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February 23, 1995

Mr. Lloyd K. Jessen  
 Executive Secretary/Director  
 Iowa Board of Pharmacy Examiners  
 1209 East Court, Executive Hills West  
 Des Moines, Iowa 50319-0187

Dear Mr. Jessen:

My correspondence concerns a recent conversation and exchange of information between myself and the Department of Public Health Liaison, Mark Shoerberl. Mr. Shoerberl provided me with an Iowa Board of Pharmacy Examiners position statement on the medicinal use of marijuana dating back to April 6, 1993. This statement refers to S.F. 361 (sections 124.401B Marijuana for Therapeutic Purposes and 124.511 Marijuana Research Program) which the board strongly opposed.

The supporting arguments for the board's position however, do not address some of the imperative issues and, in my opinion, are somewhat evasive. Specifically, while the federal law classifying marijuana as a Schedule I drug does not allow for the medical use of marijuana, the medical necessity defense has been established and upheld by state courts in relation to its cultivation (Supreme Court of Florida, State v. Jenks, 589 So. 2nd 292 [Fla. 1991]). Further, efforts aimed at rescheduling marijuana at the federal level should in fact help to resolve the conflict between state and federal laws which are currently at odds.

The board also stated that medication containing the active ingredient found in marijuana is available, but only in oral form. This may prove ineffective in cancer, AIDS and AIDS-related wasting syndrome cases in which extreme nausea and excessive vomiting would prohibit a patient for consuming the medication. In addition, some Oncologists, as shown in a Harvard survey of Oncologists performed by Richard E. Doblin and Mark A.R. Kleiman, have expressed a preference for prescribing smoked marijuana citing "the bioavailability of THC absorbed through the lungs, . . . the opportunity [of patients] to self-titrate dosages, . . . and active agents" as some of the positive differences between crude marijuana and pure synthetic THC.

The Drug Enforcement Agency's own Administrative Law Judge, Francis L. Young, recommended the transfer of marijuana from Schedule I to Schedule II based on evidence presented in a 1988 marijuana rescheduling petition. Glaucoma was the only ailment in the findings of fact that was not identified as having a respectable minority of physicians accepting its usefulness in treatment. Curiously, the board's position statement addressed glaucoma exclusively and failed to mention any of the other conditions that could benefit from marijuana. Supportive evidence for marijuana's medical use in the treatment of cancer, multiple sclerosis, hyperparathyroidism, AIDS and AIDS-related wasting syndrome is much more abundant and accepted.

The final points presented by the board in denying support for the medicinal use of marijuana in Iowa include the concern that confiscated marijuana is potentially harmful because of impurity and /or contaminants and a " lack [of] adequate security, staff, and other resources necessary to assure safe handling and product quality." While it is true that the board may be required to take on added responsibility in connection with such an addition to the list of accepted treatments, the same would hold true for any alternative medication. The focus should remain on the most advantageous treatment for the patient. The cautious attitude of the board members in connection with the use of confiscated marijuana is understandable and well taken. However, S.F. 361 addressed this issue in its statement that any marijuana received ". . . shall be made free of impurities and analyzed for potency by the board."

I would appreciate a response to the material presented above and especially to the attached letter which would allow legitimate research on the safety and efficacy of medicinal marijuana to take place under Dr. Donald Abrams' guidance. Thank you for your time and attention, I look forward to hearing from you.

Sincerely,

State Senator Elaine Szymoniak

ES/lh