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Professional Employment

Registered Nurse (RN) since 1976, licensed to practice in New Jersey and Pennsylvania.

Current Executive Director of the Coalition for Medical Marijuana—New Jersey, Inc., a non-profit, 501(c)(3) educational organization founded in 2003.

1977 – 1984: Staff Nurse at Carrier Clinic in Belle Mead; Intensive Care Unit/Cardiac Care Unit (ICU/CCU) Nurse at Mercer Medical Center in Trenton; Public Health Nurse for the City of Trenton; ICU/CCU Independent Contractor RN at Thomas Jefferson University Hospital in Philadelphia.

Retired in 2006 after 25 years with the State of New Jersey as Graduate Nurse, Head Nurse, Supervisor of Nurses, Infection Control Officer, Quality Assurance Coordinator, and Health Services Manager at the following institutions: Trenton Psychiatric Hospital, the Training School for Boys, New Jersey State Prison, East Jersey State Prison, and Edna Mahan Correctional Facility for Women. Chairman of the statewide Policy and Telemedicine Committees at the Department of Corrections (DOC).

Education

January, 1992	Rutgers University Newark/Princeton, New Jersey Master of Public Administration (MPA)
June, 1976	Mercer County Community College West Windsor, New Jersey Associate in Applied Science (Nursing), Cum Laude
June, 1971	Rutgers University New Brunswick, New Jersey Bachelor of Arts (BA) in Philosophy, Cum Laude

Organizations

A founding board member of the American Cannabis Nurses Association and an advisory board member of Patients Out of Time.

Member of the American Nurses Association, the New Jersey State Nurses Association and the Pennsylvania State Nurses Association.

Green Party candidate for U.S. Senate in New Jersey, 2012.

Achievements

Governor's Certificate of Appreciation for "improving government in New Jersey" in 2005 for developing a telemedicine program that improved inmate health care and reduced expenses at the DOC.

The Coalition for Medical Marijuana—New Jersey was instrumental in introducing the New Jersey Compassionate Use Medical Marijuana Act into the state legislature in 2005 and passing the bill into law in 2010.

**Summary of the improvements A3525/S2312 will bring to New Jersey's
Medicinal Marijuana Program**

Eliminates the physician registry;

Expands qualifying conditions—includes PTSD, Alzheimer's, Lyme or Parkinson's Disease, hepatitis, nail patella & any condition causing severe or chronic pain, severe nausea or cachexia;

Restores limited home cultivation (five plants plus one or more mother plants) for patients-- patients may grow themselves, use a registered grower, or use an Alternative Treatment Center;

Protects organ transplant patients from disqualification simply for the use of medical marijuana;

Eliminates the tax on the sale, use, cultivation and possession of marijuana;

Includes explicit employee protection—makes it unlawful to take adverse employment action simply for medical marijuana use;

Caregiver—eliminates background check and fee for caregiver ID card;

Patient ID card fee is reduced to \$50 with no automatic expiration;

Eliminates requirement for psychiatric clearance for minors—keeps pediatrician requirement;

Requires initial and ongoing training for all state, county and local Law Enforcement Officers (LEOs) on the rights of patients, growers and caregivers—LEOs are trained in Field Sobriety Tests and may not simply rely on blood or urine tests for DUIs;

Includes explicit immunity from civil liability for the authorized use of medical marijuana;

Physicians are required to determine the form, strain and amount of marijuana for their patients—it eliminates two ounce/month limit as amount required is determined by patient need;

Patients may obtain medical marijuana from out-of-state if necessary and out-of-state ID cards are honored in New Jersey;

Alternative Treatment Centers (ATC's):

- Permit fee for ATCs cut to \$5000 (from \$20,000);
- Imposes no upper limit on the number of ATCs permitted;
- No strain or potency limits imposed on marijuana cultivated;
- May dispense a 60-day supply of marijuana instead of current 30-day limit;
- Any edible form is OK'd for any age;
- Establish dosage units for all forms in conjunction with Department of Health (DOH);
- Testing in licensed laboratories is required on each batch of marijuana (and on request) for chemical composition, biologic contaminants, pesticides, solvents and foreign material with results of testing available on request;

Department of Health is forbidden to issue overly restrictive or unduly burdensome regulations for this law.

The elderly and medical marijuana

October 3, 2014

The fastest-growing population of marijuana users in America is the elderly. Marijuana helps with some of the typical problems of aging like no other drug, and it does so safely and with fewer unwanted side effects than most pharmaceutical drugs on the market today.

Arthritis and degenerative disc disease are very common in the elderly, and marijuana helps with the chronic pain associated with these and other conditions. In fact, chronic pain is the most common reason that physicians recommend marijuana in the states where it is allowed. Marijuana relieves pain without over sedation. Marijuana allows pain patients to use fewer narcotics and fewer nonprescription, or over-the-counter (OTC), pain medications.

Researchers note a 25 percent reduction in opiate overdose deaths in states that have medical marijuana laws.

Nor are OTC drugs safe, even though these drugs are available in unlimited quantities in pharmacies, supermarkets and mini-marts all over America, even to minors. According to the Mayo Clinic, acetaminophen, a common OTC analgesic or pain reliever that is found in Tylenol and many other preparations, is the leading cause of liver failure in the United States.

Marijuana doesn't only relieve pain. It typically raises the spirits of users by producing a temporary, self-limiting sense of euphoria, or a "high."

This side effect is especially desirable among the elderly to counteract some of the anxiety-producing and depressing effects of aging: the loss of physical and mental powers and the sight of lifelong friends and acquaintances suffering and dying.

Marijuana is far safer than anti-depressant medications, tranquilizers and alcohol — alternatives the elderly otherwise seek out to deal with these issues. Marijuana is also an appetite stimulant — it causes "the munchies." This can help an aging population to maintain an appropriate weight and fight off cachexia, or the wasting syndrome. The frail elderly can be turned into a more robust elderly with marijuana therapy.

Marijuana has even been shown to help bedridden patients with incontinence — it improves bladder control. The difference between lying in wet sheets or dry sheets is enormous in terms of comfort and maintenance of skin integrity.

It is no wonder than many elderly are turning to marijuana therapy.

It is true, however, that some elderly are not comfortable with the psychotropic or euphoric effects of marijuana. They are not used to the high, and they find it disorienting. For these people, a type — or strain — of marijuana that has lower THC would be appropriate. THC is the specific component, or cannabinoid, in marijuana that

produces the high. But marijuana contains over 60 cannabinoids, so a strain of marijuana that produces less euphoria and more of the other therapeutic qualities would be appropriate for these people.

Medical marijuana dispensaries, in states that permit its use, are eager to explain the different therapeutic qualities of the many strains of marijuana.

Unfortunately, the New Jersey Department of Health does no outreach at all to the elderly — or any other population — in the state to explain the kinds of medical benefits that can be derived from marijuana therapy. The department never mentions the Medicinal Marijuana Program in its monthly bulletins. Even basic information about the program is difficult to find on the department's website. This is really not surprising, as Gov. Chris Christie has said that all such programs are just a "front for legalization."

While the Health Department actively impedes the implementation of the Medicinal Marijuana Program through overly restrictive regulations, the attorney general in New Jersey insists that marijuana must continue to be considered a Schedule I drug with "no accepted medical uses in the U.S."

Even in New Jersey's restrictive program, anyone with a diagnosis of less than one year to live automatically qualifies for marijuana therapy. Yet few patients, or patients' families, know this.

Compare this to the marketing that the pharmaceutical industry does to promote its FDA-approved drugs that, in many cases, just poison the elderly.

The Coalition for Medical Marijuana — New Jersey is the only statewide organization that has been providing education about the benefits of safe and legal access to medical marijuana. We have been doing so for over 10 years. For more information, join the CMMNJ email list for monthly updates by going to www.cmmnj.org.

Ken Wolski, R.N., MPA, is executive director of the Coalition for Medical Marijuana — New Jersey Inc.

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Opinion: N.J. should allow medical marijuana home cultivation

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Times of Trenton guest opinion column

By Ken Wolski

It has been a year and a half since the New Jersey Compassionate Use Medical Marijuana Act was enacted into law. Still, not a single ID card has been issued. Not a single legal marijuana plant is growing in the Garden State. Not a single patient has legally experienced the relief that marijuana can bring from his or her debilitating and/or fatal medical conditions. This may be Gov. Christie's idea of a successful medical marijuana program, but it is a disgrace to the patients and to the rule of law.

Gov. Christie has sought only to delay and deny the implementation of this program since he took office.

First, Gov. Christie asked for a six- to nine-month delay to start implementing the law. Next, he tried to implement a law different than the one that passed by awarding the contract to produce marijuana to a single entity, Rutgers University. Rutgers turned down the offer. The governor then proposed regulations that would award only two entities permission to grow medical marijuana in the state, instead of the six centers that the law calls for. This and other proposed regulations were so outrageous that the entire

New Jersey Legislature agreed that they were inconsistent with the intent of the legislation.

The Oct. 13, 2010, public hearing on medical marijuana made a mockery of the democratic process. Speaker after speaker complained about the arbitrary and unscientific limitation on the THC content of marijuana that the state proposed. Dr. Susan Walsh, who conducted the hearing, seemed swayed by this heartfelt and consistent testimony. She said that she would seriously consider dropping the THC limit. When the regulations were published, however, the THC limit remained and Dr. Walsh was gone, instead.

In March, the state Department of Health and Senior Services awarded permits to six nonprofit centers to grow, process and distribute marijuana to qualified patients. But in April, the governor put the entire program "on hold." Gov. Christie shut down the Medicinal Marijuana Program, awaiting a reply from the federal government about its opinion of medical marijuana. The governor acts like he just found out that nearly all use of marijuana is against federal law. The state law itself acknowledges that "federal law currently prohibits the use of marijuana ... (but) States are not required to enforce federal law or prosecute people for engaging in activities prohibited by federal law; therefore, compliance with this act does not put the State of New Jersey in violation of federal law."

The law further states that "New Jersey joins this effort for the health and welfare of its citizens." Attempts to circumvent or prevent the law are detrimental to the health and welfare of New Jerseyans. Moreover, it is disgraceful and sets a terrible example when a governor refuses to comply with a law with which he disagrees.

Patients continue to suffer needlessly in New Jersey because Gov. Christie refuses to follow the law.

Enough! The delays must stop. The will of the people, as represented by our Legislature, must be followed and the medical marijuana system immediately implemented. Unfortunately, medical marijuana advocates and patients have little hope of this happening during the Christie administration.

A legislative solution that should be considered is restoring the home cultivation provision to the Compassionate Use Medical Marijuana Act. This provision, which was approved by the Senate on Feb. 23, 2009 by a vote of 22-16, would allow qualified patients with an ID card issued by the DHSS to grow up to six marijuana plants.

Fourteen other medical marijuana states allow home cultivation, and there are very few problems associated with it. The worst that can be said about it is that some may be diverted to people who are not sick. But diversion is a problem with all drugs. Diversion is simply not reason enough to keep any drug from a suffering patient.

The best that can be said about home cultivation is that it is a wonderful type of health-care reform. It allows patients to produce their own medicine for pennies. Home cultivation allows patients to titrate, or adjust, the dosage to control their symptoms, taking as much or as little as they need, when they need it. The patients still are under the supervision of their physicians, who manage their qualifying conditions, but they are free of the profit-making motives of the pharmaceutical industry and the health insurance industry.

A wide range of diseases, symptoms and conditions qualify for marijuana therapy in New Jersey: glaucoma, pain, nausea, seizures, neurological

conditions, bowel conditions, AIDS, cancer and hospice care. Home cultivation could truly make a significant impact on the health-care dollars spent and the quality of life enjoyed by these patients in New Jersey.

Marijuana is recognized as medicine in New Jersey. Now we actually have to get it to the patients who qualify.

Ken Wolski, R.N., MPA, is executive director of the Coalition for Medical Marijuana-New Jersey Inc. (cmmnj.org).

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