2007 and 2010, drivers testing positive for marijuana in DWI cases increased 100%. Marijuana/alcohol-impaired drivers increased 180%.

In California, the number of drivers in fatality crashes testing positive for marijuana has increased 34% between 2005 and 2015. Since legalization, Colorado has experienced an 18% increase in violent crime, an 8% increase in property crime, and an 11% increase in all other types of crime. Colorado, Washington and Oregon all experienced increases in violent and property crimes in the years following legalization.

It remains to be seen how traffic fatality and crime rates will be affected in Missouri with the passage of Amendment 2.

II. Marijuana 101

Marijuana plants can be either male or female. For purposes of this class, the significant difference between the two is that female plants produce the flowering buds which contain mind-altering compounds like THC (tetrahydrocannabinol) as well as other active compounds like CBD (cannabidiol) which are not mind-altering. Marijuana users, therefore, prefer female plants.



Extract-ED

Trichomes are the resin glands of the plant that contain THC, CBD, and other compounds. These sometimes appear as crystals or a fuzzy coating. Extracting trichomes from a plant also preserves terpenes which are the oils that give cannabis its distinct smell and taste.

There are four major types of marijuana: Sativa, Indica, Ruderalis, and Hybrids.

Sativa:

Sativa plants will grow from four to fifteen feet high and are loosely branched. The leaves will have six to twelve blades. Using a Sativa strain of marijuana will induce a “head high,” users will feel euphoric and uplifted.

Indica:

Indica plants are shorter, growing to a maximum of four feet tall, and will have a bushy appearance. The leaves will have wide, short and thick blades. Using an Indica strain will induce a “body high,” users will experience couch lock. Indica strains will also act as an appetite stimulator.

Ruderalis:

Ruderalis plants are also shorter, growing to a maximum of four feet tall. Its leaves will have fewer blades. Ruderalis plants have low bud production and low THC content so are not as popular for use.

Hybrid:

Hybrid plants are mixtures of the other types. They can be designer strains produced to achieve a mix or balance of effects. Most hybrids will be either Sativa or Indica-dominant, meaning a user will experience more of the typical effects of the dominant strain.





Marijuana can be grown outdoors or in sophisticated indoor grow operations. Indoor grows will require artificial light—HID or LED bulbs are preferred over fluorescent—and a watering system. Walls will often be painted white or will be covered with a reflective material.

Grows can also be hydroponic, meaning that the plants are grown in water rather than soil. A nutrient solution is mixed with water. Hydroponics introduces water, nutrients and air to the roots through the growing mediums. Since the plant does not need to work to acquire nutrients from soil, this typically results in faster growing plants.

Aeroponic grows are relatively new. This is basically a very efficient type of hydroponics. The roots are not in direct contact with the growing solution. Rather, they are sprayed with an oxygenated nutrient mixture. This method uses the least amount of power, light and water.

Regardless of the type of marijuana or the method of growing, the plants are harvested by trimming the branches, curing the plants from two weeks to two months (until they are dry), and then trimming the bud. The bud is the desired product containing THC.

It can take from eight weeks to seven months to grow a plant that is ready to harvest. The average is approximately four months. This will depend on how it is grown, the type of plant, and the desired yield.

III. Marijuana Concentrates

Marijuana concentrates—wax, BHO, shatter, kief, etc.—are becoming increasingly popular. Concentrates are high potency and can have extraordinarily high levels of THC, from forty to eighty percent or more. As a result, the physical and psychological effects on the user can be much more intense than when plant marijuana is used.

Kief/Sift/Pollen

Kief, also known as dry sift or pollen, are the tiny, sticky crystals that cover the cannabis flower. Kief refers to the resin glands that contain terpenes and cannabinoids. Kief can be extracted using a three-chamber grinder that finely grinds the cannabis and collects the kief in a small compartment. The purer the kief the lighter the color will be. Kief that appears green still includes plant matter. Kief that has been cleaned well will often be off-white in color.

Kief can be used by sprinkling it on top of a packed bowl of cannabis, known as “crowning the bowl.” This can dramatically increase the overall potency of what is being consumed. Kief can also be added to a joint by sprinkling it on before the joint is rolled. Or, you can dampen the outside of a joint with water or wax and roll it in kief to make a “twax joint.” It can also be made into hash.



Moon Rocks

Moon rocks are top-quality “nugs” (slang term for a chunk of the bud material of high-quality cannabis) covered in oil and rolled in kief. These are very high potency and relatively easy to make. Marijuana oil is heated then used to coat buds. The buds are then sprinkled with or dredged in kief. After they harden, they can be broken up and sprinkled into a bowl of cannabis. The THC concentration of moon rocks can be up to fifty or sixty percent. The intense high experienced is close to that achieved by dabbing. Moon rocks are also sometimes referred to as caviar.



Hash/Hashish

Hash or hashish is a highly potent, concentrated form of cannabis that comes from the dried resin of a female cannabis plant. Hash is harvested by collecting trichomes by hand, with a motorized sifter, or with a kief collector in a grinder. The residue is then pressed into compact blocks of highly concentrated cannabis that can be smoked, vaporized, or dabbed. Hash is much more potent than regular plant material.

Bubble hash is a more refined form of hash that can be made by submerging plants into ice water then removing and drying the trichomes. Typically, the trichome-rich flowers are frozen, soaked in ice water, agitated manually, then filtered through “bubble bags”—plastic filtration bags with holes of increasingly smaller size.



Rosin

Marijuana rosin is made by extracting THC from plant material using a solvent-less process. The flower, kief, or hash is heated and pressed simultaneously. As this happens, a sappy substance will ooze from the plant material. This form is becoming more popular as there is no concern of cross-contamination with solvents. If done correctly, rosin can rival the flavor, potency, and yield of solvent-based extraction products.



Resin

Resin is a marijuana concentrate made using a solvent rather than heat to extract the trichomes. The mixture is then heated to remove the solvent from the material before it is consumed.

Butane hash or honey oil (BHO) is a potent type of resin that uses butane as the solvent to extract cannabinoids and terpenes from plant material. The final product can be known as oil, wax, budder, or shatter. Because butane is a volatile substance, this extraction process is risky. To make BHO, plant matter is placed into a long tube or pipe. Butane is then forced through the



pipe, causing THC and cannabinoids to be extracted. The result is a dense and potent waxy substance. Before this can be consumed, the butane needs to evaporate. Although this will occur naturally, most often people try to speed up the process by applying heat. Because butane is highly flammable, this can result in explosions. BHO can also be risky to consume because there is a chance that not all the butane has been removed. These substances can have THC contents of ninety percent or more so small amounts can result in intense highs.



CO2 Oil

CO2 oil is a concentrate made using carbon dioxide to extract the terpenes and cannabinoids. Because CO2 is a natural product and this method does not use any flammable solvents, it is considered safer than BHO. In this method, special equipment is used to change CO2 gas into a liquid using pressure and temperature. The liquid CO2 is passed through high grade cannabis in an extractor. The CO2 pulls the trichomes from the plant material. The mixture is passed through a separator, and the terpenes and cannabinoids are collected.

Another similar method relies on dry ice and is, therefore, called dry ice hash. This can be done at home with easily accessible materials and produces high potency product that can be smoked, vaped, dabbed, infused or baked into edibles.



Winterization-The process of adding ethanol to a concentrate, then freezing it to separate the fats, waxes lipids from the THC.

Distillation-The process of heating a concentrate to separate ethanol, or a solvent, from a concentrate. Typically, through a rotovap.

Rick Simpson Oil

Rick Simpson Oil is a concentrated form of cannabis oil purported to have medicinal benefits. It was developed by a Canadian man named Rick Simpson who treated skin cancer with a cannabis oil topically applied. This extraction method is solvent based and relies on a rice cooker to evaporate the solvent. It is recommended to use indica strains.



IV. Methods of Ingestion

Marijuana can, of course, be consumed by smoking it, either in a joint, bowl, or using a bong. You can also infuse baked goods or other edibles with a marijuana concentrate. These methods are familiar to most people. There are other, increasingly common, methods you should also be aware of.

Vaping

Vaping is inhaling and exhaling vapor produced by an electronic cigarette or similar device. Even among children, vaping has become increasingly popular. In 2012, 1.7 million students in grades 6-12 admitted to vaping. In 2018, more than 3.8 million middle and high school students admitted to using an e-cigarette within the past 30 days, including 4.9% of middle school students and 20.8% of high school students.

Some people consider vaping to be safer than smoking traditional cigarettes. But, when vaping, you are still inhaling volatile organic compounds; cancer causing chemicals; metals such as nickel, tin, and lead; ultra-fine particles; and diacetyl, which is linked to lung disease. Fifty-eight percent of e-cigarette users say they switched to vaping to quit smoking.



Vaping is also becoming popular as the size of the pens or e-cigarettes is small, they are convenient to use, and often you avoid the odor that is typical to traditional cigarettes.

Vape pens work using either a conduction or convection method. In conduction pens, the matter to be vaped is placed in direct contact with the heat source. It produces smoke which is inhaled. Conduction was used in the original vape pens. Although they are still available, they are becoming less popular due to the introduction of convection pens. Convection pens pass heated

steam through the matter to be vaped, which does not come into direct contact with the heat source. It produces the vapor which is then inhaled.

Vaping instruments come in various shapes and sizes, but they all share some elements. The battery provides energy to the heat source. The tank or sample chamber holds the matter to be vaped, which can be oils, waxes, or plant matter. The heating element is used to heat the matter or produce steam. The mouth piece is used to inhale. Either concentrates or plant material can be vaped.

Dabbing

Dabbing is another way to inhale vaporized marijuana. It is most commonly used to ingest waxes and other concentrates. To dab, a user will need a dab rig, a nail, a carb cap, a heat source, and a concentrate. The nail is placed in the rig and heated until it is red hot. After the nail has cooled slightly, the concentrate is placed on the nail and is vaporized. Once it has turned to vapor, the user will cover the nail with the carb cap, then inhale the vapor from the top. The vapor passes through water to cool it off and is then inhaled.



Dab Straw

Dab straws are a simpler way of ingesting THC concentrates. The user heats a cylinder straw, typically made of glass, until it is hot enough to turn concentrates to vapor, they will then touch the heated end to the concentrations and inhale from the opposite end.

Because dabbing uses concentrates, users are consuming high potency THC. The effects of dabbing can be felt quickly, and it produces an intense high.

Extract-ED

Edibles

Marijuana can also be consumed via edible products—such as candy, baked goods, and drinks—which are infused with THC. These typically involve a much slower release of THC and a delayed high.

Decarboxylate-the process of activating THC-A into THC, through heat.

V. Marijuana and Driving Impairment

The most common reason for the initial contact with a marijuana-impaired driver is speeding. Once an officer makes contact with the driver, he will often observe:

- Red, bloodshot eyes
- Relaxed inhibitions
- Dilated pupils (possibly)
- Odor of marijuana
- Slow movements
- Dazed appearance
- Short term memory loss
- Shaking (body tremors)

With respect to the SFSTs, an officer will NOT observe Horizontal Gaze Nystagmus in a cannabis only case. On the Walk and Turn, 80.5% of marijuana-impaired drivers will have two or more clues. And, on the One Leg Stand, 55% will exhibit 2 or more clues. Clues will also be observed on the other field sobriety tests used in the DRE protocol. On the Finger to Nose test, 94.4% of marijuana-impaired drivers will have two or more clues. Lack of Convergence will be observed 78.8% of the time. And, officers will see eyelid tremors 39% of the time and rebound dilation 70.9% of the time.

VI. SFSTs and Drug Impairment

A common defense tactic in marijuana and other drug-impaired driving cases is to claim that the results of the SFSTs are not valid in these cases because the tests were validated only for alcohol. A review of the manual and the relevant studies shows this is not the case.

“The standardized field sobriety tests are a battery of three tests administered and evaluated in a standardized manner to obtain validated indicators of *impairment* and establish probable cause for arrest.” Burns and Moskowitz, 1977. A similar statement is found in Appendix A of the 1998 field validation study. Moreover, drug impairment is specifically addressed in the DWI Detection and Standardized Field Sobriety Testing (NHTSA or SFST) manual. The word drug is used 92 times in the NHTSA manual. In listing the reasons for giving field sobriety tests, the manual states “they are divided attention tests, designed to detect when a person is impaired by *drugs or alcohol*.” NHTSA manual, session 12, pg. 39.

Several studies have also looked at the correlation between results of the SFSTs and drug impairment. A 2016 study published in the Journal of Forensic Science found that “the field sobriety tests proved to be sensitive to impairment by marijuana. When multiple tests are used with one another, the officer can be *certain* they are making the correct arrest decision.” DeClues, Perez, et al., A 2-Year Study of Delta 9-tetrahydrocannabinil Concentrations in Drivers: Examining Driving and Field Sobriety Test Performance, Journal of Forensic Science, 2016.

Another study found that the SFSTs were mildly sensitive to impairment from cannabis in heavy users. Lack of sensitivity might be attributed to tolerance and time of testing. Bosker, et al., A placebo-controlled study to assess SFST performance during alcohol and cannabis intoxication in heavy users and accuracy of point of collection testing devices for detecting THC in oral fluid, Psychopharmacology.

An additional study conducted to test SFSTs with the combination of THC and alcohol found that the combination of THC and alcohol significantly impaired SFST performance. Downey et al., Detecting impairment associated with cannabis with and without alcohol on the SFSTs, Psychopharmacology.

And, yet another study, found that “consumption of cannabis cigarettes containing either 1.74 or 2.93% THC significantly impairs performance on both SFSTs and on driving behavior. Furthermore, the results suggest that performance on the SFSTs provides a moderate predictor of driving impairment following the consumption of THC.” Papafotiou et al., An evaluation of the sensitivity of the SFSTs to detect impairment due to marijuana intoxication, Psychopharmacology, 2005.

VII. Chemical Testing

When a drug other than alcohol is suspected to cause the impairment observed, the office will need to collect a sample for testing other than breath. Which sample should be collected? In almost all cases, the answer will be blood.

Although urine was historically acceptable as a sample for testing in DWI cases, the Missouri State Highway Patrol crime lab now strongly recommends that urine samples no longer be submitted. This is because urine is a waste product. It shows what was in a person’s system at some time in the past, not what is currently in the system and causing impairment. Studies have shown that carboxy THC (a non-psychoactive metabolite) can be detectable in urine for up to 77 days after use.

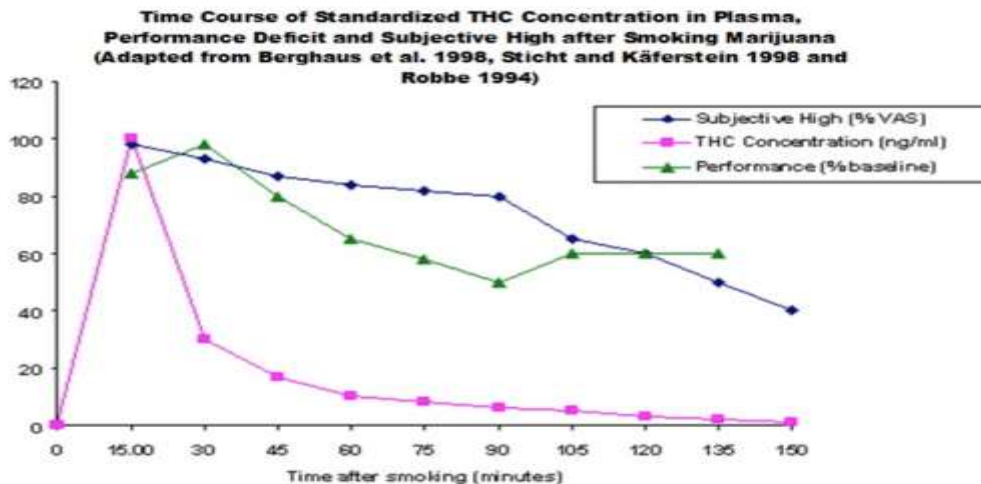
In DWI cases, blood is the gold standard as it shows what is active in the body at the time the sample was taken. Even with a positive blood test result, however, impairment will still need to be shown. This is because, unlike alcohol, there is no per se limit or threshold level at which it can be said any person would be impaired by marijuana or any other drug.

To understand chemical test results, you must first understand THC. There are over 421 chemicals in cannabis, 61 of which are cannabinoids. Not all of these compounds are

psychoactive. Delta 9-THC is the substance we are most concerned with as it is one of the primary psychoactive compounds. When THC is inhaled, it is rapidly absorbed in the lungs and is detectable in seconds. The peak concentration of THC happens within 3 to 10 minutes. It is then metabolized into hydroxy THC (which is also psychoactive but which our lab cannot test for). Peak concentrations of hydroxy THC happen in 15 minutes. Hydroxy THC is then metabolized into carboxy THC, which is not psychoactive.

Do you need a test result that shows a psychoactive substance to establish impairment? Not necessarily. This is because THC blood concentrations and impairment do NOT dissipate at the same rate. Impairment from THC will be evident for a longer period than psychoactive substances will remain in the blood. In other words, THC levels in the blood will decrease at a faster rate than indicators of impairment will disappear.

After smoking marijuana, carboxy THC is detectable in whole blood for up to 7 days. Delta 9 may also be detectable in blood for several days in chronic users. A blood test result that is positive for only carboxy THC is still consistent with the use of marijuana prior to driving and the metabolism of THC.



VIII. Amendment 2

Definitions

To understand Amendment 2, it is important to be familiar with the definitions of the terms used:

- Administer—the direct application of marijuana to a qualified person
 - Ingestion by capsules, teas, oils, and other marijuana infused products
 - Vaporizing or smoking
 - Application of ointments or balms
 - Transdermal patches or suppositories
 - Consuming food products infused with marijuana

- Marijuana—cannabis indica, cannabis sativa, and cannabis ruderalis, hybrids of such species and any other strains commonly understood to contain marijuana (excluding hemp)
- Dried unprocessed marijuana or its equivalent—marijuana flower after it has been cured and trimmed or its equivalent amount of marijuana concentrate, for purposes of purchase and possession one ounce of dried unprocessed marijuana is equivalent to:
 - Eight grams of concentrate, or
 - Eight hundred milligrams of THC infused products
- Flowering plant—a marijuana plant from the time it exhibits the first signs of sexual maturity through harvest
- Physician certification—a document, whether handwritten, electronic, or in another commonly used format, signed by a physician and stating that, in the physician’s opinion, the patient suffers from a qualified medical condition
- Qualifying medical condition—means the condition of, symptoms related to, or side-effects of:
 - Cancer
 - Epilepsy
 - Glaucoma
 - Intractable migraines unresponsive to other treatment
 - A chronic medical condition that causes severe or persistent pain
 - Debilitating psychiatric disorders
 - HIV or AIDS
 - A chronic condition, normally treated by medication that could lead to dependence, when a physician determines that marijuana could be safer and effective
 - Any terminal illness
 - In the professional judgement of a physician, any other chronic or debilitating or other medical condition
- Qualifying patient—a Missouri resident diagnosed with at least one qualifying medical condition
- Primary caregiver—a person, 21 years of age or older, who has significant responsibility for managing the well-being of a qualifying patient and who is designated as such on the primary caregiver’s application for an identification card
- Entity—
 - Natural person
 - Corporation
 - Professional corporation
 - Nonprofit corporation
 - Cooperative corporation
 - Unincorporated association
 - Business trust
 - Limited liability company
 - General or limited partnership
 - Limited liability partnership
 - Joint venture

Timeline

It is also important to understand the relevant timeline. The effective date of Amendment 2 was December 6, 2018. The amendment requires the Department of Health and Senior Services (DHSS) to do certain things at certain points

- Within 180 days—June 4, 2019:
 - Make available to the public license application forms and instructions for:
 - Medical marijuana cultivation facilities
 - Testing facilities
 - Dispensaries
 - Marijuana infused products facilities
 - Make available to the public application forms and instructions for:
 - Qualifying patient identification cards
 - Qualifying patient cultivation cards
 - Primary caregiver identification cards
- Within 210 days—July 4, 2019:
 - Begin accepting applications for qualifying patient, qualifying patient cultivation, and primary caregiver identification cards
- Within 240 days—August 3, 2019:
 - Begin accepting applications for:
 - Medical marijuana dispensary facilities
 - Medical marijuana testing facilities
 - Medical marijuana cultivation facilities
 - Medical marijuana infused products manufacturing facilities
 - Seed to sale tracking systems
 - Transportation of marijuana
- December 31, 2019:
 - Applications for facilities must be approved or denied no later than 150 days after submission

Who Can Sell Medical Marijuana?

An entity may apply for one or more licenses to grow marijuana as a **medical marijuana cultivation facility**. This license is good for 3 years from the date of issuance. The number of cultivation facilities in the state is limited to 60, unless DHSS determines the number must increase to meet demand. No more than 3 licenses shall be issued to any single entity. Each applicant must pay a non-refundable application fee of \$10,000.00 per application, and a non-refundable fee of \$5,000.00 per license application or renewal thereafter. Each licensee must also pay a \$25,000.00 license fee each year.

An entity may apply for one or more licenses to operate a **medical marijuana dispensary facility**. Each facility in operation requires a separate license which are also good for three years. No more than 5 licenses shall be issued to any single entity. The number of dispensary facilities is limited to 192, unless DHSS determines more are need to meet demand. Each applicant for a dispensary license must pay a non-refundable application fee of \$6,000.00 per application, and a non-refundable fee of \$3,000.00 per license application or renewal thereafter. Each licensee must also pay an annual fee of \$10,000.00 per facility license.

An entity may apply for one or more licenses to operate a **medical marijuana-infused products manufacturing facility**. This license is also good for 3 years. No more than 3 infused product facility licenses may be issued to a single entity. The number of these facilities has been limited to 86, again unless DHSS determines that more are needed to meet demand. The fee to apply for an infused products facility is \$6,000.00 per license and an annual fee of \$10,000.00 per facility license.

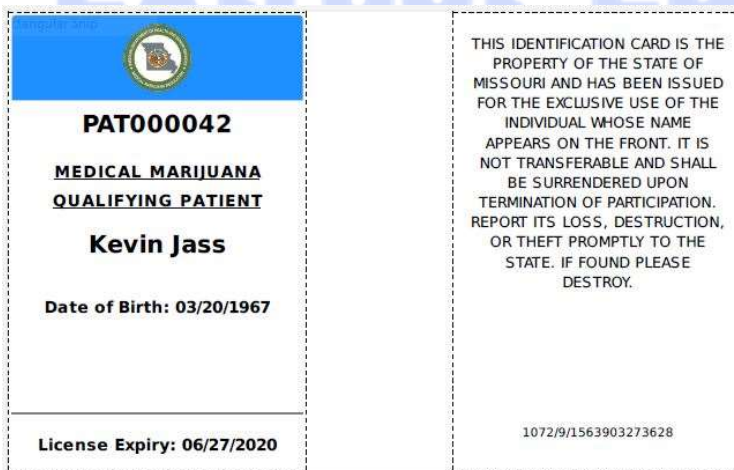
All cultivation, infused products manufacturing, and dispensary facilities must ensure that all medical marijuana is packaged and labeled so as not be false or misleading or in any manner designed to appeal to a minor. The products must be conspicuously labeled as containing marijuana and include a warning that cognitive and physical impairment may result from the use of marijuana. The packaging must also be designed to be significantly difficult for children under 5 to open but not normally difficult for adults to use properly.

Marijuana and infused products must also bear a label showing the total weight of the marijuana included in the package, to be listed in ounces or grams for dried, unprocessed marijuana, in grams for concentrates, or in milligrams of THC for infused products. The package must list dosage amounts, instructions for use, and estimated length of time the dosage will have an effect, the THC, tetrahydrocannabinol acid, cannabidiol, cannabidiol acid, and cannabinol concentration per dosage, and all active and inactive ingredients, which shall not include groupings of ingredients that obscure the actual ingredients such as “proprietary blend” or “spices.” The package must also include a best if used by date.

Who Can Possess Medical Marijuana?

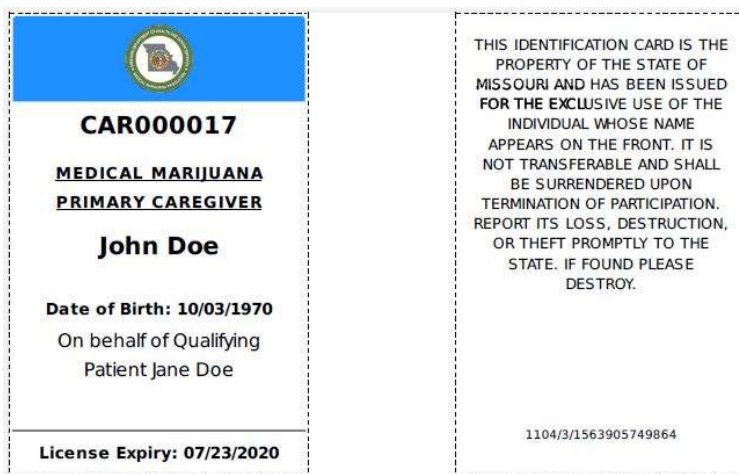
Qualified patients seeking to legally possess medical marijuana must apply for and annually renew a **qualified patient identification card**. The application fee is \$25.00. Once DHSS has received an application, they have 30 days to either approve or deny. All applications must be accompanied by a physician certification that is less than 30 days old. If DHSS fails to approve or deny the application within 30 days, the department shall issue a qualified patient or qualified patient cultivation card that is good for up to one year.

The card must list the patient’s name, date of birth, and expiration date. It may be presented as either a hard copy or in electronic format. When a medical marijuana card is presented, a government issued photo ID must also be shown.



A person can also apply for a **primary caregiver identification card**. These cards are also good for a year, and the application fee is \$25.00. A person can be a primary caregiver for up to 3 qualifying patients.

These cards will list the caregiver's name, date of birth, and expiration date. In this case, the card must also list the name of the qualifying patient the person is the primary caregiver for.



Who Can Grow Marijuana?

A qualifying patient or primary caregiver may also apply for a **qualifying patient cultivation identification card** or a **primary caregiver cultivation identification card** which are good for one year. The application fee is \$100.00. A primary caregiver may cultivate on behalf of a qualified patient if the patient has a cultivation card.

How Much Marijuana Can be Possessed?

A qualified patient may **purchase**, or have purchased on their behalf, **up to 4 ounces** of dried, unprocessed marijuana or its equivalent in a 30-day period. This limit can be exceeded if two independent physicians state that there is a compelling reason why the patient needs a greater amount. One ounce of dried, unprocessed marijuana is equivalent to 8 grams of concentrates or 800 milligrams of THC in marijuana edibles. This means a person could purchase 32 grams of concentrates or 3200 milligrams of THC in edibles. All medical marijuana purchased from a dispensary must be stored in or with its original packaging. A primary caregiver may purchase and possess the allowed limit of marijuana, or its equivalent, for each qualifying patient under his care.

A qualified patient who does not cultivate or have medical marijuana cultivated on his behalf may **possess** up to a 60-day supply of dry, unprocessed marijuana or its equivalent. DHSS considers a 60-day supply to be **up to 8 ounces** of dried, unprocessed marijuana or its equivalent. Thus, a patient could possess up to 64 grams of concentrates or 6400 milligrams of THC in edibles.

A qualified patient who does cultivate medical marijuana, or have it cultivated on his behalf, may **possess** a 90-day supply of medical marijuana, so long as the supply of medical marijuana cultivated remains on property under his control. DHSS considers a 90-day supply to be **up to**

12 ounces of dried, unprocessed marijuana or its equivalent. Thus, in this case, a person could possess up to 96 grams of concentrates or 9600 milligrams of THC in edibles.

If the patient is a cultivator, he is allowed to cultivate up to 6 flowering marijuana plants, 6 non-flowering marijuana plants, and 6 clones for the exclusive use of that qualifying patient for a total of 18 plants per patient.

All cultivated flowering marijuana plants in the possession of a qualified patient or primary caregiver must be clearly labeled with the qualifying patient's name. They must be kept in an enclosed, locked facility. And, a cultivation authorization must be clearly displayed within the enclosed cultivation area and in close proximity to the marijuana plants.

Two qualifying patients may share an enclosed locked facility. In this case, there may be up to 12 flowering plants, 12 non-flowering plants, and 12 clones in a single facility. If one of the qualifying patients is also a primary caregiver for a third qualifying patient, the facility may contain up to 18 flowering plants, 18 non-flowering plants, and 18 clones. Under no circumstance will a qualifying patient be entitled to cultivate, or have cultivated on his behalf, more than 6 flowering plants.

Purposefully possessing amounts in excess of twice the legal limit shall be punishable by imprisonment up to one year and a fine of up to \$2,000.00.

Other Provisions

All marijuana for medical use sold in Missouri shall be cultivated in a licensed medical marijuana cultivation facility located in Missouri. All marijuana-infused products sold for medical use in Missouri shall be manufactured in a medical marijuana-infused products manufacturing facility. There does not appear to be a requirement that this facility be located in Missouri. Individuals cannot infuse or sell medical marijuana products.

The possession of marijuana in quantities less than the limits of this section, and transportation of marijuana from a dispensary to a patient's residence, shall not subject the possessor to arrest or criminal charges **provided that** the person produces **on demand** a **valid qualifying patient identification card**, a **valid physician certification** while making application for a card, a **valid primary caregiver identification card**, or a **respective equivalent card or certification issued by another state or political subdivision thereof**. It is the position of DHSS that Missouri possession limits will apply to a person in Missouri with an out of state card.

A primary caregiver shall not be subject to arrest or criminal charges for purchasing, transporting, administering marijuana to a qualified person, or for participating in cultivation of up to 6 flowering marijuana plants per patient.

Medical marijuana may not be consumed in a public place, defined as any public or private property, or portion of public or private property, that is open to the general public, including but not limited to, sidewalks, streets, bridges, parks, schools and businesses. An owner of property, however, may, but is not required to, designate one or more private, enclosed spaces where one

patient and, if required by the owner, a representative of such owner, may congregate to consume medical marijuana.

No person shall extract resins using dangerous materials or combustible gases without a manufacturing facility license.

Medical marijuana cannot be consumed in a jail or correctional facility.

A physician may issue a certification and DHSS may issue a qualifying patient identification card to a non-emancipated person under the age of 18 with written consent from the person's parent or legal guardian. The card is issued to the parent or guardian. Only a parent or guardian can be the primary caregiver for a minor, and only the parent or guardian is allowed to purchase or possess medical marijuana. The parent or guardian must also supervise the administration.

Nothing in Amendment 2 shall provide criminal immunity for operating a vehicle under the influence of marijuana.

IX. Other Issues

Vehicle Searches

Typically, smelling the odor of marijuana on a traffic stop will give an officer probable cause to search the vehicle. How does the legalization of marijuana affect this? It is important to note that there is no case law in Missouri on this issue yet. But, these general guidelines for searches are recommended at this time.

If an officer smells the odor of marijuana and no one in the vehicle can produce a valid medical marijuana card, the odor still gives the officer probable cause to search that vehicle. In the absence of a valid medical marijuana card, officers can follow the normal procedures for search and apply the standard statutes to any marijuana found.

If an officer smells the odor of marijuana and a person in the vehicle can produce a valid medical marijuana card, the odor alone will not be probable cause to search. However, the odor coupled with other indicators of criminal activity—nervousness beyond what we would be expected on a typical traffic stop, inconsistent stories, etc.—can still be probable cause to search.

Medical Marijuana and Firearms

Officers should seek direction from their local prosecutors if they encounter a person who has a valid medical marijuana card who is in possession of marijuana and a firearm. Possession of marijuana with a firearm is still illegal under federal law.

Other factors to be considered include whether the person is intoxicated at the time or whether the person is in possession of a felony amount of marijuana, which could lead to a charge of

unlawful use of a weapon in violation of 571.030, RSMo. Possession of a firearm is also unlawful if the person is “habitually in an intoxicated or drugged condition,” 571.070, RSMo, a condition that arguably exists in a medical marijuana qualifying patient.

Questions?

Contact Ryan Hutton at training@extract-ed.com



Extract-ED

EMERGENCY MEDICAL TRAINING

FOR MEDICAL MARIJUANA PATIENTS