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The UMB Pulse Podcast

Navigating a Medical Cannabis Career Amid Recreational Legalization

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TRANSCRIPT

Charles Schelle: 0:00

Hey Dana, do you take, or do you know anyone who takes CBD products?

Dana Rampolla: 0:04

Yeah, I actually know a handful of people who take CBD

Charles Schelle: 0:08

My dad takes something for like arthritis pain. I don't know if it works or not. He has so many different creams and lotions of different types, you know, because when you're in your seventies, you're, you'll take, uh, you know, any sort of, uh, anti-inflammatory to like, ease the joint pain, right? We're seeing a lot more CBD products. There are a lot of medical dispensaries throughout the state of Maryland for those options. And this is also the last four 20 in Maryland where recreational marijuana will be illegal. And so I think it'll be interesting to see how this comes to a

head of how the recreational community and uses in all those products will make some sort of impact on the medical cannabis community, having that guidance of a doctor.

Dana Rampolla: 1:04

And I kind of wonder people who, I'll call it self, self-medicating with the use of marijuana. I wonder if they will continue to do that because either they like, or maybe they're addicted to that high versus turning to CBD products that can be easily accessed.

Charles Schelle: 1:22

Right. And the entire landscape is changing so much and I'm sure there are people that know what this looks like and sounds like and trying to make a career out of it. And we're gonna talk to somebody today who is in that very situation.

Dana Rampolla: 1:40

Oh, that's great. She's a graduate from our, our program here at U M B. Right.

Charles Schelle: 1:44

Right!. Catrena Almonte. She is a member of the first graduating class of the University of Maryland School of Pharmacy's, master of Science in Medical Cannabis Science and Therapeutics. She graduated back in 2021 and she's now a doctoral student at the Chicago School of Psychology at their DC campus, which will tell us, uh, more about in the episode. But it's interesting, as you'll hear from her in a little bit about that kind of push, pull of knowing the industry is opening up to the legalization, but that's not for everybody. And, and even herself as she shares.

Dana Rampolla: 2:25

Yeah, I think I, I'm excited to talk to her just because I, I've wondered for so long since this program's been around, like what do people actually graduate and do with a degree in this? So yeah. Let's open that conversation.

Charles Schelle: 2:38

And Catrena, she's not a regulatory expert, but she can kind of talk about a little bit of what impacts her where she's at right now. But we've had that conversation about the legal part of it, the public health part of it of the legalization of marijuana in Maryland, and then the medicinal training here at U M B during a Virtual Face to Face with, Provost Roger Ward back at the end of March.

Dana Rampolla: 3:04

Yeah. Yeah. Be sure to tune in and listen.

Charles Schelle: 3:07

Absolutely. And we'll put a link to the YouTube video in our show notes. You can rewatch that. Without further ado, let's listen to Catrena Almonte in her journey with medical cannabis welcome Catrena Almonte. This is a new alum from a new program, from the University of Maryland School of Pharmacies, master of Science and Medical Cannabis Science and Therapeutics. As we all know, cannabis is a very popular topic nowadays, especially here in Maryland. So welcome Catrena.

Catrena Almonte: 3:56

Thank you. Thank you very much for having me.

Dana Rampolla: 3:59

And Catrena, before we get started, I just wanna hear your beautiful pronunciation of your name.

Catrena Almonte: 4:05

So my name in complete English is, Catrena Shari Almonte, or in Spanish is Catrena Shari Almonte.

Dana Rampolla: 4:17

Just beautiful. It rolls so easily off your tongue. We had to share that with our listeners. Um, so Catrena, let's just jump right in and tell us a little bit about, um, about how you wound up at the University of Maryland, Baltimore, and what interested you, why did you get into their cannabis program?

Catrena Almonte: 4:35

Yeah, it's, it's such an interesting story. So, you know, my background is primarily military. I spent 20 years of broken service, uh, within the military. So I was in the Navy. I moved to the Navy, uh, National Guard, uh, to the Navy Reserves rather. And then, um, later on, moved to the Army National Guard. And my last professional role within, uh, the military was, um, an Army, uh, chaplain candidate where, um, that role just really thrust me into the human condition. I saw families, I saw emotions, the full spectrum of emotions all over the gamut, right? Within the context of the Army. So this conclude, this included separations. This included the high risk environment that goes along with being in the military. And, um, through that, seeing soldiers sort of entering different developmental stages in their lives. So some of them were entering the military, some of them were leaving the military, but also like their personal journeys as well. Some of them were entering into marriages, some of them were leaving outta marriages, some of them were separating from one unit to another. And all of these sorts of changes creates external pressures and stressors that we have to deal with. And, uh, being a part of the Chaplain Corps, we are the first, uh, stop, um, when individuals are, are being faced, uh, with stress. Because there's not too much of a stigma that is associated with seeing a Chaplain. I learned later on that when you're looking at, uh, the human condition, you must fully, uh, consider mental health. Absolutely. And um, within my role, I saw that more people needed to see mental health providers. Number one. I also saw lots of substance use and abuse, number two and number three, which probably should have been number one. I saw a lot of post-traumatic stress conditions happening over and over and over again. And seeing this over and over again, I felt inept as a chaplain candidate because my toolkit would not allow me to even begin to touch the sort of biological underpinnings that go along with the conditions, the neurological underpinnings, the neurobiology of P T S D. And so I began on this personal journey of wanting to understand what can hap, what can sort of help P T S D and I found cannabis. I'm on cannabis. Over and over every study it performed well against pain. It's insomnia. All of these different conditions, stress and anxiety, and. Then I, I, you know, it started to shift, you know, how do I incorporate this into a zero tolerance military? Well, it doesn't fit. So I had to make sort of my own sort of independent decision, how am I gonna move forward? What am I going to do? Am I going to continue to stay in this place where I felt inept, where I felt like I was not the full servant that I needed to be? Because again, I'm a chaplain. I look at work like this as, as sort of servanthood. So am am I, am I, am I really living up to my potential or do I need to pivot in order to become a better servant, to the work that I was doing and to the people that I was

called to serve. And that sort of began my sort of personal interest into like a professional sort of interest. And that's when I bumped. Into the University of Maryland School of Pharmacy and this Cannabis Science and Therapeutics Program. So I'm like reading my laptop, looking at this school that's brand new, and looking up into the heavens and reading the laptop and looking up into the heavens, wondering when are the angels gonna start singing? Because it was such a great pairing. It was such a divine moment for me. And so this began sort of my, my, my footsteps to, to start moving in this direction. And I applied and I got in. Yay. I got in.

Charles Schelle: 9:06

So once you got in, um, what were you hoping to learn and, and what did you learn just from kind of like a top level of the medical cannabis industry? Yeah.

Catrena Almonte: 9:19

So I have to sort of, uh, preface this, this, uh, the response to this question because I had so much, uh, misgivings and, and so much nervousness going into the program because it was a master's of science. Like what? I didn't have a lot of science in my background, and I'm like, oh my gosh, they're gonna be throwing a formula at me and I don't know what I'm gonna do, but I have to learn this. I have to get this information in my head. By no means, by all means, what, what is it by all means necessary, whatever the, the, the slogan is. Yeah. So I, I just, I knew that this was the right thing, so I just sort of had to sort of unpack those sort of fears and just roll with it and go through it. There was no going around it or anything. I just moved through it and once I started. Like, I can't even begin to tell you guys how much I like the program, right? Because it's so well thought out as well. The professors take people like me in mind that don't have a lot of science in our background, but have a passion that, that sort of want to learn cannabis in all these varying ways because we wanna go out there and we wanna make the world a better place utilizing cannabinoids if necessary. Listen, it's not necessary in every different, um, situation, but, um, it's certainly, uh, relevant and it should be, um, a, a consideration. So once I joined the program, my knowledge, it started from a very fundamental level and learning about human anatomy and understanding the endo cannabinoid system and then understanding how exogenous cannabinoids can pair with that and work synergistically with the body. It, it sort of, um, the information while salient it, it, it, it just came together in this, in this very, um, easily digestible way. And the professors like, their personalities are so great, they'll work with you, you have a question, you can just reach out to 'em. So they're very flexible, very understanding. So it just worked well. It, particularly for my, uh, my, my schedule as well, because at the time it was asynchronous.

Charles Schelle: 11:42

What was your bachelor's degree in?

Catrena Almonte: 11:45

So I have two bachelors, um, one in, uh, psychology and the other one in, uh, theology, which was sort of the, uh, prerequisite in order to be a chaplain candidate.

Charles Schelle: 11:56

Okay. Well, there's quite a bit of science in psychology. I know. Um, with the amount of, and, and math too, right. Surprisingly, there are a lot of math, uh mm-hmm. And, and psychology because

that, uh, uh, was a stumbling block for a few of my friends who wanted to become psych majors, and they was like, I didn't know there was math involved in this.

Dana Rampolla: 12:15

So you mentioned that the professors. Was there any one professor in particular who really influenced you or helped you chart the course of your study?

Catrena Almonte: 12:26

Oh my gosh. So, all right. So, uh, Dr. Coop, who is, so, when I first met Dr. Coop right. I met him. He was on the, on our platform at our symposium, and he's wearing this little. Bow tie. And for some reason the bow tie made me think, oh my God, he's so hard. Why? Like what? I bet he's such a hard professor. He's the one that's teaching chemistry and he has like this little, little small little bow tie. I bet his classes are gonna be really hard and he's gonna be throwing formulas and probably won't have any empathy. He was so sweet. And so, and all of his lectures were so easy I didn't have to keep going back over the same things and reading and rereading, he just made things so easily digestible. His personality is so kind and so accommodating. I've gotten numerous letters of recommendation from him and he's always been completely flexible and open and he just really cares for your learning experience. And so he was very, very pivotal. Um, I also, Dean Edington, how can you not love her, right? So she is like, oh my gosh, she's such an educated. Uh, academic, professional. And so because I'm in academia, like I aspire to be at like this level of education, I don't know if I'll become Dean. I don't, I don't know if that's my career trajectory or anything, but boy, she served as representation for me during my time, uh, at the University of Maryland School of Pharmacy. So those are two distinct individuals that really stick out in my mind. Also, Dr. Sera, she was really instrumental in, uh, sort of selecting me to be the the ambassador for the program. Her and Lisa, they definitely helped, um, to select me for the ambassador role for the program, which, gosh, before that I was like, This study sturdy nerd, I gotta get it full of hypervigilance, full of nervousness. But after I became the ambassador and I started speaking about the program and it was really coming from this genuine place, like I felt like I began to bloom and blossom. So yeah, like those are some individuals that definitely stick out in my mind.

Dana Rampolla: 14:43

So Catrena, um, talking about these doctors, who was Dr. Raphael Mechoulam?

Catrena Almonte: 14:49

So he is the father of cannabis, uh, science research. And when, um, so he died earlier this month and, um, the school may already be doing something, um, in his memorium because I know that the school worked, um, very closely, um, with him. And, um, they taught us a lot about what he did. But him specifically, um, he, um, an is is an Israeli chemist that, isolated a lot of the compounds that we know of cannabis today. So we learned about THC from him, CBD CBG, CBN. Before that we just, in America, we just knew it was cannabis. We called it weed, we called it reefer. But, and then they, they sort of slapped legislative, uh, actions over here where we couldn't touch it anymore. But in Israel, this guy was still studying. This guy was still learning. And so most of the bulk of what we know today is based upon his research.

Dana Rampolla: 15:50

So you had this great experience, it sounds like with your education here at U M B. What happened next when you graduated? What did you move into? Did you go back to being a chaplain or?

Catrena Almonte: 16:02

No. So now I am actually, um, I'm still in school like again. Right. Like what, like how much school are you in? So I'm in my, I'm finishing up my second year, um, uh, as a clinical, uh, psychologist. So I'm going to school to become a clinical psychologist, uh, second year for that doctoral program. I am also within my first year of a post-doctoral program for clinical psycho-pharmacology. Um, the goal is to become a prescribing medical clinical psychologist, and hopefully with the laws changing, I will be able to prescribe cannabinoids. That's definitely my goal. I came into the program with this in mind. My clinical interests are veterans and it's so funny, right? So I started my program and my advisor at my current, uh, institution, um, she said, Catrena, I know how strongly you feel about cannabinoids. And not everyone here is on board with clinical psychologists even prescribing. Okay? We just, we like therapy, we like to give medicine to psychiatrists. And I, and I told her, listen, there's no way we're taking this off the table. I believe in the power of cannabinoids. I did two years at the University of Maryland School of Pharmacy, and I did not do those two years and give my 4.0 g p a to not prescribe cannabinoids. So if the law allows it, you better leave. I'm gonna do it. So it's definitely my passion. It's definitely sort of my, my, my career goals. And I know it's sort of stretch goals, right? Because it's stretching me to be in the doctoral program. It's stretching me to be in this post-doctoral program. But let me tell you something, I love every second of it. I love every second of it, and I'm growing in the process and I feel like I'm in the right place.

Charles Schelle: 17:56

Yeah, that definitely has to be a challenge where you're preparing for a future career. You can see it evolving and you have this push and pull between, um, state regulations and, and allowing that to open up, which is much quicker right now. And then federal law, recognizing the, ability to, take it off the, scheduled narcotics list. And then you have that third leg of then regulating emerging prescriptions and, and products too. Mm-hmm. So tell what, what's that challenge like for you being in that transition period of watching laws change?

Catrena Almonte: 18:35

Yeah, so it's twofold. So from a personal perspective, I'm watching sort of the landscape and how the world is changing, as you're suggesting in, in all of the different tick marks and, and sort of incremental changes that's happening. But also, I'm sort of in a silo, right? Because I'm, I'm, I'm in education and I'm still learning. But I think it all works to my advantage because I believe by the time I step out, a lot of, some of the, um, isms and schisms that go along with change will have already occurred. And listen, state by state, like this thing is happening with cannabinoids. Like every year it's a new state. Now it's more states. I, I think it's what, 23? I, I, I don't know the, the, the numbers. So if I'm, I'm off, please edit that. But we're at a large, uh, at a large, uh, percentage of the states that are allowing for the recreational use of cannabinoids. So, so that's one. One thing, but the medicinal usage is the most important thing for me. And also some of that recreational use is underlying anxiety, underlying depression that has not been properly diagnosed, but people are looking for short-term avoidance strategies to not deal with the, the, the sort of things that's sort of fueling whatever it is that they're feeling. So I, you know, for me, I, I think it's, I think it's a great

thing that the world is sort of changing. I also think that because I'm a woman of Color, right, I definitely sort of represent people that have been disproportionately impacted, uh, negatively, uh, by cannabinoid usage. And I think to sort of have me in this space as sort of good representation of, of, of sort of, um, what education can do and, and, and just giving someone an opportunity, but also in the world now you can see someone that looks like you and now this is someone that, okay. Yeah. Yeah. Okay. May, may, maybe there is some merit to this May. Maybe, maybe there is because there, there's that sort of representation where you can see yourself in that person. Right.

Dana Rampolla: 20:38

Great. Um, let's back up just a minute. You keep referring to cannabinoids. Um, I think you mentioned another word. It was endo. Was that endo? Cannabinoid? Uhhuh. Endocannabinoid uhhuh. Yeah. So fill us in a little bit in case someone's listening who doesn't really know the difference. You know, we hear about THC, we hear about CBD, um, sounds like just the landscape of words are changing as people are becoming more familiar. Um, give, so give us a little pot 1 0 1 lesson.

Catrena Almonte: 21:09

Okay. So, um, so with, with cannabis, you, you have, um, so, so cannabis that is grown from the ground are considered exogenous cannabinoids. That is cannabis, that is, that is sort of existing outside of the body. The endo cannabinoid system is the system that all mammalian creatures have that is sort of responsible for our homeostasis wellness. Um, it, it sort of makes our bodies feel, um, on balance. And so from the head and neck up, you have receptors, which are called CB one receptors, and from the base of the neck going down within the body, just in all of the sort of peripheral locations of the body. So that would be the appendages, the, the arms, the legs. You have what's called CB two receptors. So when cannabinoids, when someone smokes, so they may decide to smoke cannabis, they may decide to ingest cannabis, eat cannabis, um, and, and foods and edibles, whatever administration you use, the cannabis pairs with the endocannabinoid system that's already within the body via those receptors, and that's where you sort of experience sort of the, um, the shifts and the changes that go along when cannabis is within the body. So when the CB one receptors are, um, sort of, um, activated, um, that's where we get the, the hallucinogenic effects because it sort of passes the blood-brain barrier. And then the, the CB two receptors, and this is, and I know I hate to oversimplify this, but this is the most simplistic, um, uh, sort of, uh, pot 1 0 1 lesson because there's a, there's a myriad of factors now. They're growing all sorts of things. They're doing all, they're splicing, they're cooking, they're, you know, they're doing all sorts of things. But this is just a very rudimentary, uh, sort of explanation. Um, and, and so the, the, the CB two receptors, um, people might identify that with sort of couch lock, so they might experience more of a body high and CB one receptors, they may feel more of a head high. So, um, so that's sort of like the, the difference between cannabis, um, the endocannabinoid system and what exogenous cannabinoids really mean.

Charles Schelle: 23:27

Great. Yeah. Thanks for the lesson. Um, and, uh, you know, the, there, there's so many products out there and, and you know, going back to what you said you were, you were right with the number of 23, it's actually 21 states plus DC and Guam ha have, uh, legalized recreational marijuana. Um,

and even with that, I think all but a few states have, uh, either marijuana or a form of cannabis legalize other, whether it's medicinal or a form of CBD, um, all states except for I think, uh, what is say four. Um, so that's, it's kind of amazing when you look at that, right? Yeah. And so, If now someone's like educated, let's say, you know, some of us might be squares and may not have done a lot of it or any of it, or maybe once and think, hey, the, the, the market, the, the, the market is opening up. It's legalized where I'm at. Maybe I want to try something, whether it's an edible or a gummy or something. But, um, you know, people have condition, medical conditions and they may be taking prescription drugs for like blood pressure or something. Just very basically what are some, um, maybe basic or common medical conditions or common basic prescriptions that someone might be taking where it's like, oh, you may wanna reconsider taking this. Yeah.

Catrena Almonte: 24:54

So, um, excuse me. So I guess one of the, one of the first things that, that people should know with, with, with cannabis is that it is, Biphasic in nature, meaning that if it's not titrated properly, if you're not taking the, the right administration and the, the amount, the, the correct amount in terms of, of dosing, um, you may get a very different result. So you, so an example might be someone may decide to smoke because they're anxious and if they decide to smoke and they smoke too much, instead of their anxiety being completely alleviated now the biphasic nature of the cannabinoids kicks in and now they become more anxious, which is not really what they were going for. And we may have all heard a story of someone being too high and getting too scared. So that's an example of something like that. But I think more importantly, when people are using cannabinoids, they, they really should be working with someone to do that. That it's, it's, you know, it's. I, I understand we have Tylenol on the shelf. There's even dosing on the side of Tylenol, and if you take too much of that, that can become problematic to various organs within the body. So it, it's one of those, um, those sort of, um, one of those sort of medications because it's a medication. I understand it's a plant, but it's a medication, and there should definitely be an entire modality around the entire experience with cannabis from determining if you are even cannabis competent enough to even use that. Should you be using that? So, yeah, you might have pain, but what if you're taking something and then it's a contraindication to cannabinoids? Then what? Now you're just burning, burning up your receptors. Like, no, you should be working with a clinician that can definitely help you. Independently cannabis performs well against pain against insomnia, um, against, um, cachexia, which is the condition, the wasting away syndrome. As a matter of fact, um, my mother, uh, two years ago, uh, was diagnosed with, uh, throat cancer. She beat the throat cancer and developed cachexia. And she, um, was extremely thin and the physician that she was working with, um, had recommended, uh, a feeding tube. And she did that for a little while. But then she actually started using cannabinoids and got her doctor's permission. She spoke with her doctor. I spoke with her doctor, I told him my background. He understood all of that, and we worked together to create a modality. And now she is much better. She's much healthier. You can't even tell that she went through what she went through. So I know that people think, well, I'll just smoke this joint and go to bed. Okay, well, you do that, but it you, how much better would you be if you were not using substances? To, uh, to sort of, in an avoidant strategy sort of way to get away from those underlying issues, but rather you faced your issues. And if you decide to use cannabinoid recreationally, and, hey, and you're in a state, then, then go for it. But if you find that

you're doing that every day, I'm willing to bet there's an underlying there and you should probably get with a clinician to sort of help you figure that out.

Charles Schelle: 28:25

Yeah, and that's, that's a good follow up to, where we're headed in Maryland with, voters last year, voted to approve and legalize, uh, marijuana for recreational use. Uh, and that's going into effect July 1st of this year. So what do you think that could have an impact on the medical marijuana industry. And it maybe for people like maybe what you're describing who may have been prescribed in medicinal and are thinking, oh, well I don't need a prescription anymore. I'll just, you know, go, go to a, a regular dispensary.

Catrena Almonte: 29:00

Yeah. And some of that, some of that is going to occur because that's just a part of that, uh, community. But what I'm hoping is that with this sort of, um, relaxation and legal policy, that it will sort of begin to erode at some of the stigmas that's associated with cannabinoid usage. And so people that do have medical conditions now, they feel comfortable speaking with their physicians about using cannabis. Now they feel more comfortable asking, well, how do I actually smoke? Because some people don't know how to smoke. I'm one of those people. I, I, so my background is military and I've never been a smoker and you know, it is just not something that I'm going to do. So if I'm out there, there's tons of people out there. Not everyone smokes. Not everyone uses cannabis. So I'm hoping that this sort of opens those sort of, of of conversations as well, the scientific community. How many more studies will we be able to have? I listen, I need it to happen because I want to do my dissertation research with cannabinoids. I've already told everyone at the school, right? They're like, oh, you know, this might be difficult. No, it won't because I'm gonna work with my pals at the University of Maryland School Pharmacy and we're gonna get it done together. We'll have to figure it out. I don't know. But the idea is that if it's legal and if it's something that we can do, we can all get our hands on it. And if we're getting our hands on it, we're going to change sort of the social landscape. We're gonna change conversations. We're going to make people more comfortable. People are going to become educated, and that is the most important thing. But if we're all scared and everybody's No, no, no, no, no, then it's gonna, it's just gonna continue to keep sort of the nega negative stigma.

Dana Rampolla: 30:45

Well, and we know that there's quite a few benefits from what you're describing to cannabis products, but what are some of the risks or other cautions that people should know, whether it's medical or recreational?

Catrena Almonte: 30:59

Yeah. So I mean, like I said, you know, if you're looking at your sort of, uh, usage schedule, and it's more often than not and you're not working with a physician, you're not working with a clinician, you're just sort of using it at will, um, you're probably in a place where you, you probably should be speaking to someone to sort of help you sort of figure out, why am I using this so often? Why am I using this so much? Why do I need so much cannabis? So the idea behind cannabinoids is that a lot of people, they sort of want their system calm, whether it's anxiety, whether it's tremors,

whether they want to sleep at night, they want sort of like a, a calm, central nervous system. And cannabis does it, it, it has performed very well in a lot of studies in a lot of ways, sort of calming the body, utilizing the endocannabinoid system. Um, but again, Those individuals should definitely be working with clinicians because right now, if, if you can't get your hands on it the way that you want, how do you know what you're using is, is, is right for what you're using it for? Mm-hmm. What if you're now using it and you want to relax, but then now you create a, a nasty addiction tolerance cycle. Now that has to be figured out in therapy. Now you may even have to involve your doctor and get some other sort of pharmaceutical modality to sort of intervene, um, and sort of to break that cycle. So it's, it's always better to be working with a clinician when you're going to be using cannabinoids because even though it's been around forever, it's still medicine. So we have to respect it as such.

Dana Rampolla: 32:33

I appreciate you sharing that.

Charles Schelle: 32:35

There's a lot of products out there, right? And some of the research is tied up because the, the federal restrictions, so, What's it like in basic, in basic terms for the regulatory process to get like an over-the-counter CBD product, approved or medical cannabis product approved? Um, because there's, right now, I mean there seems like there, there's a lot of CBD products, but there's still only one FDA approved prescription CBD medicine.

Catrena Almonte: 33:04

Yeah. That's the Epidiolex for, uh, for seizures. Yeah. So, um, I can't speak specifically to all of the, the, the variant sort of stages and, and phases that, um, that an independent, um, uh, medication would go through for FDA approval. What I can say is, what we have right now is, is the Epidiolex for, um, for epilepsy. And again, that was based on the study. That was Charlotte's Web, that was Charlotte's story. Uh, a young, a young girl that had epilepsy and her mom believed in the power of CBD and from somewhere she learned about titration to help her daughter probably out of pure, um, love and need as we all would if it were our children. And she wanted her daughter's life to improve, and it did with the hands of CBD. So, and, and, and this goes back again to the landscape changing. Once the laws begin to change, we will be able to have more studies that will tell us more about cannabis and more about what it can do, as well as other conditions like Parkinson's, like MS, these very formidable, you know, conditions that are not going anywhere that are, that are not, that there's nothing that's, that's going to cure it. So that's a perfect opportunity. Some of these people are 30, 40, 50 years old. Not everyone that's old has these conditions. So a again, if, if it's going to improve the quality of life, it's definitely something that we should consider. Yeah.

Dana Rampolla: 34:37

And for something like the Epidiolex, is that, is that just like the CBD part of the cannabis? It's, it's, so it doesn't have that, I guess, mind altering, if that's the right word. Mm-hmm. Kind of effect. Mm-hmm. It's just like the medicinal part of it.

Catrena Almonte: 34:53

Yes, yes. So within, um, the cannabis plant, um, there's, there's so many, uh, varying components as you're alluding to. Um, THC has the mind altering sort of psychotropic, effect. And, the, most other component from what we know now, hopefully we will learn more, but, uh, what we know is cannabidiol or CBD does not have that psychotropic effect. Um, but it performs just as, um, just as formative as THC in, in studies.

Dana Rampolla: 35:24

And you had mentioned, um, Parkinson's a minute ago. Uh, I keep reading that CBD helps treat, uh, I mean, it seems like nowadays everything under the sun, they say, oh, well, CBDs gonna fix that. I personally suffer from tinnitus. And I've heard, oh, there's a certain type that will help with that. So my question is like, what is the real deal? Can, can this be the wonder drug of the, the present or is it just kind of another snake oil of the past?

Catrena Almonte: 35:53

Well, um, I can't say fully that it's a wonder drug, but I can tell you that it's performed wonderfully in the lab. Right, okay. So, um, because there's still so much that we don't know because, you know, for a long time it, it, you know, it's been illegal and we haven't been able to get our hands on it to, to, to do, uh, proper studies and, and have that information at our fingertips. But when you see these, these sort of very visceral reactions right. Of, of individuals with Parkinson's before taking CBD and after taking CBD and the calmness that comes over, their central nervous that their entire bodies, right. The, the, the shakes, the tremors, and all of those things sort of go away in the, in the presence of CBD and the, and I believe that from what we know so far, I believe that, that it's because cannabinoids are working with the body. It's not working for the body, it's not working against the body. It's working synergistically with the body via the body's own endocannabinoid system.

Dana Rampolla: 37:02

So, interesting. I haven't heard it put that way before.

Charles Schelle: 37:05

With, uh, with all the products though coming out, it almost makes sense to, to still consult a medical professional who has research in cannabinoids and to know the proper usage and prescription. Because earlier this year, the, FDA said we can't get ahead of all the products out there and we have to work with Congress to create a new regulatory pathway for, for CBD products. They're, they are working with the FTC, for instance, and finding some companies, making claims on their products or curing certain things or treating like autism, for instance, on, on some products that, that were fined. Do you feel that's where we're kind of needed right now in this industry? Is that oversight or, or that new regulatory pathway for those over-the-counter things? And have people err on the side of caution and consult their doctor whose background in working with cannabis.

Catrena Almonte: 38:03

Yeah, absolutely. Because our conversation is limited to cannabis, but people are taking vitamins, people are taking substances, people are taking other sort of prescriptions, and all of that has to be contextualized with your cannabinoid experience. So if you're just taking cannabinoids, then yeah,

let's have that conversation. But if you're actually looking at being treated for something, you have to consider the totality of the individual in everything that they're taking. So absolutely seeing a clinician is going to be key. And not only that, not only seeing that physician, but also compliance. Right? So you have to actually be compliant to what the physician is telling you. So if they're telling you to titrate slowly, you should titrate slowly. You should not watch a video with Snoop on it and say, oh, he's doing this amount. Let me try it, because that is a great deviation from your modality. So your physician has looked at your bio history, they've looked at your psycho history, they've looked at your social history and your medical history in order to formulate a plan that's going to have an intervention utilizing cannabinoids to contextually, right, improve your quality of life. So if you're not following that plan, then it's a formula that they've created and you're just going to dip a completely different output.

Charles Schelle: 39:28

Plus Snoop Dogg has wine too, so shouldn't combine it with that either.

Catrena Almonte: 39:33

Shouldn't combine it. That's a great point..

Charles Schelle: 39:39

As a researcher and, and a therapeutic advocate what kind of advice would you give to, students or maybe professionals like you who are like, you know, career change and, and life change pivoting? What, what advice would you give to them as they try to figure out if this type of program is right for them and, and what their future could be?

Catrena Almonte: 40:02

You know, that's an interesting question because I faced a lot of personal backlash when I walked away from the chaplaincy. Some of my colleagues felt like, and, and, and I'm sort of contextualizing this with the Christian faith that I was walking away from the Lord. Which I don't believe that to be true, but I, because I, I know in my heart that this is servanthood and, and I want to help people. And so for anyone that is thinking about coming into this space, you may experience backlash. You may, you know, and, and it may be surprising, the, it may be jealousy, you know, who knows, people experience all sorts of emotions. But I think for the individual, You have to sort of have your own esteem and worth and confidence sort of in check and sort of know, this is what I want to do, this is where I want to be, this is how my talents and gifts can be best utilized, and this is the space where I'm going to develop and, and place my all. And I want to stretch and grow in this space. So, I mean, you have to sort of know within yourself that this is what I want to do. And, and also cannabis has its own reputation, right? You have to sort of wear, wear that backpack. I, I got this from people that, that personally know me. Oh, well you're getting a weed degree and you don't even use it, Catrena. I'm like, well, first of all, first of all, it's important that it be utilized in the right capacity. So no, I'm gonna, I'm not gonna light and smoke with you because I just don't have, um, a passion to do it recreationally. But I do have a sleep disorder and I will titrate and use it for that. So it is something that, um, that the independent person has to sort of make up their minds and be willing to stand in that and stand strong too.

Charles Schelle: 41:59

It's interesting you, you bring that up cuz Dana and I were, were talking as we were prepping for the episode, you're not, a regulatory expert as far as like making the laws and everything, but think about how quickly everything has to come together to legalize something and provide all the guardrails for just about anything in less than a year's time. Whereas you've had centuries of alcohol laws mm-hmm. Going one way or the other and tobacco. And how, when I was a kid there were tobacco vending machines everywhere and anyone could just get cigarettes outta there. And they were like, you know what, we're not doing that anymore. Or, you know, there was a time when, um, uh, a kid under 18 could go into the gas station and get cigarettes for their parents and just say, it's for my parents. And, remember that happening in my family to where now, uh, last summer I walked down, Congress Avenue in Austin, Texas, and in the middle of the sidewalk there is a vending machine with CBD products, maybe some THC products. Hmm. But it had an electronic device to it where you could essentially, I think it was like a live video with the vendor or someone to show your ID to verify your age and everything. Mm-hmm. But, but even that, just like in the middle of, of walking down the street, I was like, oh, it's kinda like we're going back in time a little bit, but it's also feels a little bit like the wild, wild west. And, and I'm just wondering if you're kind of seeing the, the same thing or, or not.

Catrena Almonte: 43:34

Well, I have not seen that, but I did hear of the vending machine, um, sort of concept, um, with companies having, um, uh, cannabinoids being dispensed in that way. But my understanding was that they were partnered with physicians, and the physicians were sending their patients, and those vending machines had patient data in there. So the vending machine was sort of acting as a pharmacist, instead of the individual acting on their own accord. So I haven't seen it from that perspective, but also to your point, I mean, yeah. So when, you know, back in the day, right, when we were able to get cigarettes that way, we also saw more cases with people with, um, uh, trache. Is that, is this a tracheotomy where they, where they have to put mm-hmm. Right. Yeah. Yeah. We saw more cases like that as well when people were sort of doing things. On their own accord. I mean, so people are going to do what they're going to do, whether they walk into a dispensary and get what's available right now, or if the laws change in, in, in 10 years, and, and they allow all sorts of things on the market. It's still going to be best to work with the, with the physician because they're taking, they're sort of looking at your life and they're looking at your history in order to make the right decision for you. And so who knows what's in that machine? Who knows? You know, it's, it's just so many variable. You don't know what's in it, how it was utilized, whether, whether it was checked or who's, who's looking at it, you know, that, you know, the ideas is a, is a, is a little bit, uh, scary to me.

Dana Rampolla: 45:12

Well, and you're also not looking at what you're combining it with. I mean, I think anytime a doctor puts you on any medication you have to look at what your, your table of medicines are to be sure that they're not going to interact in a negative way. So this is just another example of that. Looking at the whole picture So tell us how we can connect with you, Catrena in terms of just better understanding, do you have any products that you sell or books or blogs that we could tune into?

Catrena Almonte: 45:43

Absolutely. So you can find everything on my website, which is www.catrenaalmonite.com or www.catrinalmonite.com. And there you'll see, um, sort of my bio, um, it sort of references my time when I was at the University of Maryland School of Pharmacy. You can actually see, um, some of, um, my work on that website, um, as well. My lab coats are there. I know a lot of students that, um, that go to the program, um, are interested in the lab coats now. It's, it's one of those, those sorts of things. So typically pharmacists and physicians wear lab coats. And the story with my lab coat, sort of started, um, after I had received the ambassador role and I was so proud and so happy with the program that I created my own. Logo and I wanted to put it on a lab coat and I had some professional pictures taken. And um, once I did that, it created this phenomenal business opportunity. And so many individuals that are moving into this space may not. Uh, decide to, uh, go on and become a physician. They may not decide to become a pharmacist, but because the cannabis landscape is changing, as we keep mentioning, there will be opportunities to do interviews, to go to conferences, and you may want to be able to sort of establish yourself from other individuals. And a lab coat with the sort of cannabis logo is a great way to do that. On the website, there are other, uh, things that you can purchase just to, uh, support me and what I'm doing. Um, but more than anything, you get to learn more about me and sort of my history and how I got to this space. And hopefully you can see my passion for the University of Maryland School of Pharmacy.

Charles Schelle: 47:45

Not only do those lab coats look sharp, I have to say the, the regalia that they wear at commencement is pretty cool too. Yeah,

Catrena Almonite: 47:53

yeah, yeah. It's all there. Yeah, it's all there.

Charles Schelle: 47:56

Have a little leaf leaf, uh, shown on the, on the stoles. Um, well, if you want to be like Catrena, the University of Maryland School of Pharmacy has developed a new Graduate Certificate in Medical Cannabis Science, Therapeutics, and Policy as a compliment to its master's program. To learn more about both programs, you can visit pharmacy.umaryland.edu and actually at the bottom of the page you will see Catrena's photo, as well. So

Catrena Almonite: 48:24

that's awesome.

Charles Schelle: 48:25

And to find all of those links to everything that Catrena mentioned. Just check our show notes. We have a link right there. So thank you so much, Catrena. We learned so much and, best of luck and wish you, great success.

Catrena Almonite: 48:40

Thank you very much for having me, and I just wanna congratulate all of the new students that are incoming into the program. You're going to help shape the landscape and all of those people that are interested incoming. Just do it. Just do it. Just do it. You will not be sorry.

Dana Rampolla: 48:58

And we are excited. We have our, our third graduating class, getting ready to go through commencement in just a, a few short weeks ahead.

Catrena Almonte: 49:07

Oh, that's so awesome. Congratulations.

Dana Rampolla: 49:10

Well, thank you again, Catrena. We wish you the best

Catrena Almonte: 49:13

of luck. Thank you. Thank you very much.

Jena Frick: 49:20

The UMB Pulse with Charles Schelle and Dana Rampolla is a U M B Office of Communications and Public Affairs production edited by Charles Schelle, marketing by Dana Rampolla.

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