

MEDICINAL MARIJUANA PUBLIC MEETING

COUNCIL BLUFFS, IOWA

TRANSCRIPT OF PROCEEDINGS

NOVEMBER 4, 2009

Reported by: SueAnn Jones, CSR, RPR

**Johnson Reporting Services, Ltd.
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913 27th Street
West Des Moines, Iowa 50265**

(515) 224-1166

MEDICINAL MARIJUANA

PUBLIC MEETING

November 4, 2009, 10:10 a.m.

Harrah's Casino, Ballroom

Council Bluffs, Iowa

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1 the Iowa Board of Pharmacy.
2 Iowa law imposes upon the board the
3 duty to periodically recommend to the legislature
4 changes in controlled substance schedules. The
5 board views this statutory responsibility with
6 great seriousness, both because of the specificity
7 of Iowa Code Chapter 124 and because marijuana use
8 and the use of drugs in general is a sensitive
9 medical, social, and political issue.

10 Any board recommendation for changes
11 to the controlled substance schedules will be
12 preceded by a thoughtful review and analysis of the
13 most helpful and current scientific information
14 available to the board.

15 In making a recommendation to the
16 legislature regarding marijuana, the board will
17 consider the following 12 factors: marijuana's
18 actual or relative potential for abuse, marijuana's
19 pharmaceutical -- excuse me -- pharmacological
20 effect, current scientific knowledge regarding
21 marijuana, the history and current pattern of abuse
22 of marijuana, the scope, duration, and significance
23 of abuse of marijuana, the risk to the public
24 health from moving marijuana from Schedule I to a
25 different controlled substance schedule, the

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1 P R O C E E D I N G S

2 TERRY WITKOWSKI: Good morning,
3 everyone. We apologize for the late start, but
4 unfortunately, our court reporter got stuck on the
5 interstate behind a major accident, so that's what
6 caused our delay. But we will get started.

7 We want to welcome you to the fourth
8 and final public hearing on medical marijuana.
9 This hearing is being held by the Iowa Board of
10 Pharmacy pursuant to Iowa Code Section 124.201(1).
11 I am Terry Witkowski, the executive officer for the
12 board.

13 With me today are two board members,
14 Ed Maier, pharmacist from Mapleton, and Susan Frey,
15 a pharmacist and the vice chairperson of the board
16 from Villisca, Iowa. Also with me today is Board
17 Compliance Officer Jennifer O'Toole at the back
18 table.

19 SueAnn Jones, Johnson Reporting
20 Services, is serving as the certified court
21 reporter for this hearing.

22 The purpose of this hearing is to
23 receive information from the public. A transcript
24 of all comments that are received at today's
25 hearing will be reviewed by all seven members of

1 potential of marijuana to produce psychic or
2 physiological dependence liability, whether
3 marijuana is an immediate precursor of a substance
4 on some other controlled substance schedule,
5 whether marijuana's potential for abuse or lack
6 thereof is not properly reflected in its inclusion
7 in Schedule I, whether marijuana lacks a high
8 potential for abuse, whether marijuana has an
9 accepted medical use in treatment in the United
10 States, and whether marijuana does not lack
11 accepted safety for use in treatment under medical
12 supervision.

13 This hearing will be held according to
14 the following ground rules and will proceed in the

15 following manner: Both proponents and opponents of
16 medical marijuana will be allowed to speak. All
17 speakers are to come to the stage and speak into
18 the microphone at the podium. Speakers must speak
19 slowly and clearly so their comments can be
20 accurately recorded.

21 Speakers need to identify themselves
22 on the record. They should at a minimum provide
23 their first name. Full names and addresses would
24 be appreciated but will not be required. If
25 speakers are representing an organization or are

<p style="text-align: right;">5</p> <p>1 speaking on behalf of an organization, they should 2 state that before making their comments.</p> <p>3 Speakers who wish to offer exhibits or 4 written materials to the board need to have them 5 properly identified for the record. Testimony that 6 references an exhibit should identify the exhibit 7 number.</p> <p>8 Depending on the number of people who 9 wish to speak at today's hearing, time limits will 10 be imposed. In general, each person will be 11 allowed a minimum of five minutes to speak. If 12 feasible, additional time may be allowed. However, 13 the board wants to ensure that every person who 14 wishes to speak receives an opportunity to do so.</p> <p>15 Speakers will be called according to 16 the order on our sign-up sheet. Some speakers 17 reserved time prior to today's hearing, and they 18 will provide their comments as previously 19 scheduled. Some speakers have also requested 20 additional time. All requests for additional time 21 will be allowed as circumstances permit.</p> <p>22 We will notify each speaker as you 23 approach the end of your allotted time by holding 24 up signs indicating four minutes remaining, two 25 minutes remaining, thirty seconds remaining, and</p>	<p style="text-align: right;">7</p> <p>1 referenced in reports or recommendations issued by 2 the board to the legislature.</p> <p>3 This hearing will be in session until 4 7 o'clock p.m. We will take a lunch break from 5 11:30 to 1. We will also take two 15-minute breaks 6 during the afternoon. Are there any questions?</p> <p>7 We will now begin with our first 8 speaker. We are supposed to have someone calling 9 in on the phone in about five or ten minutes. Is 10 there -- the next speaker would be Shane Prokop, 11 and I apologize if I mispronounce names. I'll 12 apologize before we get started. Is Shane ready to 13 speak now?</p> <p>14 Is there anyone else that would like 15 to speak that would speak for maybe five minutes? 16 Okay. What is your speaker number?</p> <p>17 JACQUELINE PATTERSON: It's No. 2. 18 TERRY WITKOWSKI: Okay. Come up. 19 JACQUELINE PATTERSON: Good morning. 20 My name is Jacqueline Patterson. I was a resident 21 of Iowa from 1999 until 2001 when I was informed 22 that I could not continue to pursue my criminology 23 degree at the University of Northern Iowa 24 because -- because my stutter interfered too much 25 with my -- with my -- with my participation in</p>
<p style="text-align: right;">6</p> <p>1 thank you when your time is up.</p> <p>2 The board wishes to remind everyone 3 that this hearing is not an opportunity for debate. 4 We are here today to receive comments concerning 5 the medical use of marijuana. As part of this 6 process, I and/or the board members or board staff 7 may have questions for the speakers. Please be 8 aware that we are not here to receive comments 9 regarding the legalization of marijuana.</p> <p>10 Speakers are also reminded to avoid 11 repetitious or irrelevant comments. Speakers 12 should be as short and concise as possible.</p> <p>13 Speakers will only be allowed to speak once.</p> <p>14 Additional thoughts may be submitted to the board 15 in writing following today's hearing.</p> <p>16 Unruly behavior such as booing or 17 hissing or harassing remarks will not be tolerated. 18 Speakers will not be allowed to make personal 19 attacks. Please hold any applause until each 20 speaker has finished making their comments.</p> <p>21 In addition to receiving oral comments 22 at today's hearing, the board welcomes and 23 encourages written comments. Any comments or other 24 information received at today's hearing will be 25 public information and may be referred to or</p>	<p style="text-align: right;">8</p> <p>1 my -- in my -- in my -- in my -- in my classes. 2 I have been on many prescription 3 medications, including -- including -- including -- 4 including amphetamine and a new drug called 5 Provigil. And those did not -- did not assist me 6 in controlling -- in controlling my -- in 7 controlling my stutter nearly as effectively as 8 cannabis -- as cannabis -- as cannabis does. When 9 I am able to use cannabis, there is a 90 percent 10 reduction in my stutter and --</p> <p>11 TERRY WITKOWSKI: Excuse me, 12 Jacqueline. 13 Could you answer that?</p> <p>14 BOARD MEMBER MAIER: Hello? 15 RAPHAEL MECHOULAM: Hello. This is 16 Professor Mechoulam. I am calling from Jerusalem. 17 I was asked to give evidence. 18 TERRY WITKOWSKI: Professor? 19 Professor? Can you hold for just a moment? We do 20 have another speaker presenting right now. 21 RAPHAEL MECHOULAM: I understand. I 22 hope it's not too long. After all, I'm on an 23 international call. 24 TERRY WITKOWSKI: I'm sure that it 25 will not be. Would you prefer to wait?</p>

1 RALPH SMITH: He's calling from
2 Israel.

3 BOARD MEMBER FREY: Thank you.
4 TERRY WITKOWSKI: Okay, Professor.

5 You may begin.
6 RAPHAEL MECHOULAM: Thank you. My
7 name is Raphael Mechoulam. I am a professor of
8 medicinal chemistry at the Hebrew University in
9 Jerusalem. I've been involved in research in
10 cannabinoids and marijuana for many years.

11 In 1960 we isolated the active
12 component of cannabis. It's a little bit strange,
13 but the active component of opium was isolated
14 100 years ago, and so was cocaine. Anyway, we
15 isolated this. There had been a lot of work on
16 this particular active -- psychoactive compound.
17 For many years that we worked on the metabolism and
18 therapeutic effects, both in animals and in humans.

19 Then in the 1990s, about 10 -- 10,
20 15 years ago, we started presenting finding the
21 compounds in the brain that act on those particular
22 receptors that are found in the brain and which THC
23 by chance also works. So I'm thinking we're well
24 aware of the whole field that that works in this
25 respect.

1 view is not appropriate. It should be administered
2 under, in your case, state supervision.

3 We have had an intro. Our minister of
4 health allows the use of medical marijuana under
5 medical supervision. Patients have to get the
6 permit through his physician to get medical
7 marijuana. In this case it's free of charge, but
8 this will probably change. They'll have to pay
9 something for it. But he should know exactly what
10 he's getting, not just anything. Even aspirin we
11 don't take without knowing the appropriate amounts,
12 so it should be approved under certain conditions.
13 That's my view.

14 It should go through medical --
15 medical committee to approve it, and in Israel, for
16 example, it is. There is a medical board that
17 approves it, and it's used in the cases of
18 gastrointestinal diseases, Crohn's disease, side
19 effects of multiple sclerosis, some kinds of
20 tremors, vomiting and nausea, even in children. We
21 use that in children that are undergoing -- who use
22 THC that are undergoing chemotherapy. In
23 post-trauma, it seems to be effective.

24 And so this -- it should be, in my
25 view, allowed but under supervision, not just like

1 Now, I was asked to tell you something
2 about my experience or my views on medical
3 cannabis -- medical cannabis, is that correct?

4 BOARD MEMBER FREY: Yes.
5 RAPHAEL MECHOULAM: Okay. There are

6 several aspects. One of them, of course, is the
7 identifying compounds, the active THC. Another one
8 is called cannabidiol. These compounds are
9 approved -- THC is approved in the U.S. as a
10 compound called dronabinol, and cannabidiol may be
11 shortly approved. It's a mixture of both, being --
12 which have been approved in Canada.

13 These compounds should be looked at as
14 pure compounds and should be under the FDA
15 supervision, which is what is happening, and I hope
16 they will be more widely used than at present.

17 But the point is, what about medical
18 marijuana, the mixture, the actual marijuana plant?
19 Now, from my experience, the activity there is
20 mostly due to the THC which used to be lower
21 amounts than previously. Now it's very high
22 amounts, and my view is yes, it should be used.
23 Yes, it has to be under supervision. Just going
24 the route of taking anything with 2 percent of THC
25 in marijuana to 30 percent THC marijuana, in my

1 any -- anybody who wants to sell it could
2 supplement, if you wish. This is my view.

3 If you want to ask me about it, I'll
4 be glad to answer. I was also asked to say
5 something about the legalization of marijuana, not
6 as a medical drug. Now, I think that this is not
7 what you're interested in, and if you want me to
8 say something on it, I'll be glad to do so.

9 BOARD MEMBER FREY: I think we would
10 like to have comments confined to the use of
11 medical marijuana, please.

12 RAPHAEL MECHOULAM: Yes. Like I said,
13 it has to -- basically, it should be allowed. It
14 should be under supervision, both in growing the
15 plants and in its administration. Not just go to
16 the store and pick up something. It's not a
17 vegetable. It's not something else. It's not a
18 vegetable.

19 It should be under supervision in the
20 sense the patient should be -- should get permit.
21 It should be allowed by a medical doctor using it,
22 not just saying that he has a runny nose but should
23 be allowed to use it, and they should go through a
24 medical board that will approve it, which is most
25 essentially what we do with any drug in a more free

1 way.

2 BOARD MEMBER FREY: Professor, I'm
3 Susan Frey with the Iowa Board of Pharmacy. Could
4 you maybe expand a little bit on if a patient does
5 have a permit, where do they obtain the marijuana,
6 and how is that governed and monitored by the
7 medical board?

8 RAPHAEL MECHOULAM: Well, in our
9 case -- and of course, I can't speak about Iowa.
10 No idea what you will decide, but in our case, if a
11 patient is not sufficiently taken care of by the
12 existing therapy that he has, his physician writes
13 a letter -- can write a letter to a medical board
14 at the minister of health, and this medical board
15 decides whether the case is suitable, and then it
16 will issue a permit.

17 It has issued now permits to about 7,
18 800 patients in various diseases, and the patient
19 then takes the permit, the written permit, and
20 he -- he has to go to a supplier that gets it from
21 a farm that again is under supervision. So both
22 the farm is under supervision and the -- the
23 registration is under supervision, and you can get
24 it throughout -- can't get it without supervision.

25 It is people go to the minister of

1 health to allow some patients to grow small amounts
2 of marijuana at home rather than go ahead and get
3 the marijuana from a grower, but to the best of my
4 knowledge, it is not yet -- not being used that
5 way.

6 BOARD MEMBER FREY: So if I understand
7 you right, are you telling me that the patient has
8 to have tried other means of therapy before medical
9 marijuana is considered as treatment?

10 RAPHAEL MECHOULAM: At the moment,
11 this is the case -- the case for most of these
12 things. Some of them won't and don't. In some
13 cases in some medical situations, it's not the
14 case.

15 For example, in post-trauma, nothing
16 seems to work as well as cannabinoids, and cannabis
17 seems to work, and it has been strong, for example,
18 that both the crude medical marijuana and the
19 compound which is structured -- whose structure is
20 like THC to work in a clinical trial. So in this
21 case I would say no, it doesn't have to be -- no
22 drug should be used before that because nothing
23 works.

24 We are using in bone -- bone marrow
25 transplantaation essentially quite -- quite a large

1 number of patients to get their bone marrow
2 transplantaation, these patients are that. I can't
3 recommend that kind of treatment to anybody if you
4 can manage without it. But they vomit. They feel
5 badly. They have pain. They're terribly
6 depressed, and together with the many drugs that
7 they're getting, they're also getting in this case
8 THC, but we would be glad to get the medical
9 marijuana if possible, and they feel better. They
10 start eating, which normally they don't.

11 So different cases in different
12 diseases. Crohn's disease, for example, I don't
13 think that people will start immediately with
14 medical marijuana, only if they start with other
15 drugs that are available, and a few are, but these
16 medications, they don't work well, and in that
17 case, her physician will have to go and ask for the
18 existing drugs or give it as a solo.

19 BOARD MEMBER FREY: Thank you.

20 RAPHAEL MECHOULAM: Okay? Is that the
21 only thing?

22 BOARD MEMBER FREY: You have another
23 ten minutes, Professor, if you have anything else
24 that you wish to add.

25 RAPHAEL MECHOULAM: Well, if I have

1 some more time, I would say that there should be
2 some more research, clinical investigation, both on
3 marijuana and on the pure procedures. We really
4 don't have enough science behind medical marijuana.
5 While we have some of it on THC, there is not
6 enough on medical marijuana, and if it is -- the
7 laws have changed and there is a way of using
8 medical marijuana the way we do it here at the
9 moment, then I would very strongly suggest that
10 there should be -- that you should encourage
11 clinical investigations in well-defined marijuana,
12 whatever is set to the side, 10 percent of THC, and
13 patients should be investigated, should be -- they
14 should undergo clinical trials in addition to what
15 we know at the moment because we really don't have
16 enough well-conducted medical trials, clinical
17 trials, with that supervision.

18 Anything else you would like to know?

19 Hello?

20 BOARD MEMBER FREY: Yes. We're still
21 here. Have you researched looking at our criteria
22 of things that we need to look at? One of them is
23 potential for abuse. Have you -- in your studies,
24 have you looked at that aspect?

25 RAPHAEL MECHOULAM: We do not -- yeah.

1 It is known that there are many users. About
2 9 percent of various users do become addicted to a
3 certain extent. Look at the addiction. It is not
4 a very deep one and therefore sounds like every --
5 cocaine addictions which are very -- that are the
6 more mild ones, and we have not seen any kind of
7 addiction in our patients, but one has to follow
8 that.

9 And like with the morphine that's
10 being given to a lot of patients or many for pain
11 and so on, one has to follow the possibility, and
12 in that case seems to be we have not seen yet cases
13 of addiction.

14 BOARD MEMBER FREY: In your patients
15 that are treated on a chronic basis, do you have
16 issues or do you see any increase in secondary
17 medical illnesses? That might --

18 RAPHAEL MECHOULAM: What kind of side
19 effects?

20 BOARD MEMBER FREY: Well, things that
21 might be associated with, say, smoking, like, for
22 instance, do you see an increase in lung cancer or
23 lung issues?

24 RAPHAEL MECHOULAM: No. We -- lung
25 cancer, it is well known that it does not produce

1 point, safety for use under medical supervision?
2 BOARD MEMBER FREY: Okay. We've got a
3 question. One of our factors is whether or not
4 marijuana does not lack accepted safety for use in
5 treatment under medical supervision.

6 RAPHAEL MECHOULAM: What do you mean
7 by that? I mean I'm not sure I understand your
8 question.

9 BOARD MEMBER FREY: When we make a
10 recommendation to the legislature as to whether or
11 not to reschedule this from an experimental
12 schedule to a controlled substance or to schedule
13 it at all, we have to answer the question whether
14 or not marijuana does not lack accepted safety for
15 use in treatment under medical supervision.

16 RAPHAEL MECHOULAM: Well, to the best
17 of my knowledge, there's no major safety problems
18 associated with marijuana use as long as it is
19 supervised.

20 I would -- one of the things that I
21 would suggest that a person who is being treated
22 with medical marijuana should not be allowed to
23 drive, for example, while he's under the effect of
24 the treatment. Maybe he doesn't feel that he has
25 the effect of the treatment. He should not.

1 lung cancer. There is a very -- a group in
2 California that has looked into it very thoroughly
3 and very objectively, and they have not seen any
4 cases of cancer.

5 There may be, because of the smoking,
6 some information. One has to -- to take care of
7 that to see whether there isn't any lung cancer
8 information. It is not, to the best of my
9 knowledge, a major issue at the moment.

10 Side effects that we see, not -- not
11 really. One has to take that into consideration
12 like with any -- any drug. Anything else you would
13 like to -- like me to address?

14 BOARD MEMBER FREY: Let's see. We're
15 kind of looking over our list here of --

16 RAPHAEL MECHOULAM: My main point
17 is -- while you're looking at the list, my main
18 point is yes, it should be allowed, but it should
19 be under supervision like any other drug, not just
20 going to the store and picking up some -- some
21 marijuana. That is not the way a drug should be
22 used. There should be -- it should be allowed use
23 for additional properties, I think.

24 BOARD MEMBER FREY: Okay.
25 CARL OLSEN: How about the last bullet

1 Now, actually, to me to say quite a
2 few -- it's like Valium, for example, or other
3 drugs that I don't know what situation it's in in
4 the U.S. and Iowa in particular, but under certain
5 drugs, people should not be allowed to use them
6 under something because they may not be under full
7 control.

8 Now, I don't know whether under the
9 way THC, marijuana, people will be less -- will
10 be -- they will have these problems, but just for
11 at the beginning at least, I would say no, one
12 should not drive. One should not drive under
13 certain conditions. I don't see many other
14 problems at the moment.

15 BOARD MEMBER FREY: Okay.
16 TERRY WITKOWSKI: Thank you very much,
17 Professor.

18 BOARD MEMBER FREY: And Jacqueline,
19 would you like to finish yours, please?

20 JACQUELINE PATTERSON: Yeah. I'll
21 finish it real quick.

22 I moved to California in -- in 2007.
23 Also in 2007 I lost custody of one of my children
24 to his father in Cerro Gordo County. The judge --
25 the -- the -- the judge told me that I wasn't a fit

1 parent, not only because I used medical cannabis
2 but because I have lobbied -- because I have
3 lobbied for fundamental changes in medical cannabis
4 policies here.

5 Nobody -- nobody deserves to lose
6 their children because of the -- because of the
7 medicine that they -- that they -- that they --
8 that they -- that they -- that they use. Nobody --
9 nobody -- nobody deserves to feel like a criminal.

10 And as for medical safety, I have many
11 doctors willing to recommend that I do use -- I do
12 use cannabis, and the way that you worded --

13 BOARD MEMBER FREY: Could you speak
14 into the microphone? Thank you.

15 JACQUELINE PATTERSON: What was the
16 way that you worded your last --

17 BOARD MEMBER FREY: Point?

18 JACQUELINE PATTERSON: -- question to
19 the professor?

20 BOARD MEMBER FREY: Okay. That's out
21 of the law, and the way the law -- the way the
22 statute reads, whether marijuana does not lack
23 accepted safety for use under medical supervision.

24 JACQUELINE PATTERSON: The Institute
25 of Medicine in 1990 -- in 1999 determined that

1 further studies of medical cannabis -- or of -- of
2 cannabis's medical attributes were needed. The
3 human body has an endocannabinoid system which --
4 which is why -- which is why cannabis is so -- is
5 so effective when prescriptions are not, and the --
6 I think that the doctors in the 13 states in which
7 cannabis has been made medically available have
8 proven that it can be -- it can be -- it can be
9 safely utilized under a -- under a physician's --
10 under a physician's -- under a physician's care.
11 Thank you.

12 TERRY WITKOWSKI: Is Shane -- is Shane
13 Prokop available? Brenda Peterson and Steve Gooch,

14 if you're ready, we can move forward with yours.

15 RALPH SMITH: Excuse me. Do you have
16 a phone call-in number? We've been trying to get
17 it for some time.

18 (Off-the-record discussion.)

19 TERRY WITKOWSKI: Speaker No. 1? Is
20 Speaker No. 1 available to speak?

21 RALPH SMITH: That was me except I'm
22 going to speak whenever it was marked.

23 TERRY WITKOWSKI: Oh, okay. Would you
24 let Jennifer know, because she would have your
25 other name tag.

1 RALPH SMITH: I could make some
2 comments if you need time -- if you need some time.

3 TERRY WITKOWSKI: We'll see who else
4 is here. Do we have a Speaker No. 3? Are you
5 ready to speak?

6 JEFF ELTON: Yes.

7 Hi. My name is Jeff Elton, E-l-t-o-n.
8 I live in Des Moines. I suffer from diabetic
9 neuropathic gastroparesis, which is Greek for
10 paralyzed stomach. Symptoms are chronic nausea --
11 chronic, chronic nausea, vomiting, and if those
12 aren't controlled, wasting -- wasting loss
13 syndrome.

14 I wasn't planning on speaking today
15 because I've spoke at the other ones, but I felt I
16 needed to share this experience. We drove from
17 Des Moines here this morning in my car, and I was
18 driving. I was able to make it all the way in the
19 parking lot, and then I had to give up the car
20 because I kept having waves and waves of nausea. I
21 thought I was going to vomit three different times.

22 My doctor gives me a prescription for
23 Reglan, R-e-g-l-a-n, also called metoclopramide for
24 control of chronic nausea and vomiting. If you
25 ever watch commercial television, you'll see the

1 advertisements for people who have been damaged
2 from this FDA-approved drug.

3 Inhaled cannabis vapors, not smoke but
4 vapors, for me gives immediate relief from chronic
5 nausea, stopping the vomiting and stopping the
6 wasting syndrome. There is no drug, legal or
7 illegal, in today's pharmacopeia that safely
8 controls chronic nausea as safely and as
9 effectively as cannabis.

10 So please do the compassionate and the
11 right thing and make your recommendation to
12 legalize medical marijuana for Iowa to the
13 legislature in 2010. And thank you.

14 TERRY WITKOWSKI: Is Shane Prokop
15 here? Brenda Peterson or Steve Gooch? Do we have
16 a Speaker No. 4? Is there anyone who is scheduled
17 for a time this morning that would like to speak
18 now? If not, we'll just wait.

19 BOARD MEMBER FREY: I think we have
20 one here in the front row.

21 PAUL CARTER: Excuse me. I'm
22 scheduled for 11 o'clock, but I'll be glad to go
23 now if you like.

24 TERRY WITKOWSKI: Okay. Paul Carter?

25 PAUL CARTER: Yes.

1 TERRY WITKOWSKI: Okay. Thank you.
 2 BOARD MEMBER FREY: Thank you.
 3 PAUL CARTER: Oh, those aren't
 4 challenging stairs at all. I do have a couple of
 5 folders that I'll share with you.
 6 BOARD MEMBER FREY: Okay. Thank you.
 7 PAUL CARTER: Good morning, everyone.
 8 My name is Paul Carter, C-a-r-t-e-r. I am the
 9 executive director of PRIDE Omaha, Incorporated.
 10 PRIDE is an acronym for Parents Prevention
 11 Resources and Information on Drug Education, and I
 12 thank you very much for the opportunity to appear
 13 before the board and the same for all -- everyone
 14 in the audience.
 15 I think it's apparent that as you've
 16 already listened to some of the people that have
 17 spoken today that when you talk about marijuana and
 18 when you talk about the possibility of its use in
 19 the medical way that as you heard Jacqueline, it
 20 could be a very emotional position taken if you're
 21 living -- if you're listening to proponents and
 22 pro-drug people as you have the professor calling
 23 from Israel, I believe it was. You have the
 24 proponents' position, although I might comment that
 25 I wasn't sure with some of the comments from the

1 that's hard for me to say because medical marijuana
 2 is definitely an oxymoron. And I think we need to
 3 all understand that the real issue here when we
 4 talk about legalizing medical marijuana
 5 dispensaries is what kind of message is being sent
 6 to our young people, to our children, the future of
 7 this country? Is it a message that marijuana is
 8 okay because somebody can smoke it and feel better?
 9 Is it the negative druggie role model for youth
 10 that we see too many times already in the media?
 11 And the question is then, what is wrong with
 12 permitting the use of smoked marijuana for a
 13 medical purpose?
 14 Well, simply put, smoked marijuana is
 15 not modern medicine. The Food and Drug
 16 Administration in 2006 issued an advisory
 17 concluding that there is no sound medical
 18 scientific research or studies that have supported
 19 the medical use of smoked marijuana for treatment
 20 in this country. There's no animal data, there's
 21 no human data to support the safety and the
 22 efficacy of smoked marijuana for any kind of
 23 general medical use.
 24 We fully realize that there are a
 25 number of states that have passed voter referenda

1 professor whether he was a proponent or opponent
 2 because it sounded like a few of his statements
 3 were more in opposition.
 4 PRIDE, Incorporated has been working
 5 since 1978 to promote a clear, consistent no use
 6 message when it comes to drug use by young people.
 7 We are a nationally recognized organization that
 8 for 31 years has worked to change the cultural
 9 influences that encourage young children to use
 10 drugs.
 11 In this metropolitan area, we work in
 12 eight counties surrounding the greater Omaha/
 13 Council Bluffs area, including counties in western
 14 Iowa as well as in eastern Nebraska. Drug -- drug
 15 prevention for our young people is extremely
 16 important. It is so important because studies have
 17 found that children who reach age 21 without using
 18 drugs virtually are certain that they never will.
 19 Many of us know that the average age
 20 of first use of a drug is somewhere between 11 and
 21 a half and 12 years old and that every child you
 22 know is at risk to use drugs. In fact, drug use is
 23 the No. 1 problem facing young people today. So
 24 our concern are our children.
 25 Legalizing medical marijuana -- and

1 or legislative actions making smoked marijuana
 2 available for all kinds of medical conditions upon
 3 a doctor's recommendation or I might even say a
 4 medical provider's recommendation. It's not always
 5 a doctor's. And frankly, no medical doctor
 6 licensed in the United States of America sits down
 7 and writes a prescription on their prescription pad
 8 for any kind of drug you smoke.
 9 According to the FDA, these measures
 10 are inconsistent with efforts to ensure medications
 11 undergo the rigorous scientific scrutiny of the FDA
 12 approval process, and as pharmacists, you certainly
 13 recognize that.
 14 Now, we know, because there's plenty
 15 of evidentiary explanations by people that you've
 16 already heard from today, that while smoking
 17 medical marijuana in any form may allow patients to
 18 temporarily feel better, again the medical
 19 community makes an important distinction between
 20 inebriation and controlled delivery of pure
 21 pharmaceutical medication.
 22 One of your points dealt with safety.
 23 I'm going to address that in a minute because we
 24 have to be concerned about drivers in vehicles on
 25 highways with the rest of us that are stoned.

1 The Institute of Medicine, which had
 2 been mentioned by Jacqueline, concluded that
 3 smoking marijuana is not recommended. The Iowa
 4 Report declared that marijuana is not modern
 5 medicine. And again, we have to talk about smoking
 6 marijuana, which may cause serious harm to
 7 patients.

8 Since this -- since this issue came to
 9 the forefront in the Midwest and because of a
 10 statement that I was quoted making in the Omaha
 11 World Herald, I have received phone calls from
 12 quite a few states, East Coast, West Coast, as well
 13 as in middle America, and all of them have been
 14 very passionate. That's the emotion part of
 15 medical marijuana users, but we have to understand
 16 the delicate immune system in seriously ill
 17 patients may become compromised by the smoking of
 18 marijuana.

19 Daily use of marijuana compromises
 20 lung function and increases the risk for
 21 respiratory diseases, often associated with the
 22 same type of diseases related to smoking cigarettes
 23 and the nicotine drug in them.

24 Marijuana has a high potential for
 25 abuse and can incur addiction, and I would disagree

1 a little bit with the professor. I'm not sure what
 2 his medical background was. He never qualified
 3 himself or even if he has any.

4 Existing legal drugs do exist that
 5 provide superior treatment for serious medical
 6 conditions. The FDA has approved safe and
 7 effective medication for the treatment of glaucoma,
 8 nausea, wasting syndrome, which was mentioned,
 9 cancer, and multiple sclerosis. Marinol, which is
 10 the synthetic form of THC -- again, the pharmacists
 11 are knowledgeable of that -- is already a legally
 12 available drug.

13 Sometime today before you conclude
 14 these hearings, someone is going to bring up the
 15 recent Gallup poll that told you that in the United
 16 States of America, Gallup's October crime poll
 17 finds that 44 percent of Americans in favor of
 18 making marijuana legal. 44 percent of Americans
 19 are in favor of making marijuana legal, and
 20 54 percent are opposed. I've been around
 21 prevention long enough to know that those numbers
 22 have changed, and I'm going to accept that poll.

23 However, I think if you're going to
 24 accept the numbers in that poll, you also recognize
 25 and can't just deal with that without looking at

1 the numbers related to the polling of Midwestern
 2 states, which is where we reside. In that case,
 3 the numbers were 34 percent were in favor opposed
 4 to 64 percent that were against marijuana's
 5 legalization.

6 And I think when you realize that we
 7 are sitting here on Iowa soil adjacent to Nebraska
 8 and realize that we are in two states that are
 9 representative of very heavy social conservatism,
 10 and we look at that part of the poll, you will see
 11 that the numbers change again to only 27 percent in
 12 favor of legalization and 72 percent opposed.

13 Does marijuana use pose a health risk
 14 to its users? Well, absolutely. It is an
 15 addictive drug. It has significant health dangers
 16 and consequences, both short-term effects as well
 17 as long-term effects, and even the proponents in
 18 this room who are knowledgeable and have done some
 19 research could cite those short-term and long-term
 20 effects. They're not going to because that is not
 21 acceptable.

22 I have to tell you a story. I retired
 23 several years ago as a school district
 24 administrator, and I was called by a counselor and
 25 a principal in one of our urban schools to visit

1 with a third grade student. The reason they wanted
 2 me to visit with that student is that in a
 3 discussion in their third grade classroom with the
 4 teacher talking about the dangers of drugs that
 5 this young man had used terms like blunt and
 6 doobie, words that many of you are familiar with,
 7 but the students in that classroom and the
 8 counselor and the principal, while they were aware
 9 of it, didn't really understand what the
 10 significance was.

11 Upon investigation, we found that this
 12 young man was very knowledgeable because his
 13 71-year-old grandmother who was suffering from some
 14 very specific and real physical ailments had been
 15 smoking marijuana to relieve some of the effects of
 16 her illnesses -- and you have to remember, the
 17 psyche does amazing things -- had been smoking in
 18 the evening while she would sit on the couch
 19 reading for an hour or so with that third grade
 20 young man.

21 Now, everyone knows the dangers of
 22 tobacco and secondhand smoke, and again, I would
 23 challenge anyone sitting in this room to tell me
 24 that if you're sitting in that proximity that
 25 you're not going to get stoned if Grandma is.

1 Marijuana contains more than
2 400 chemicals, including most of them are
3 substances, again, found in tobacco smoke. More
4 teens today are in treatment for marijuana use than
5 for any other drug.

6 The Institute of Medicine conducted a
7 very comprehensive study, again, which was already
8 mentioned by Jacqueline in 1999 and concluded that
9 smoking marijuana is not recommended for the
10 treatment of any disease, and the Institute of
11 Medicine concluded that there is little future to
12 smoked marijuana as a medically approved
13 medication. That doesn't have any medical value.
14 Advocates like NORML have promoted the use of
15 marijuana to treat medical conditions such as
16 glaucoma, among others.

17 BOARD MEMBER FREY: Your time is up,
18 sir.

19 TERRY WITKOWSKI: If you could just
20 wrap it up, please.

21 PAUL CARTER: I will wrap up with one
22 comment beyond just the cost and the safety
23 factors. Marijuana is dangerous. It's an
24 addictive drug. It has no medical value.
25 Marijuana users are far more likely to use other

1 drugs like cocaine and heroin than nonmarijuana
2 users, and drug legalizers use medical marijuana as
3 a red herring in an effort to advocate broader
4 legalization of all drugs.

5 Thank you very much to the board, and
6 thank you for the patience of the audience. I
7 appreciated so much the head wagging and the eye
8 rolling. Thank you.

9 BOARD MEMBER FREY: Thank you.

10 TERRY WITKOWSKI: Is Shane Prokop
11 here? Brenda Peterson or Steve Gooch? Do we have
12 Speaker No. 4? Is Speaker No. 4 ready to speak?
13 Are you ready?

14 RALPH SMITH: If you had time and
15 wanted me to present some things, we could do that
16 and come back.

17 TERRY WITKOWSKI: We have other
18 speakers coming up here.

19 RAY LAKERS: Well, hello, everyone.
20 Hello, ladies. Great to see you again. This will
21 be my fourth appearance at the Iowa Board of
22 Pharmacy medical marijuana hearings here in Iowa.
23 The first thing I'd like to say --

24 BOARD MEMBER FREY: Excuse me. May we
25 have --

1 RAY LAKERS: My name is Ray Lakers. I
2 have multiple sclerosis. I'm with Iowans for
3 Medical Marijuana. I was diagnosed in 2004. I was
4 arrested in 2005 for less than a gram of marijuana,
5 and this gentleman, since you are from Nebraska,
6 you are familiar that marijuana is decriminalized
7 in Nebraska. Okay. So if I would have been in
8 Nebraska, I wouldn't have went to jail for a gram
9 of marijuana. I went to jail and did six days in
10 county in Iowa for a gram of marijuana, so that's
11 where I'm coming from.

12 BOARD MEMBER FREY: Sir, this is not a
13 debate, so please keep your comments directed to
14 the subject.

15 RAY LAKERS: Thank you. I just wanted
16 to -- thank you.

17 PAUL CARTER: Actually, if he's going
18 to get to address a comment to me, I would think
19 that the fact that Iowa has not decriminalized,
20 Iowa would pose even a greater problem for both the
21 Board of Pharmacy --

22 RAY LAKERS: It's a terrible problem.

23 BOARD MEMBER FREY: Excuse me,
24 gentlemen.

25 TERRY WITKOWSKI: Both of you. Both

1 of you. This is not a debate. We're here to
2 speak -- to allow each to speak their own piece.

3 BOARD MEMBER FREY: Yes.

4 TERRY WITKOWSKI: And therefore no
5 comments regarding another individual's comments.
6 Thank you.

7 RAY LAKERS: Thank you. Cannabis is
8 medicine. When police arrested me for marijuana in
9 Iowa, they have no concern if you're a medical
10 marijuana patient or not. All that matters to them
11 is that you have marijuana.

12 Monday in Iowa this week Gil
13 Kerlikowske, director of the Office of National

14 Drug Control Policy, specifically cited problems
15 regulating the clinics in Los Angeles that dispense
16 medical marijuana. He said the following:
17 Kerlikowski, the former chief of police in Seattle,
18 reported better results from medical marijuana law
19 in the Washington state. It was not a significant
20 problem for law enforcement in the state of
21 Washington.

22 So you know what I did? I took a look
23 at the state of Washington provision for medical
24 marijuana patients. In the state of Washington,
25 Senate Bill 6032, guidelines allowing patients to