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New (Legal) Cash Crop in Connecticut

By JOSEPH DE AVILA

Across Connecticut, growers are cultivating marijuana for medical use in buildings with the exacting standards of pharmaceutical factories.

Employees reporting for work at some plants will be required to change into scrubs. Then, they will pass through a room that will emit blasts of air to remove contaminants brought in from the outside. Computers will control temperature and humidity in the plant-growing areas, where an air-filtration system will screen for molds and pests.

"We aren't just growing plants in a warehouse," said David Lipton, the founder of Advanced Grow Labs in West Haven. The company is spending \$2.5 million to retrofit a portion of a 62,000-square-foot building where it is the primary tenant. "We really are like a startup pharmaceutical company."

Mr. Lipton, who operates a chain of women's health clinics, is one of four growers licensed by the state, with sales generally

expected to begin by late summer. The others include a former Wall Street executive and a former equities trader now disabled who says he wants to jump-start an industry he says can bring pain relief to others like him.

The producers are putting the finishing touches on buildings in Simsbury, West Haven, Portland and Watertown where they will cultivate the marijuana for the 2,000 patients in the state qualified to use the drug.

Besides the growers, the state picked six companies to run dispensaries that will sell the drug to the public.

Under a 2012 state law, Connecticut has set up what has been hailed as one of the nation's most tightly regulated programs for medical marijuana. Lawmakers sought to avoid the path of early adopters such as California, dispensaries have proliferated across the state and prescriptions for the drug are relatively easy to come by.

Under Connecticut's law, a licensed pharmacist must work at every dispensary. And, unlike



David Lipton is licensed to grow medical marijuana in Connecticut.

California, where patients can get prescriptions for ailments such as migraines, Connecticut limits the availability of medical marijuana to people with 11 debilitating conditions. Included are HIV, cancer and Parkinson's disease.

Some producers, such as Curaleaf, in Simsbury, also will be making medicine that patients can take in capsule or droplet form.

"When you think of that 80-year-old cancer patient...is smoking what they want?" said Robert Birnbaum, chief executive of Curaleaf and a former Wall Street investment manager.

Although state officials say they don't plan to add any additional producers or dispensaries in the near future, that prospect still concerns some Connecticut cities and towns. Many communities have passed ban on future medical marijuana-related businesses.

On Tuesday, Bridgeport's Zoning Commission voted for a year-long moratorium on medical marijuana businesses, citing safety and security concerns. Bridgeport Mayor Bill Finch, who supports medical marijuana, backed the move, said his spokesman Brett Broesder.

"There is a lot of angst with these new experimental dispensen-

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series," Mr. Broesder said.

Whether the state decides to license additional dispensaries and producers will depend on the number of qualified patients who sign up and where they live, said William Rubenstein, commissioner of the Department of Consumer Protection, which regulates medical marijuana, pharmacies and pharmaceutical companies in the state.

Mr. Rubenstein said his department didn't have an estimate of the number of patients.

"Once product is on the shelf, we expect the patient population

to bump up," he said.

Ethan Ruby, the chief executive at Theraplant, a marijuana producer in Watertown, said he estimated that the number of qualified patients would rise 10,000 after a year of sales.

Mr. Ruby, a former equities trader, was hit by a car 14 years ago in New York City. The accident left him paralyzed. Several years later, he began using marijuana to alleviate his pain.

"The little bit of relief that I got showed me that there is medicinal value in this plant that needs to be studied," he said.

The price of the marijuana to

patients hasn't been set, but producers say they expect the cost of their product to be somewhat comparable to the drug's price on the black market. Insurance companies won't be paying for it.

The state will use testing to ensure patients get a consistent dosage whenever they use the same marijuana product. Producers cannot label two marijuana products with the same brand name unless they share the same active-ingredient profile within a 3% range.

"They are more stringent than any state thus far," said

Genifer Murray, chief executive of CamnLabs, a marijuana-testing lab in Denver that wants to open a lab in Connecticut.

Ms. Murray said it was unclear if producers can consistently meet this requirement since they will be growing plants—not making synthetic pharmaceuticals.

"We always have to operate within the art of the possible," said Mr. Rubenstein of the Department of Consumer Protection. "It's important that patients know what is in the medicine they are taking and in what proportions."