

## **Statement of Understanding**

### **Responsibilities, Potential Benefits & Risks of Using Cannabis/Marijuana**

I intend to use therapeutic cannabis/marijuana in the hope that it will relieve symptoms that are distressing me. By reviewing and signing this document, I indicate that I understand possible benefits and risks of cannabis and have had an opportunity to ask questions and have received satisfactory answers. I also understand my responsibilities for safe-guarding the marijuana.

#### **I understand that:**

1. Marijuana is an herb that contains many active chemicals called "cannabinoids." Some of these may be helpful for pain, anxiety, loss of appetite, nausea or other symptoms, and they may also cause significant side-effects. (listed below)
2. Marijuana is a plant substance and therefore the chemical content is not precisely controlled and the effects of marijuana can vary.
3. Scientific understanding of cannabinoids (the active ingredients in marijuana) is evolving. The benefits and risks differ between strains of marijuana and among people.
4. No Federal agency oversees the growing, production or distribution of marijuana to assure dosing or quality of marijuana plants or freedom from contaminants such pesticides, fungi or other chemicals.
5. Two FDA-approved cannabinoid (the active chemicals in cannabis) medications are available in the United States: dronabinol (Marinol) and nabilone (Cesamet). My doctor can prescribe these medications if he/she thinks they may be helpful for my symptoms.

#### **I understand that marijuana may have the following immediate side-effects or risks in the hours after using, whether smoked, orally consumed or vaporized:**

1. Altered sensations, perceptions, thinking, memory, and/or judgment, that may impair my ability to safely drive, work, or operate machinery.
2. Risk for falls, accidents or injury due to above impairments.
3. Anxiety, panic and/or psychotic symptoms have been reported in some persons.
4. Dryness of mouth and/or other mucosal membranes.
5. Increased appetite.
6. Smoking may worsen symptoms of asthma, COPD or other lung conditions.
7. Rapid heart rate and increased or decreased blood pressure.
8. Abnormal development of the nervous system in unborn babies if used in pregnancy.
9. Uncertain, possibly harmful interactions with other drugs or medications

#### **I understand that regular or long-term use of marijuana may be associated with the following risks or side effects:**

1. Physical dependency, which may result in withdrawal symptoms when stopped, including: irritability, anxiety, disordered sleep, loss of appetite, craving & others.
2. Addiction, indicated by difficulty stopping marijuana use despite knowing it causing negative effects, occurs in about 9% of persons who use it and may be more common in persons with other addictions.
3. Academic, social, or work-related problems due to impact on intellectual, psychological or social development.
4. Abnormal brain development in children and adolescents.
5. Psychosis, schizophrenia and some other psychiatric disorders may be more common or earlier in onset in young people who use marijuana regularly.

6. Smoked marijuana may cause bronchitis, worsen COPD, increase asthma symptoms and (possibly, less certain) increase risk of lung cancer.

**I understand that it is possible, but not certain that marijuana could have the following risks:**

1. Increase risk of heart attack, especially in persons with pre-existing heart disease.
2. Increase risk of stroke/brain injury due to poor circulation.
3. Decrease sperm count (in males).

**I am generally advised against cannabis use, if I:**

- Am a child or adolescent due to potential impact on brain development, risk of addiction, adverse effects on learning and memory.
- Am pregnant, planning to get pregnant or are breastfeeding.
- Am allergic to smoke or cannabinoids.
- Have serious liver, kidney, heart or lung disease.
- Have a personal or family history of serious mental disorders such as schizophrenia, psychosis, depression, or bipolar disorder.
- Have a history of alcohol, drug or other substance use disorder.

**I understand my responsibilities for safe-guarding my therapeutic cannabis. I will:**

- Keep any fresh or dried marijuana, cannabis oil and edibles out of reach of children.
- Not drive, participate in physical activities that risk injury, or operate machinery while impaired by cannabis.
- Store marijuana products in a locked box at home and in the trunk or cargo portion of a motor vehicle when transporting marijuana. Not give, share, sell, or provide to others.
- Have my registry identification card with me, when in possession of marijuana.

**OVERDOSE SYMPTOMS**

May include: sleepiness, confusion, disorientation, clumsiness/loss of coordination, fainting, dizziness, chest-pain, fast, slow or pounding heartbeat, panic, loss of contact with reality, psychosis, and/or other symptoms.

*Seek medical attention and/or call New England Poison Control  
1-866-222-1222*

By signing, I indicate that I understand my responsibilities and I accept both the potential benefits and risks of using therapeutic cannabis /marijuana.

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Printed Name

Signature

Date

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Witness Name

Signature

Date