

1 to argue your facts are biased because you're
2 looking for something to begin with, so you're only
3 looking -- you're only seeing what you're looking
4 for. You're not seeing something else.

5 I'm wondering if you can consider
6 variables such as the modulating effects of
7 chemicals of marijuana for treatment of certain
8 kinds of conditions, and also, why is it you're not
9 looking at people who have had successful treatment
10 and looking at what that's doing to their body
11 individually as opposed to saying generally "This
12 is what it will do for analgesic" or whatever?

13 To me that doesn't make sense because
14 we're all individuals. My spinal cord injury is
15 not like anyone else's, and believe me, I've tried
16 everything out there to try to maintain -- to give
17 myself relief from these problems, and I would not
18 advocate marijuana -- you know, like I said, eight
19 months ago, I wouldn't have done it. But right now
20 I'm saying it works.

21 And if it works, why synthesize the
22 drug? Why subject yourselves to this idea that the
23 pharmacy has to be involved? I don't have much
24 faith in pharmaceuticals. They haven't done that
25 much for me.

1 And I agree. Smoking, secondhand
2 smoke is a problem. So let's take it off the
3 table. Let's say -- let's use another method. You
4 can't use it in public. Okay? Let's -- let's
5 eliminate that. Let's not even talk about that
6 because what you're doing is you're creating a red
7 herring. We don't need it. Okay?

8 What we need is for this to be
9 rescheduled and then let the research flow after
10 that. Let's look at what it actually is doing to
11 people and how -- how quality of life can be better
12 for these people.

13 I mean come on. Look at the number of
14 people who are in here who are advocating for it.
15 You think this is all a hoax?

16 LLOYD JESSEN: Thank you. I need to
17 interrupt here. Dr. Herman -- no. Can you hold
18 your applause a moment, please? Dr. Herman is a
19 very knowledgeable presenter, and we could spend
20 the entire day having a dialogue with him, but we
21 can't do that. We're here today to hear from a lot
22 of people, and we had not addressed whether we
23 would allow questions from the audience, and I
24 don't see how we can.

25 I need to stop at this point and ask

1 our reporter if she was able to document who has
2 asked questions or if you need some additional
3 information at this point.

4 MADAM REPORTER: I just need the LD50
5 gentleman's name.

6 CARL OLSEN: Jeff Elgin.

7 MADAM REPORTER: Thank you.

8 LLOYD JESSEN: Thank you. We need to
9 stay our schedule, and if we allow endless
10 questions from the audience, we will not be able to
11 stay on our schedule today, so thank you,
12 Dr. Herman, very much.

13 LARRY QUIGLEY: Why didn't you let him
14 answer my question?

15 DEBBIE JORGENSEN: Speaker No. 4.

16 LLOYD JESSEN: Because you've had your
17 opportunity to speak, and we're going to proceed.

18 LARRY QUIGLEY: But I don't have a
19 microphone, and you do, so you're more important.

20 LLOYD JESSEN: We are ready for Kevin
21 Litten if he is here. All right. Then we're ready
22 for Speaker No. 4, please.

23 DEBBIE JORGENSEN: Would you please
24 state your name, at least the first name.

25 MARNI STEADHAM: Marni Steadham.

1 Thank you for your time. My name is Marni
2 Steadham. I represent an organization here called
3 the University of Iowa Students for Sensible Drug
4 Policy. Our purpose is drug policy reform.

5 Thirteen states have medical marijuana
6 on the books, and now it's our chance to kind of
7 lead the nation in getting that done. What we
8 don't want are obstructive laws and lack of
9 research.

10 Sick are being denied care or jail
11 threats due to their medication. We should not be
12 denying care because we feel that it will lead to
13 recreational use or lead to children using drugs.

14 ~~We're not advocating recreational drug~~
15 use, I just want to state. What we do want is
16 medicine instead of prisons, patients to be able to
17 have open and honest discussions with their doctors
18 without playing into politics and without having
19 someone between them and whatever their doctor
20 thinks is necessary for them for today.

21 The people think that each case is
22 different and want compassion for people, and we
23 want people to know that patients are people, not
24 just statistics or drug users, and we have this
25 stigma that's attached to that and -- which is why

1 we need this changed. Thank you.

2 LLOYD JESSEN: Thank you. Speaker

3 No. 5.

4 RAY LAKERS: Hello, everybody. My

5 name is Ray Lakers. I'm with Iowans for Medical

6 Marijuana. I was diagnosed with multiple sclerosis

7 in 2004.

8 What I came up here to Iowa City to

9 talk about today was a lot that's been in the news

10 lately, something that's called public option.

11 Okay? All the debate about health care, we cannot

12 have a serious health-care discussion without

13 medical marijuana being part of the alternative to

14 lower health-care costs and to benefit the

15 thousands of Iowans already making this choice.

16 Many more who have a condition that

17 would benefit from medical cannabis are being

18 denied the choice due to social stigmas and

19 draconian laws placed on cannabis cultivation,

20 possession, and usage that may result in job loss,

21 residency, driver's license loss, incarceration for

22 any length of time.

23 From where I stand, right in front of

24 you all, I've already taken my own public option.

25 Use of my medicine costs no taxpayer any money, no

1 insurance company any money, or any of you who

2 thinks medical marijuana is not medicine because it

3 is. It does not have to be smoked to be medicine.

4 To fight for all of my brothers and

5 sisters in Iowa who have supported me in the fight

6 to one day make medical marijuana a reality for all

7 one day in Iowa and to end the suffering and

8 incarceration of nonviolent offenders, so one day

9 access won't involve a cancer patient or a man in a

10 wheelchair or a woman with a cane being subjected

11 to a back alley deal or many scenarios that can

12 happen when dealing in a marijuana transaction, be

13 it arrest or bad medicine or no medicine.

14 So we call this the Iowa Board of

15 Pharmacy medical marijuana hearings or Medical

16 Marijuana is Great, and the Midwest has Iowa. I

17 say that because in all of the 13 states that have

18 working medical marijuana programs, their state

19 Board of Pharmacy had no involvement. Why?

20 Because this is a health issue. And going to a

21 county jail to breathe bad air, eat bad food is not

22 healthy for anyone.

23 To jail someone with a chronic

24 condition that also decided to take the same public

25 option that I did and then subject them to arrest

1 and incarceration for any length of time does

2 nothing healthy to any nonviolent man or woman.

3 In this journey over the last five

4 years, I have met many remarkable people like

5 government IND medical marijuana patient and Iowa

6 resident George McMahon who suffers from

7 Nail-patella Syndrome, a painful bone cancer in his

8 hands.

9 It is my understanding the Board of

10 Pharmacy is claiming that his condition was never

11 presented to you in the original lawsuit that

12 triggered this parade of brave men and women in

13 wheelchairs, canes, and sign language interpreters.

14 I'm sure the Board of Pharmacy knows

15 how to use the Internet. On, word for word, page 8

16 of the response to the court order for the board's

17 appearance Friday, October 9, on page 8, the order

18 states "The testimony of George McMahon, who did

19 not identify himself or his ailment to the board,

20 on July 29, 2008, his testimony was credible based

21 on his testimony that the federal government -- he

22 is in a program that supplies medical marijuana to

23 Mr. McMahon and another individual in Iowa. .

24 Marijuana has been useful to McMahon in the

25 treatment of his unspecified medical condition."

1 One would like to think the Iowa Board

2 of Pharmacy Examiners would have done their .

3 homework on the man who has testified over and

4 over, year upon year for every man's right to have

5 his choice.

6 Did you not take notice when George

7 legally smoked a joint right in the parking lot of

8 the Board of Pharmacy meeting last July? Didn't

9 you wonder what gave him that right? I've been

10 taking notice ever since I educated myself four

11 years ago that not one but two Iowans are getting

12 marijuana from our government, and they are still

13 alive and well in this program.

14 Now we are here, and I'm here bringing

15 tear after tear all of us now living in fear

16 because the state board involved in deadly,

17 poisonous, deadly, addictive medicines have zero

18 education or knowledge about medical marijuana and

19 the advancements in research not funded by the

20 United States Government.

21 Ask me to be -- respond to what the

22 National Multiple Sclerosis Society in the United

23 States has to say about medical marijuana. My

24 answer will be the position is what the MS Society

25 of Great Britain, France, Spain, and Canada have

1 determined. There is no doubt the majority of
2 multiple sclerosis patients using cannabis over
3 opioids and antidepressants all have nothing but
4 positive results, some more than others, depending
5 on their conditions.

6 Many patients prefer different
7 delivery methods that do not involve a joint or a
8 bong. There is also cooking and processing it in
9 your food and using such things as a vaporizer
10 where there is no smoke, and it removes any
11 argument about smoked medicine.

12 The new evidence that marijuana is
13 safe and effective, the International Association
14 for Cannabis as Medicine has just concluded at a
15 fifth conference on Cannabinoids in Medicine in
16 Cologne, Germany. The conferences included
17 significant new evidence that marijuana is safe,
18 effective medicine for certain conditions, some of
19 which can be found in the conference abstracts.

20 I'm just wondering if the Iowa Board
21 of Pharmacy had any representation at that
22 cannabinoids conference so they could educate
23 themselves. That would have been a very good
24 service for the State of Iowa, and we could have
25 used some of that money to do that.

1 Now, much like -- a much awaited study
2 came from the University of California San
3 Francisco where Donald Abrams, a college professor,
4 testified to the effects of adding marijuana to the
5 therapeutic regimen of chronic pain patients on a
6 long-term morphine or oxycodone therapy. Because
7 the research were crunching numbers right up until
8 the conference, the abstract didn't include a lot
9 of details, but the study shows that marijuana did
10 indeed add significant pain relief on top of the
11 already provided narcotic painkillers.

12 The scientists concluded "Cannabinoids
13 may augment the analgesic effects of opioids,
14 allowing longer treatment at lower doses with fewer
15 side effects." That's everything that a medical
16 marijuana patient or a person with a chronic
17 condition is looking forward to, fewer side effects
18 and not a bottle full of side effects on it.

19 So why would taking a highly addictive
20 poisonous FDA drug be better for me than a plant?
21 Reminds me of when the government ran a study to
22 try and prove marijuana as deadly. It took 50 tons
23 of marijuana to kill 50 lab monkeys. The monkeys
24 weren't forced to smoke the marijuana. They had it
25 dropped on them. It killed every one of them.

1 Denying individuals medical marijuana
2 must end. An endorsement of the board against
3 medical marijuana is the same as dropping a one ton
4 bale of marijuana right on top of me as I stand or
5 one of my brothers and sisters in a wheelchair.
6 Thank you. If you drop one on me, I may be in one.

7 LLOYD JESSEN: Kevin Litten.

8 KEVIN LITTEN: Hello. My name is
9 Kevin Litten. I'm a registered pharmacist in the
10 State of Iowa. My number is 17715. I'm here to
11 talk about how unfortunate it is that neither of
12 the colleges of pharmacy in the state teach their
13 students about the history and philosophy of
14 pharmacy as some other schools do. I think that it
15 would be a valuable part of their curriculum and a
16 useful thing to know as they proceed in their
17 careers.

18 If you go back to the early days of
19 pharmacy and the basic philosophy of it, it leads
20 to discuss guys like Paris Helton (phonetical), and
21 some of those old renaissance and medieval
22 scientists talked about, essentially God gave us
23 everything. It's all here on earth. All of our
24 problems we have can be answered with what we have
25 and what we know.

1 And to make certain plants illegal is
2 an affront to God, and yet some states have as many
3 as 49 illegal plants. We're talking about plants
4 like marijuana, like salvia, the opium poppy,
5 psilocybe, keule, kava, and cawe. All of these
6 plants have side effects which may not be good, and
7 they have effects which may not be good, and some
8 of them are probably outright poisonous, but they
9 have other chemicals that may be lifesaving, that
10 are possible to treat certain diseases, to help
11 people who need them.

12 Unless we make these things legal, we
13 cannot investigate them properly and fully, and
14 ~~we're unable to use them to treat our patients with~~
15 the diseases that they have.

16 By making anything illegal, you do not
17 lessen its availability, only who you buy it from
18 and how much you pay. You essentially lose control
19 over it.

20 If you look at the prohibition story
21 in the Bible in Genesis, you will see what happened
22 when Adam and Eve came across a tree that they
23 should not have -- have used. God did not form up
24 a DEA. He did not send thugs after them. He did
25 make them responsible for their actions, but we

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1 don't have the massive police state that we have
2 now.

3 Furthermore, by making these plants
4 illegal, the money that is gained from it goes to
5 support the enemies of America. It supports
6 terrorism, and it supports crime, so all of these
7 things should be made legal and controlled. They
8 should not be illegal.

9 Also, by making them legal, you could
10 have standards, and you could have research on
11 delivery system and of course, you know, the other
12 chemicals which may be in those plants that we know
13 nothing about now. We've been doing research for
14 years on anastomose and sponges and things grown at
15 the bottom of the sea, yet these plants are right
16 here in front of us.

17 We should be able to look at them and
18 decide how best to use them to help mankind. And I
19 thank you for your time.

20 LLOYD JESSEN: Thank you, Kevin.
21 Speaker No. 6, please.

22 JIMMY MORRISON: My name is Jimmy
23 Morrison, and I'd like to thank -- start by
24 thanking all of you for coming, especially the
25 board. I really appreciate you guys doing this

50

1 review.

2 I have bipolar disorder, and right
3 here I have a study saying -- that says marijuana
4 works for bipolar disorder. Some people may think
5 we should just allow medical marijuana for patients
6 who are terminally ill and who are dying, and I'd
7 just like to say that without medical marijuana, I
8 probably would not be here today due to my bipolar
9 disorder.

10 What you do when you say that
11 marijuana doesn't have medical benefit is you say
12 that it's illegal. You make me a criminal. I'm
13 not a criminal. I don't break other laws. I don't
14 do cocaine, heroin, any drugs. I don't even really

15 drink. But last year I was detained eight times.

16 Bipolar disorder brings anxiety, and
17 police encounters are obviously not something that
18 helps that. I've never been arrested even though I
19 was detained eight times. But I would like to
20 share one story with you.

21 I was with my brother who did not know
22 that I had marijuana on me. He does know I use it
23 for medical benefits, but we were in an altercation
24 with an officer, and I was detained on my knees
25 with a drug dog looking in my face, and I was

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1 searched while I had to watch a cop hold a gun
2 point-blank to my brother's head for five minutes,
3 and that is an image I will never get out of my
4 head, and so I really hope you understand how
5 serious of a situation this is.

6 Not only do I have to be a criminal in
7 the police's eyes, I can't go to a store to obtain
8 my medical marijuana. Earlier you talked about the
9 different strands of marijuana, and it basically
10 all falls into indica and sativa, but you can't
11 really determine what that is usually from just
12 getting it on the street. And you also have to
13 deal with the real criminals who are on the street.

14 And I have another story. I was
15 trying to obtain medical marijuana in a city that I
16 didn't know anybody in, so I went downtown, met a
17 couple guys, and they took me in a back alley. One
18 of them held me down and threatened to shank me,
19 and the other one repeatedly punched me in the
20 face. They took my wallet, my credit card, my
21 shoes, my socks, my shirt. It was about 40 degrees
22 outside. And they tried to spend \$3,000 on my
23 credit card. They're criminals. Those are the
24 people that I have to get my medicine from.

25 So one other thing I'd like to share

52

1 is holy anointing oil. In the Bible it refers to
2 kaneh boshm which has been traced to cannabis, and I
3 have something here that shows that as well. And
4 Jesus used it all the time. If you look in the
5 Bible, when Jesus healed people, he used holy
6 anointing oil which contains six pounds of
7 cannabis.

8 So that would be possession with
9 intent to deliver, so we like to think we've come a
10 long way in the last 2,000 years, and if pharacide
11 came, we wouldn't arrest him. We would treat him
12 with open arms. But the fact is if Jesus lived in
13 the United States, he'd be in jail the rest of his
14 life.

15 So I hope you guys will take some of
16 this into account, and if anybody would like to
17 talk to me, I have a mailing list going, and
18 Iowapatient.org is a website I started, so if you
19 have any questions, please feel free to ask. Thank
20 you.

21 LLOYD JESSEN: Thank you. Is Gail
22 Klodt here?

23 GAIL KLODT: Hi. I'm Gail Klodt, and
24 I'm not going to go into any real stories.
25 However, what I want to talk about is the issue

1 between synthetic Marinol and natural marijuana and
2 the effects.

3 The studies are out there that prove
4 that people who are being treated for serious
5 disease have improved. They have better rates of
6 successful treatment due to the delivery method of
7 marijuana, smoking, whether it be in a bong,
8 whatever, as opposed to Marinol which is a
9 synthetic drug and can actually kill you.

10 This is due to the -- the metabolizing
11 effect of a synthetic pill, which is very difficult
12 for someone to take if they're on a treatment for
13 serious disease and they're nauseous anyway as
14 opposed to being able to smoke it and
15 self-regulate.

16 The downside of that is anybody that's
17 on a chemical treatment for cancer or Hepatitis C
18 or any other thing that they need constant,
19 continuous, non-denied medications is, you know, it
20 does help the need. Yes, this is good. It helps
21 the body heal. It helps relax them. It aids in
22 sleeping, which Marinol cannot do. It simply
23 knocks them out.

24 The downside is they get the munchies.
25 You might be dealing with fatty liver disease

1 issues, everything else, but it is self-regulated.

2 Marinol is normally dismissed by
3 patients due to the intense side effects, and
4 patients are more and more finding themselves
5 having to seek out marijuana which at this point in
6 time, even though most of us do have a clue, I
7 think most of us are not opposed to using
8 marijuana. Anybody that gets sick is going to look
9 for these things because they can self-regulate.
10 No one has ever Oded on it. It does work and help
11 alleviate side effects of medical treatments, but
12 we have the legal issue.

13 The states that have allowed it for
14 medicinal use are currently fighting the federal
15 government, so it doesn't matter if Iowa does allow
16 this. What are we going to get out of it? We're
17 going to still fight the federal government.

18 Part of the problem with -- with the
19 issue if we ever do across the board in the United
20 States legalize this is, how are we going to
21 regulate it? Because there are dangers that do go
22 with marijuana smoking, depending upon how it was
23 cured, and considering that everyone that ever
24 seeks it out to use it for chemical treatment for
25 disease is basically at the mercy of dealers.

1 As with anything that you inhale,
2 there is issues of molds and everything else if
3 it's not cured properly, so you can end up with a
4 secondary problem; namely aspergillus or
5 mycotoxins, and that can lead to chronic COPD.

6 So my proposal would be -- if we can
7 ever get this nationally and get on page together
8 and get into the 21st century is we need to start
9 looking at the people that are really doing a good
10 job at growing very good marijuana and get them
11 regulated, get them inspected, and you know, let's
12 move forward into the 21st century.

13 I do not advocate using it while
14 driving. I do not advocate using it for
15 recreational purposes, but I do know, including
16 myself, that I could not have gotten through
17 48 weeks of an extremely brutal treatment,
18 including a trial drug, without being able to use
19 it, and I haven't smoked for over 20 years. I do
20 not use it at this point.

21 Recently they have been coming out
22 with more articles, the Marijuanapolicyproject.org,
23 and we're seeing more and more overdoses of people
24 that are getting a lot of narcotics for chronic
25 pain issues and other things because they're not

1 being allowed to use marijuana in tandem which has
2 been proved back in the early '90s or mid-'90s in a
3 methadone clinic. A concise study was performed in
4 a methadone clinic on Hepatitis C patients. They
5 had a higher success rate due to their moods being
6 elevated, even though they were dealing with
7 narcotic addictions. They were able to address
8 those issues, and many of those people came out
9 doing quite well and obtaining SPR.

10 I would certainly attribute that to
11 the use of being able to use marijuana freely
12 because it does have a profound effect upon the
13 mental attitude and the state of mind of a patient,
14 whether it be for Hepatitis C, cancer, multiple
15 sclerosis, or any other chronic disease or
16 something that would require a brutal chemical
17 treatment to possibly cure. Mental attitude is
18 everything.

19 And considering I finished this, I'll
20 end it.

21 LLOYD JESSEN: Gail, I've got a
22 question. Are your comments coming to us as a
23 patient then?

24 GAIL KLODT: Yes. My comments are
25 coming as a patient and also being an advocate of

1 Hepatitis C treatment and testing.

2 LLOYD JESSEN: Thank you.

3 GAIL KLODT: Anybody else before I
4 leave?

5 LLOYD JESSEN: Is Stephan Arndt here?

6 STEPHAN ARNDT: I am Stephan Arndt.
7 I'm the director of the Iowa Consortium for
8 Substance Abuse Research and the United Way at the
9 University of Iowa. I'm also a professor of
10 psychiatry, although I'm not an M.D. I'm a Ph.D.
11 and a professor of biostatistics at the College of
12 Public Health, and there's one other thing because
13 it does have bearing. I am a member of the data
14 safety management committee for NIMH and have been
15 in that position for about nine years and also for
16 the Department of Defense.

17 So I just had a couple of points. I
18 think some of the major issues in terms of the
19 benefits of marijuana are clear. There are some.
20 And we know that.

21 Now, the question is about the adverse
22 effects. And I just had really two things to say.
23 I won't be repetitious. One, we're not talking
24 about unrestricted street use here, but you know,
25 about 30 percent of the treatment admissions in

1 significant difference in serious medical adverse
2 events between marijuana and placebo. So in terms
3 of safety characteristics, I think it's pretty
4 clear.

5 As far as abuse characteristics, I
6 think that's also we don't have any long-term
7 follow-ups because these studies generally tend to
8 be short-lived and not followed up for very long,
9 but not one of the serious adverse events included
10 addiction. So there's no evidence that it causes
11 addiction, at least through some people. That's
12 not to say that there aren't problems when it's on
13 the street. I don't want to be taken out of
14 context there.

15 And that's all.

16 LLOYD JESSEN: Thank you. Do we have
17 Speaker No. 7 yet? No. 7? If not, our next
18 scheduled speaker is at 1:50, and it's 1:35 right
19 now. Why don't we take a ten-minute break.

20 DEBORAH LABEAU: Excuse me. I'm here
21 for 2:10. I can give my talk now.

22 LLOYD JESSEN: Oh, that would be fine.
23 Thank you.

24 DEBORAH LABEAU: Good afternoon. I'm
25 Dr. Deborah LaBeau. I'm an OB/GYN practicing right

1 Iowa are for marijuana abuse or dependence.

2 Now, that sounds like a lot. Iowa is
3 one of the lowest drug-using states in the country,
4 and to put that further into context, 50 percent of
5 those treatment admissions are for alcohol, and so
6 you know, weighing the alcohol versus marijuana
7 issue, alcohol wins by a lot.

8 Another statistic. Only about 1 or
9 2 percent of public -- publicly funded treatment
10 center admissions are for prescribed drugs like
11 benzodiazepines and other stimulants used for
12 prescribed uses. What that says to me is people
13 generally don't abuse the drugs that are keeping
14 them healthy.

15 So with that said, my read on the
16 adverse event situation or issues, it is true that
17 marijuana in a large meta-analysis has more adverse
18 events than placebo. However, those are adverse
19 events such as dizziness, nausea, restlessness,
20 maybe some anxiety. They're classified as the
21 minor adverse events.

22 On serious adverse events, the
23 meta-analysis -- this was done on -- published last
24 year in Canada by the Canadian Medical
25 Association -- indicates that there's no

1 now in Dubuque, Iowa, and I'm here to advocate for
2 my colleagues and my patients.

3 I was asked through a survey actually
4 whether or not I would advocate for the medicinal
5 use of marijuana, and I in my own crooked way when
6 I had checked yes on the survey and was contacted
7 by some people that asked if I would be able to
8 come in today and talk, and I thought, you know,
9 that's probably not a bad idea. They probably need
10 a little input from an M.D. on this.

11 Some of my background, I went to the
12 Uniform Services University of Health Sciences for
13 my medical degree. That's the military medical
14 school. I was an Army doctor for 15 years, did my

15 residency at Walter Reed, served my country, and
16 then went into private practice about 12 years ago.

17 And I'm advocating for the medicinal
18 use of marijuana. I think in this country there's
19 a general bias against the use of marijuana,
20 primarily because of the propaganda put out by the
21 War on Drugs. This prejudice is misleading and
22 ill-placed in a rational debate on marijuana's
23 medical advantages.

24 Because of this sordid reputation,
25 many medical professionals are unwilling to jump

1 into the debate when they understand and even feel
2 that medical marijuana has a legitimate role in
3 treating the sick.

4 I like to think that I'm speaking for
5 many of my colleagues who hesitate to come forward
6 because of this prejudice. When I polled several
7 of my fellow physicians, they confirmed this
8 belief.

9 I find it ridiculous that as a doctor,
10 I'm able to prescribe dozens of medications with
11 potent and dangerous side effects much more adverse
12 than marijuana, which is currently illegal. Some
13 examples of Schedule II drugs I'm currently able to
14 prescribe are morphine, cocaine, PCP, methadone,
15 and methamphetamine.

16 Marijuana has been relegated to
17 Schedule I status alongside heroin and LSD as a
18 drug which has high abuse potential and no medical
19 efficacy. This conclusion is patently wrong and
20 has been disabused by evidence based on scientific
21 studies which indicate that medical use of
22 marijuana has found a wide variety of applications
23 in treating the symptoms associated with chronic
24 wasting as a result of chemotherapy, HIV-related
25 neuropathy, Hepatitis C, and multiple sclerosis.

1 The American College of Physicians has
2 come out in favor of more scientific research in
3 the therapeutic role of marijuana in a position
4 paper that was published last year. Research
5 itself is tightly confined by the role of the
6 National Institute of Drug Abuse who oversees the
7 growing and preparation of research-grade marijuana
8 for medicinal use and study in this country.
9 Because of the controls effectively placed on its
10 research by NIDA, good studies have been stifled.

11 Marijuana's medicinal use has been
12 known for and used by healers for centuries. It
13 was in the U.S. pharmacopeia until 1942 when it was
14 removed after the drug was made illegal.

15 In 1997 the White House's Office of
16 National Drug Control Policy asked the Institute of
17 Medicine to investigate marijuana's risks and
18 benefits. The IOM concluded that marijuana and its
19 cannabinoids have therapeutic benefits for treating
20 many illnesses and conditions. Marijuana has no
21 physical addiction, unlike opiates and
22 benzodiazepines, and it has low lethal toxicity,
23 making it relatively safe in comparison to many
24 other drugs used today to treat pain and disease.

25 The IOM has concluded that when

1 compared with alcohol, tobacco, and cocaine
2 products, dependence among marijuana users is
3 relatively rare and less severe than that of other
4 drugs. It also found that in the sense that
5 marijuana is a gateway drug, only in the fact that
6 it normally precedes rather than follows the
7 initiation of other illicit drug use. Marijuana
8 has not been found to be the cause or predictor of
9 serious drug abuse.

10 Medical marijuana deserves a rational
11 debate in our medical community because the ones
12 who lose are the patients who would benefit most
13 from this treatment. To date, 13 states have
14 already legalized medical marijuana. I think it's
15 time for Iowa.

16 Thank you. Questions?
17 LLOYD JESSEN: Thank you, Doctor.
18 DEBORAH LaBEAU: Thank you.
19 LLOYD JESSEN: Do we have anyone else
20 who has signed up to speak? Do you have numbers?
21 DUSTIN KRUTSINGER: I'm No. 8.
22 JENNIFER HUSMANN: I'm just at
23 2 o'clock but if somebody --
24 LLOYD JESSEN: Okay. Yeah. Let's
25 take -- or do we have a No. 7? I think seven was

1 the next one up. No seven in the room? Okay.
2 No. 8 then.
3 DUSTIN KRUTSINGER: All right. Well,
4 I appreciate you guys having this hearing and
5 considering this.

6 LLOYD JESSEN: Can we have your name,
7 please?
8 DUSTIN KRUTSINGER: I'm sorry. My
9 name is Dustin Krutsinger. I appreciate you guys
10 having a hearing and thinking about this issue.

11 I'm a second year medical student here
12 at the University of Iowa. Before that I was --
13 practiced for six years as a registered nurse in
14 the critical I.C.U. here at Iowa, so that -- during
15 that time I have administered as a nurse many drugs
16 that have much worse adverse effects than
17 marijuana. Granted, it was in an I.C.U. setting
18 where we had monitors and such, but those drugs
19 were passed through the system and allowed for use
20 based on weighing a cost-benefit analysis, and
21 that's what I ask for when you consider this
22 marijuana used for treatment.

23 I ask that you take away the stigma
24 that's associated with marijuana and the history
25 behind it and look at the science. Is there a

1 medicinal use and benefit for marijuana? Is it
2 relatively safe, especially compared to other
3 medications that it would be replacing or
4 medications that would be used for similar diseases
5 or disorders?

6 And just weigh that. Forget about the
7 stigma. Weigh the cost-benefit, and treat it as
8 any other pharmaceutical drug that is coming into
9 the system for consideration. Thank you.

10 LLOYD JESSEN: Thank you. Is Matt
11 Johnson here? Matt Johnson? Okay. Then we could
12 take Jennifer.

13 JENNIFER HUSMANN: Hi. My name is
14 Jennifer Husmann. I live in Center Junction, Jones
15 County, Iowa. I'm a certified prevention
16 specialist with the Area Substance Abuse Council
17 (ASAC) with a degree in social work. My office is
18 in the Mt. Vernon schools in rural Linn County.

19 I have coordinated projects to reduce
20 alcohol and other substance abuse for the past five
21 years with eight school districts in rural Linn and
22 Jones Counties.

23 Besides providing education and
24 programs for youth and forming coalitions in each
25 community, the school projects I've been involved

1 marijuana continues to be the most abused illegal
2 drug in ASAC's five-county area in eastern Iowa
3 with both adults and juveniles and even more so
4 with the state as a whole.

5 Marijuana use has many negative
6 effects for both youth and adults, but it is
7 particularly harmful to youth because they are
8 still maturing. There is increased risk of major
9 psychological problems like depression, panic
10 attacks, and schizophrenia. I just learned about
11 the increased risk of schizophrenia and other major
12 mental illnesses myself this summer as new studies
13 came across my desk.

14 A major medical journal recently
15 reported "Cannabis use is associated with increased
16 risk of developing schizophrenia, consistent with
17 causal relation. This association is not explained
18 by use of other psychoactive drugs or personality
19 traits relating to social integration."

20 Marijuana users have more suicidal
21 thoughts and are four times more likely to report
22 symptoms of depression than people who never used
23 the drug. And I'm not going to say all the
24 sources, but I do have them here, and most of them
25 I received from the website of the Iowa Governor's

1 with include youth substance abuse assessments and
2 outpatient treatment in the schools. I'm also a
3 parent of two teenagers, ages 18 and 19 who
4 graduated from high school.

5 LLOYD JESSEN: Jennifer?

6 JENNIFER HUSMANN: Yes.

7 LLOYD JESSEN: I ask you to just slow
8 down a little bit for our reporter. It might be
9 hard for her to catch everything.

10 JENNIFER HUSMANN: Sure. I tend to
11 talk fast. Sorry. And my kids now attend college
12 in Linn and Dubuque County.

13 I'm against the legalization of
14 medical marijuana, as are my agency and coalitions.

15 Before coming here today, I requested data from
16 ASAC's data department on the drugs of choice for
17 clients seen for treatment at our agency. For
18 youth age 18 and younger, 67 percent, more than
19 two-thirds, list marijuana as their primary drug of
20 choice. Alcohol ranked second for youth.

21 For adult clients over 18, 22 percent
22 list marijuana as their primary drug of choice.
23 Marijuana ranked second to alcohol for adults
24 obtaining treatment at ASAC.

25 As in the whole state of Iowa,

1 Office of Drug Control Policy. I'm -- and I will
2 say I wasn't here for the first hour as well, and
3 I'm not a scientist.

4 But I am -- I have an immediate family
5 member with significant mental illness, and
6 frankly, the idea of increased risk of mental
7 problems in our society because of more possibly
8 sanctioned marijuana use really frightens me as a
9 parent and as a prevention specialist.

10 Smoking marijuana has been proven to
11 be more carcinogenic than smoking cigarettes, yet
12 students often get the message from the media and
13 friends that it is somehow less dangerous than both
14 alcohol and cigarettes, particularly because they
15 hear about the efforts trying to legalize medical
16 marijuana.

17 According to the National Institute on
18 Drug Abuse, smoking three to four marijuana joints
19 is as bad for your lungs as smoking twenty
20 cigarettes. Marijuana smoke contains 50 to
21 70 percent more carcinogenic hydrocarbons than does
22 tobacco smoke.

23 The former deputy director of the
24 White House Office of National Drug Control Policy
25 stated "By characterizing the use of illegal drugs

1 as quasi-legal and state sanctioned, legalizers
 2 destabilize the societal norm that drug use is
 3 dangerous. They undercut the goals of stopping the
 4 initiation of drug use to prevent addiction.
 5 Children entering drug abuse treatment routinely
 6 report that they have heard that pot is medicine
 7 and therefore believed it to be good for them."

8 States that allow marijuana to be used
 9 as medicine are more likely to have higher use and
 10 higher initiation rates. And this might be
 11 slightly outdated. It's 2008. So eight of ten
 12 states with the highest percentage of past month
 13 marijuana users also are states with medical
 14 marijuana programs. Five of the ten states with
 15 the highest percentage of new youth marijuana users
 16 are also states with medical marijuana programs.

17 Having medical marijuana legalized in
 18 a state seems to increase access to youth. And in
 19 those states where it is legal, only a small amount
 20 of marijuana dispensary customers actually have
 21 AIDS, glaucoma, or cancer, ailments for which
 22 marijuana as medicine is advocated by proponents.
 23 The vast majority of medical marijuana customers
 24 are relatively young. Almost four out of five are
 25 age 40 or younger.

1 Marijuana use has been associated with
 2 poor performance in school. One report shows youth
 3 with an average rate of D or below are more than
 4 four times as likely to have used marijuana in the
 5 past year as youths with an average grade of an A.
 6 Why would we want marijuana to be more accessible
 7 to youth at a time when we are working so hard to
 8 increase our youths' potential with their
 9 education?

10 Heavy marijuana use impairs the
 11 ability of young people to concentrate or retain
 12 information during their peak learning years. THC
 13 changes the way sensory information gets into and
 14 is processed by the part of the brain crucial for
 15 learning and memory.

16 Studies indicate marijuana may
 17 interfere with brain function and create problems
 18 with the perception of time, making the user less
 19 adept at tasks that require sustained attention.

20 There are many other increased risks
 21 for youth and adults using marijuana, including
 22 delinquency, more sexual partners, and unsafe sex
 23 and drugged driving accidents to name a few.

24 "A federal report released in 2002
 25 concluded the younger children are when they first

1 use marijuana, the more likely they are to use
 2 cocaine and heroin and become dependent on drugs as
 3 adults. Increases in the likelihood of cocaine and
 4 heroin use and drug dependence are also apparent
 5 for those who initiate use of marijuana at any
 6 later age."

7 Marijuana is often used as a
 8 stepping-stone drug leading to heroin, cocaine, and
 9 other harder drugs. In other words, people
 10 experiment with what is often thought of as a
 11 harmless drug. Then after using it for a while, a
 12 bigger high is sought. Thus, users then tend to
 13 turn to harder stuff like heroin, LSD, cocaine, et
 14 cetera. This is a particular problem because most
 15 people will not directly start abusing the harder
 16 drugs that are generally understood to be harmful.
 17 Marijuana use may simply embolden them to
 18 experiment.

19 Anytime something is made legal, it
 20 increases the accessibility to children. All too
 21 often, kids and teenagers get their hands on
 22 alcohol or cigarettes, legal drugs for adults. We
 23 shouldn't let this same thing happen with
 24 marijuana. I believe we should listen to the FDA's
 25 warning that smoking marijuana is not approved for

1 any medical condition or disease indication.
 2 There's already a prescription drug option called
 3 Marinol which isolates the active ingredient, THC,
 4 and has been studied and approved by the FDA as a
 5 safe medicine.

6 We do not need to start another
 7 problem with more people being exposed to the
 8 dangers of secondhand smoke from legalizing medical
 9 marijuana. We already have enough of a problem in
 10 Iowa with 27 percent of 11th graders reporting
 11 having used marijuana in their lifetime according
 12 to the 2008 Iowa Youth Survey.

13 Additionally, 12 percent of 11th
 14 graders reported using marijuana in 30 days prior
 15 to taking the survey. In Linn and Jones County
 16 alone, 15 percent of 11th graders reported past
 17 30-day marijuana use. This number increased
 18 significantly between the 2005 Iowa Youth Survey
 19 report and the current one.

20 In the schools I work with -- one of
 21 the schools I work with, 11th graders reported
 22 having ever used in their lifetime was as high as
 23 35 percent.

24 We are dealing with a substance that
 25 has also increased in potency significantly since

1 the '60s and '70s. The THC levels of marijuana
2 more than doubled from 2000 to 2005 alone.

3 Hazards associated with exposure to
4 THC include acute neurological effects and
5 long-term effects on brain development, the
6 reproductive system, and the immune system,
7 particularly in adolescents.

8 Finally, I believe, similar to what
9 was written in the Office of National Drug Control
10 Policy publication, What Americans Need to Know
11 About Marijuana, well-financed and organized
12 campaigns to legalize marijuana have contributed to
13 the misperception that marijuana is harmless or may
14 even have health benefits. These campaigns are led
15 not by medical professionals or patients-rights
16 groups but by pro-drug donors and organizations in
17 a cynical attempt to exploit the suffering of sick
18 people.

19 Instead of considering legalizing
20 medical marijuana, we need to continue and increase
21 a balanced approach to prevention, enforcement, and
22 treatment of all drug use. Overall drug use is
23 down by more than a third in the last 20 years.
24 Ninety-five percent of Americans do not use drugs.
25 Why would we want to wipe out our progress?

1 For all the reasons I've listed, I
2 would prefer the board not to consider any movement
3 toward moving marijuana into a lesser controlled
4 substance schedule.

5 LLOYD JESSEN: I'm sorry. Can I
6 interrupt your -- we're in control of this hearing,
7 and we will say who can and cannot ask questions,
8 and I would also like to say that each speaker
9 needs to be treated with the respect that they
10 deserve.

11 We've not heard anyone booed here
12 today who has spoken in favor of it, and I will not
13 have anyone who speaks against it be booed. So
14 thank you for that cooperation.

15 LISA JACKSON: I have no intentions
16 of --

17 LLOYD JESSEN: No. I just needed to
18 say that because I want each speaker here to be
19 treated respectfully. I won't tolerate anything
20 else.

21 LISA JACKSON: No. I agree
22 100 percent. I'm curious as to --

23 LLOYD JESSEN: And if you're going to
24 ask a question, would you please state your name
25 first.

1 LISA JACKSON: Yes. My name is Lisa
2 Jackson. I'm from Crawfordsville. I spoke
3 earlier.

4 JENNIFER HUSMANN: I didn't hear that.

5 LISA JACKSON: That's all right. You
6 missed out.

7 I have a question. What does the
8 children -- we are not here to advocate getting
9 this to children. I will agree 100 percent.
10 Children have no need. We are here because some of
11 us cannot function out of our beds without it.

12 Now, I think this is absurd to ignore
13 this stuff, but what does -- the drugs are out
14 there. The children are getting them. You already
15 stated that.

16 LLOYD JESSEN: Yeah. Lisa, I
17 appreciate what you're saying, but this is not a
18 debate. I'm sorry. We're not here to debate the
19 speakers.

20 She is here to give her view, and
21 we've asked her to come if she wanted to give the
22 board her opinion, and she's been gracious enough
23 to do that, and we thank her for that, and we are
24 not going to subject our speakers to any
25 questioning or harassment. They didn't sign up for

1 that.

2 LISA JACKSON: I didn't mean to
3 harass.

4 LLOYD JESSEN: All right.

5 JENNIFER HUSMANN: I'd be willing to
6 answer any questions outside of this.

7 LLOYD JESSEN: Thank you. And if you
8 want to continue your discussion outside of this
9 room, that's fine. But thank you so much.

10 JENNIFER HUSMANN: Because I do have a
11 main point on that.

12 LLOYD JESSEN: Is Matt Johnson here?
13 Matt Johnson. Do we have a Speaker No. 7 or 9? We
14 can take No. 9 now.

15 (Off-the-record discussion.)

16 DAVID KING: Are we going to continue
17 in the dark then?

18 LLOYD JESSEN: Yeah. Can you go
19 ahead? All right. Yeah. If you could state your
20 name.

21 DAVID KING: My name is David King. I
22 live in Columbus Junction, Iowa. And I find it
23 appropriate that we're in the Bowen Science
24 Building because for too long this whole issue has
25 been surrounded in just cynical exploitation, I