

MEDICINAL MARIJUANA PUBLIC MEETING

IOWA CITY, IOWA

TRANSCRIPT OF PROCEEDINGS

OCTOBER 7, 2009

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<p style="text-align: center;">1</p> <p style="text-align: center;">MEDICINAL MARIJUANA</p> <p style="text-align: center;">PUBLIC MEETING</p> <p style="text-align: center;">October 7, 2009, 12:15 p.m.</p> <p style="text-align: center;">Bowen Science Building, Beisner Auditorium</p> <p style="text-align: center;">Iowa City, Iowa</p> <p style="text-align: center;">Reported by: SueAnn Jones, CSR, RPR</p>	<p style="text-align: right;">3</p> <p>1 of Iowa Code Chapter 124 and because marijuana use</p> <p>2 and the use of drugs in general is a sensitive</p> <p>3 medical, social, and political issue.</p> <p>4 Any board recommendation for changes</p> <p>5 to the controlled substance schedules will be</p> <p>6 preceded by a thoughtful review and analysis of the</p> <p>7 most helpful and current scientific information</p> <p>8 available to the board.</p> <p>9 In making a recommendation to the</p> <p>10 legislature regarding marijuana, the board will</p> <p>11 consider the following 12 factors: No. 1,</p> <p>12 marijuana's actual or relative potential for abuse.</p> <p>13 No. 2, marijuana's pharmacological effect. No. 3,</p> <p>14 current scientific knowledge regarding marijuana.</p> <p>15 No. 4, the history and current pattern of abuse of</p> <p>16 marijuana. No. 5, the scope, duration, and</p> <p>17 significance of abuse of marijuana. No. 6, the</p> <p>18 risk to the public health from moving marijuana</p> <p>19 from Schedule I to a different controlled substance</p> <p>20 schedule. No. 7, the potential of marijuana to</p> <p>21 produce psychic or physiological dependence</p> <p>22 liability. No. 8, whether marijuana is an</p> <p>23 immediate precursor of a substance or some other</p> <p>24 controlled substance schedule. No. 9, whether</p> <p>25 marijuana's potential for abuse or lack thereof is</p>
<p style="text-align: center;">2</p> <p>1 P R O C E E D I N G S</p> <p>2 LLOYD JESSEN: Welcome to the third</p> <p>3 public hearing on medical marijuana. This hearing</p> <p>4 is being held by the Iowa Board of Pharmacy</p> <p>5 pursuant to Iowa Code Section 124.201(1).</p> <p>6 I am Lloyd Jessen, the executive</p> <p>7 director of the board. With me today is one board</p> <p>8 member, Peggy Whitworth, who is a public member</p> <p>9 from Cedar Rapids, and Peggy is sitting right over</p> <p>10 there. Also present today are board staff Debbie</p> <p>11 Jorgenson, who's in the front row, and Becky Hall,</p> <p>12 who is out in the hallway.</p> <p>13 SueAnn Jones of Johnson Reporting</p> <p>14 Services is serving as the certified reporter for</p> <p>15 this hearing.</p>	<p style="text-align: right;">4</p> <p>1 not properly reflected in its inclusion in</p> <p>2 Schedule I. No. 10, whether marijuana lacks a high</p> <p>3 potential for abuse. No. 11, whether marijuana has</p> <p>4 an accepted medical use in treatment in the United</p> <p>5 States. And finally, No. 12, whether marijuana</p> <p>6 does not lack accepted safety for use in treatment</p> <p>7 under medical supervision.</p> <p>8 This hearing will be held according to</p> <p>9 the following ground rules and will proceed in the</p> <p>10 following manner: Both proponents and opponents</p> <p>11 of medical marijuana will be allowed to speak. All</p> <p>12 speakers must come to the stage and speak into this</p> <p>13 microphone. Speakers must speak slowly and clearly</p> <p>14 so the comments can be accurately recorded.</p>
<p>16 The purpose of this hearing is to</p> <p>17 receive information from the public. A transcript</p> <p>18 of all comments that are received at today's</p> <p>19 hearing will be reviewed by the six board members</p> <p>20 who are not present today.</p> <p>21 Iowa law imposes upon the board the</p> <p>22 duty to periodically recommend to the legislature</p> <p>23 changes in controlled substance schedules. The</p> <p>24 board views this statutory responsibility with</p> <p>25 great seriousness, both because of the specificity</p>	<p>15 Speakers need to identify themselves</p> <p>16 on the record. They should at a minimum provide</p> <p>17 their first name. Full names and addresses would</p> <p>18 be appreciated but will not be required. If</p> <p>19 speakers are representing an organization or are</p> <p>20 speaking on behalf of an organization, they should</p> <p>21 state that before making their comments.</p> <p>22 Speakers who wish to offer exhibits or</p> <p>23 written materials to the board need to have them</p> <p>24 properly identified for our record. Testimony that</p> <p>25 references an exhibit should identify the exhibit</p>

5

1 number.

2 Depending on the number of people who

3 wish to speak at today's hearing, time limits will

4 be imposed. In general, each person will be

5 allowed a minimum of five minutes to speak. If

6 feasible, additional time may be allowed. However,

7 the board wants to ensure that every person who

8 wishes to speak today receives an opportunity to do

9 so.

10 Speakers will be called according to

11 the order on our sign-up sheet. Some speakers have

12 already reserved time prior to today's hearing, and

13 they will provide their comments as previously

14 scheduled. Some speakers have also requested

15 additional time. All requests for additional time

16 will be allowed as circumstances permit.

17 The board wishes to remind everyone

18 that this is a hearing, not an opportunity for

19 debate. We are here today to receive comments

20 concerning the medical use of marijuana. As part

21 of this process, I and/or Ms. Whitworth may have

22 questions for the speakers. Please be aware that

23 we are not here to receive comments regarding the

24 legalization of marijuana for nonmedicinal

25 purposes.

6

1 Speakers are also reminded to avoid

2 repetitious or irrelevant comments. Speakers

3 should be short and concise. Unruly behavior will

4 not be tolerated. Please hold your applause until

5 each speaker has finished making their comments.

6 In addition to receiving oral comments

7 at today's hearing, the board welcomes and

8 encourages people to submit written comments. Any

9 comments or other information received at today's

10 hearing will be public information and may be

11 referred to or referenced in reports or

12 recommendations issued by the board to the

13 legislature.

14 ~~This hearing will be in session until~~

15 7 p.m. tonight. We will take about two 15-minute

16 breaks during the afternoon. Our next and our

17 final public hearing on this topic will be held on

18 Wednesday, November 4 in Council Bluffs, Iowa, from

19 10 a.m. to 7 p.m.

20 We will now welcome our first speaker

21 who is Senator Joe Bolckcom from Iowa City.

22 SENATOR JOE BOLKCOM: Good afternoon.

23 My name is Joe Bolckcom. I'm a member of the Iowa

24 Senate. I live here in Iowa City at 728 Second

25 Avenue.

7

1 And I'd like to start by thanking the

2 members of the Iowa Pharmacy Board for coming to

3 Iowa City today to take testimony from Iowans about

4 the medical efficacy of marijuana. I would like to

5 thank the Board of Pharmacy for their leadership in

6 bringing this important issue and this sensitive

7 topic to the attention of Iowans.

8 I'd especially like to thank Board

9 Member Whitworth who's here and the executive

10 director, Mr. Jessen, for their leadership on this

11 issue.

12 Over the course of the last couple of

13 months, the board has been conducting a series of

14 four public hearings around Iowa to seek input from

15 medical professionals, patients, and the public

16 about their views on this important issue.

17 I think the work of the board is

18 important for two reasons. You are providing a

19 forum for Iowans to have their voices heard, and at

20 the same time you are educating Iowans about this

21 topic. I share your view on the need to review and

22 evaluate the research evidence on the benefits and

23 risks of marijuana use as a medical treatment. I

24 expect that we will learn much from your work.

25 This year I introduced Senate

8

1 File 293, a bill to allow a person with a

2 debilitating condition and a physician's

3 prescription to legally obtain marijuana for

4 medicinal use.

5 Since introducing the bill, I have

6 received dozens of e-mails on this topic from

7 people across our state. More than 95 percent of

8 those e-mails and correspondence have been

9 supportive of legalizing the use of marijuana for

10 certain diagnosed medical conditions.

11 I have frankly been impressed by the

12 intimate and personal medical stories I have heard

13 from people across our state who suffer daily with

14 chronic pain or chronic conditions that

15 substantially reduce their ability to live a normal

16 life free of pain.

17 This past March, a subcommittee

18 meeting on Senate File 293 was held at the state

19 capitol, and it attracted 35 people to discuss this

20 issue. There were several people that shared

21 personal stories about their trials and

22 tribulations with diseases like multiple sclerosis,

23 fibromyalgia, diabetic neuropathic gastroparalysis,

24 and their experiences with powerful prescription

25 drugs that do not address their pain and suffering.

1 I have heard from chronically ill
 2 people who have been prescribed all the most
 3 powerful narcotics available at any pharmacy with
 4 little positive effect, drugs like morphine,
 5 OxyContin, Percocet, codeine, drugs, by the way,
 6 that have powerful side effects.

7 I have heard from those who would like
 8 to use marijuana but are afraid of the legal
 9 consequences, and I've heard from people who have
 10 illegally obtained the use of marijuana for medical
 11 purposes in spite of the law.

12 I've really gained a new appreciation
 13 of the personal and extremely difficult health
 14 conditions and stress under which many Iowans live
 15 every day.

16 Your work is timely. Thirteen states
 17 have already moved to legalize the medicinal use of
 18 marijuana. This last year, fourteen -- fourteen
 19 other states across our country, legislation was
 20 introduced to do the same. Even last month, the
 21 Older Iowa Legislature voted to support legislative
 22 action legalizing marijuana for medical purposes.

23 As you have heard at your first two
 24 hearings and as you will hear today, there's much
 25 patient interest in your work. I'm hopeful that

1 after a thorough review of the research and
 2 informed input from Iowans that the board will
 3 conclude that marijuana does have medical benefits
 4 that would improve the quality of life for many,
 5 many Iowans suffering with chronic pain and
 6 conditions.

7 Thank you for being here again today,
 8 and I look forward to learning more about this
 9 topic from those that are here to provide
 10 testimony. Thank you.

11 LLOYD JESSEN: Thank you, Senator.
 12 Welcome. Our next scheduled person to speak is
 13 Kevin Litten. Is Ron Herman here? Okay. Well, we
 14 could take whoever would like to speak at this
 15 point.

16 DEBBIE JORGENSON: Do we have a
 17 Speaker No. 1?

18 LLOYD JESSEN: Anyone here identified
 19 as Speaker No. 1?

20 JOHN STAMLER: Yes. Do you want me to
 21 go up there?

22 LLOYD JESSEN: Yes, please.

23 JOHN STAMLER: Thank you. I'm Speaker
 24 No. 1. Also John Stamler.

25 LLOYD JESSEN: Can you please state

1 your name.

2 JOHN STAMLER: Yeah. My name is John
 3 Stamler. I am an ophthalmologist, M.D. and a
 4 Ph.D., and I do clinical research in ophthalmology.

5 I know you're going to hear a lot
 6 about other uses for medical marijuana, but I just
 7 wanted to put in a few words about the uses --
 8 potential uses of these substances for treatment of
 9 eye diseases, particularly glaucoma.

10 Glaucoma is -- remains a leading cause
 11 of blindness in the United States. There are
 12 millions of people who are affected with this
 13 disease who still go blind even though we have
 14 numerous treatments, but none of them are perfect.
 15 There are still people who cannot tolerate side
 16 effects or are -- or the drugs are not effective.

17 And we -- glaucoma is a disease caused
 18 mostly by a high pressure in the eye. And we do
 19 know that THC and related compounds do lower
 20 pressure in the eye and both with topical and
 21 systemic use.

22 So these -- these drugs have a lot of
 23 potential. However, they're not being researched
 24 very much, and that's primarily because --
 25 primarily because people don't see that they'll

1 ever be available for use.

2 So without being licensable for use in
 3 patients, these potentially very useful drugs will
 4 never be investigated and never be studied, and we
 5 won't find out if -- if they'll be useful or not.

6 I know as a researcher myself, I don't
 7 want to spend a lot of time in my career
 8 researching something that will never have a
 9 potential of being used. So that's my first point.

10 My second point is I think that you
 11 can trust physicians to prescribe medicines in an
 12 appropriate way. I think if -- if there are safe
 13 and effective treatments found using medical
 14 marijuana that -- that physicians can be entrusted

15 to prescribe them reasonably and -- and rationally
 16 just as we're entrusted with opiates and
 17 benzodiazepines and amphetamines and other very --
 18 drugs that have a lot of abuse potential.

19 So I'd like you to consider this when
 20 you're deliberating. Thanks.

21 LLOYD JESSEN: Thank you. Is Kevin
 22 Litten here yet? No. All right. Let's get
 23 Speaker No. 2.

24 CARL OLSEN: My name is Carl Olsen,
 25 and I live at 130 East Aurora Avenue in Des Moines.

1 And I have a CD that I want to introduce into the
2 administrative record, and there's about
3 200 scientific journal articles on here dealing
4 with the effect of marijuana on the heart in cancer
5 treatment, pain treatment, psychiatric treatment,
6 neuroprotection.

7 Patients Out of Time was going to
8 present this to you, and they were going to do a
9 summary of what it means, and they haven't done
10 that yet, and they will be doing that, but I want
11 to get this in the record right now and get it in
12 early so -- That's all I have to say.

13 LLOYD JESSEN: Thank you. Speaker

14 No. 3.

15 DEBBIE JORGENSON: I don't have one
16 yet.

17 LLOYD JESSEN: Don't have a No. 3 yet?

18 Okay.

19 DEBBIE JORGENSON: I don't think so.

20 LLOYD JESSEN: Is Kevin Litten here?

21 No. Well, then it's 12:30, and we have another
22 person scheduled at 12:50.

23 DEBBIE JORGENSON: But if they're
24 here, they can go ahead and go.

25 LLOYD JESSEN: Yeah. That would be

1 Quigley. I'm from Cedar Falls. I've lived in Iowa
2 City for a while.

3 So I'm pro marijuana for treatment,
4 medical treatment. I would say seven months ago I
5 wouldn't have been, but I have used various kinds
6 of medications to treat lower back pain spasms,
7 muscle tightness, tonic -- catatonic spasms, and on
8 my birthday in April, I was with some people who
9 had marijuana, and I tried it, and not that I
10 hadn't tried it many, many years ago, but I'd never
11 tried it for a specific treatment.

12 And what brought me to that was I went
13 online and started seeing what other people in
14 other states were doing. Apparently doctors in
15 Iowa can't recommend it. They can talk about it,
16 but marijuana has been pretty effective in
17 treatment of -- with spinal cord injury, which is
18 what I have, for certain kinds of spasms and pain.
19 So I tried it.

20 The next day I had an appointment with
21 my physiatrist. I went in and showed him that I
22 was able to move my legs around without having that
23 tightness, that spasms, and he said "I can't
24 recommend it." And he said he couldn't recommend
25 Marinol, which is a derivative of marijuana,

1 Ron Herman. Is Ron Herman here? No. So until we
2 get another speaker, we'll just be waiting. Anyone
3 in here who would like to speak who hasn't gotten a
4 number?

5 SCOTT GALENBECK: Back here.

6 LLOYD JESSEN: Okay. We have a person
7 out front who would give you a number.

8 DEBBIE JORGENSON: I'll go get it.

9 LLOYD JESSEN: Oh, okay. All right.

10 DEBBIE JORGENSON: Whenever you want
11 to, you go ahead and start.

12 LARRY QUIGLEY: Okay.

13 DEBBIE JORGENSON: Excuse me. I have
14 a favor to ask. ~~So the court reporter can hear him~~

15 well, if everyone could just keep their side
16 discussions down for right now, then --

17 LARRY QUIGLEY: Okay. Is that good?

18 DEBBIE JORGENSON: Yes.

19 LARRY QUIGLEY: I've never been to one
20 of these hearings before, and I don't really know a
21 lot of what the issue is about.

22 DEBBIE JORGENSON: Could you --
23 Excuse me. I'm sorry. Could you state your name
24 first? Could you state your first name, please?

25 LARRY QUIGLEY: My name is Larry

1 because it's -- it's -- I don't know the language
2 that well, but it's -- it's used to treat other
3 kinds of conditions. So he can't prescribe it for
4 this condition.

5 He's familiar with my history, the
6 kinds of medications I've tried to use, why I can't
7 use oral Baclofen, diazepam, or Valium. It affects
8 my cognitive processes. I don't like that.

9 For some reason marijuana did not seem
10 to bother me. The side effects of it did not seem
11 to bother me. You know, I was concerned about
12 paranoia, which of course there's paranoia as long
13 as it's illegal. You're going to be paranoid
14 because you can go to prison for using it, so you
15 know, there's a cultural aspect to using it.

16 Well, I tried it. I showed him, and
17 he just looked dumbfounded, didn't know what to
18 say. And at that same time I was getting treatment
19 from a physical therapist, and I went in, and I
20 didn't tell him about it, and he said "Wow, your
21 legs are really much looser today. I can really
22 get a much greater stretch on them."

23 And then I told him that I'd been
24 using marijuana. And -- and so then I would go --
25 when I would go in for treatment, depending on

1 whether I used it or not used it, he could tell the
2 difference in my legs without me telling him. And
3 sometimes he would ask me, and we would just refer
4 to it as the treatment.

5 And I asked him, and I asked the
6 physiatrist, to put this in their notes. Whether
7 or not they did that, whether or not they want to
8 do that, whether they would subject me to some
9 legal ramification, I don't know. But what I do
10 know is that it works for me.

11 I'm not using it right now. I can
12 show you what my legs -- how stiff they are. Won't
13 prove anything, but if you give me some marijuana
14 and I take it right now, I could show you the
15 difference. Okay? But no one is going to do that.

16 And I'm sure that a lot of people here
17 are going to be skeptical. You're not going to
18 believe what I'm saying, but it's time that -- that
19 Iowa really looked at this seriously.

20 I've thought about going to other
21 states. I would have to leave my 11-year-old son
22 here. I'm not willing to do that. I'm not willing
23 to use it illegally. So I'm going to suffer. The
24 way I can manage it now is I can spend a long
25 period of time in a horizontal position. That will

1 me some questions and I'll answer them.

2 LLOYD JESSEN: Thank you very much.

3 Our next speaker will be Lisa Jackson.

4 LISA JACKSON: Hello. My name is Lisa
5 Jackson. I live in Crawfordsville, Iowa. I've had
6 fibromyalgia for seven years. For someone who
7 doesn't know, fibromyalgia is a neurological
8 disorder with multiple chemical imbalances which in
9 part leaves us not being able to treat it with
10 opiates. We don't have any real injuries.

11 Some of the other issues that add to
12 the fibromyalgia are restless leg syndrome,
13 irritable bowel syndrome, sensitivity to light,
14 sound, touch. There are so many and -- I'm sorry.
15 I'm nervous. There are so many different things
16 that we are affected by, and because of the way the
17 chemicals react to things for us, marijuana is my
18 only option.

19 In the first year of my new life with
20 fibromyalgia, I lost my job. I had severe
21 depression. I had unbearable pain in my feet and
22 legs to the point I couldn't walk, and if I was, I
23 was crying. In the mornings the pain wakes me,
24 still to this day. I don't need an alarm clock.
25 Sleeping in because I'm tired is not an option

1 help my legs to relax, and then I can get up and
2 move around again.

3 I have trouble rolling because my
4 spasms tighten up, and I've been 28 years in a
5 wheelchair, 28 years with a spinal cord injury,
6 incomplete break, and up until 2001 or about 2001,
7 I could manage it by myself, no problem.

8 But now I'm having secondary
9 conditions from -- from long-term effects of spinal
10 cord injury. So this is the treatment that works
11 for me. It doesn't affect me mentally. Side
12 effects are not a problem for me.

13 Other side effects -- side effects of
14 other drugs are. You know, morphine puts me to
15 sleep. You know, so I think that we really need to
16 look at this seriously, and we need to open our
17 eyes to what we're saying when we say we won't
18 legalize it. We're saying we want people to go out
19 on the street and look for it themselves and treat
20 their own condition and be associated with people
21 who are going to also sell other illicit drugs,
22 heroin, methamphetamine. I mean this is a
23 money-making deal for drug dealers. Okay?
24 Marijuana is a gateway for them to more money.

25 So I don't know what else to say. Ask

1 because you can't lay still that long.

2 Laying on my stomach for more than
3 three minutes at a time, it's hard for you guys to
4 understand but will paralyze me for fifteen to
5 twenty minutes, and I thank God I have a wonderful
6 husband because I can't imagine what I would do
7 without him, the times I've -- he's had to roll me
8 over because I could not move.

9 My second year I lost my job, and the
10 fatigue and pain took everything, my income, my
11 pride, my respect, ability to function, ability to
12 bathe. I couldn't walk 14 steps upstairs to go to
13 my own bathroom without muscles in my legs burning
14 like I'd ran two miles.

15 Not counting I felt that way inside.

16 I was exhausted. It got bad enough where I
17 couldn't get out of bed. For four years I laid in
18 bed. Four years is a long time to be stuck in bed,
19 not being able to take care of small children.

20 My little girl learned to cook for
21 herself at seven because she didn't have a choice.
22 She cooks for me. About two years ago after I'd
23 tried everything -- I'd overdosed on just about
24 every opiate. I overdosed for two weeks straight
25 with not knowing it. What people don't understand,

1 well, how can you not know? Well, when pain never
2 leaves your body, mentally you think it's not
3 working. The medicine is not working.

4 Well, it was working, but it's not
5 going to take my pain away. And since it wasn't
6 working well enough to take my pain away, I quit
7 taking it. And two years ago I figured my only
8 option was suicide.

9 And after thinking about it for a
10 couple weeks, I went to my husband, and I talked to
11 him, and I have been smoking marijuana ever since.
12 And I don't regret it. My family is open-minded
13 about it. My children know about it. And I don't
14 do anything wrong. Nothing wrong.

15 The medications that I have to take on
16 a daily basis are more lethal to me and my family
17 than marijuana. You can't OD on it. You can't get
18 addicted to it, not physically. And the amount of
19 thousands and thousands and thousands of dollars I
20 gave for the opiates that have done no -- I don't
21 know what damage they've done. I really don't
22 know. I'll find out later, I guess, down the road
23 because a few of these, I still have no option to
24 take. I have to take them.

25 Fibromyalgia sufferers do have the

1 Man has not given me any medication.
2 If you had, I've taken it. I even took methadone.
3 I'm allergic. I took it for two weeks even though
4 I was allergic, hoping for the relief.

5 Until you've laid in bed and had so
6 much pain running through your body as if it were
7 running through your bloodstream, you have no idea,
8 and I can't imagine, Larry, what you go through.
9 Your pain is different. It's all different.

10 But until you've been paralyzed and
11 lost your life, you have no idea. And I will
12 continue to smoke it, and I don't have a problem
13 with it. And the 12 categories that the board is
14 looking for has been proven for years. Thank you.

15 LLOYD JESSEN: Thank you, Lisa. Ron
16 Herman. Is Ron Herman here?

17 RON HERMAN: Yes.

18 LLOYD JESSEN: Okay.

19 RON HERMAN: I'm the director of the
20 Iowa Drug Information Network here at the
21 University of Iowa College of Pharmacy, and one of
22 the things that one of my colleagues asked me to do
23 was to look into the evidence as it relates to
24 medical marijuana and its use, and so myself and
25 graduates -- senior pharmacy students, myself, as a

1 highest rate of suicide rates, and with the new
2 bill and compassion centers that we've discussed,
3 we could grow specific strains of marijuana to
4 accommodate the individuals with their specific
5 needs for its medicinal use, whether it be
6 vomiting, headaches, chronic pain.

7 The centers would also give patients
8 support that they would not get elsewhere in the
9 community. Marijuana will always be available,
10 always. And whether we choose to go out and into,
11 like Larry said, these undesirable situations that
12 we don't want to be put into. I don't want to be
13 associated with cocaine and meth or whatever. I

14 just want some pain relief. I want some relief. I
15 want to live. I want to be allowed to live.

16 I want to be allowed to be a mother.
17 I want to be allowed to be a wife, and I want to be
18 allowed to be a good person. And smoking marijuana
19 allows me to do that. Is it worth going to jail?
20 For me it is. I can either go back to bed or I can
21 smoke marijuana, and I'm not going back to bed. I
22 don't have any other options.

23 I'm a good mom. I'm a good wife. I
24 have a great relationship with my children, and I
25 should not be prosecuted for that.

1 project, we began to investigate this, and I have
2 turned into the board a summary of the scientific
3 evidence for medical marijuana use.

4 We identified 91 studies that have
5 been done that have looked at it in various
6 situations. It's all summarized. I don't have
7 time to go through 91 studies. I don't intend to
8 do that.

9 What I want to do is point out is that
10 we have identified in the tables for you tables
11 that the first table deals with -- with marijuana
12 in the context as an antiemetic. Table 2 looks at
13 it in the context of using it as an appetite
14 stimulant; Table 3 for analgesia. Table 4 goes on
15 to look at it in the context of multiple sclerosis.
16 Table 5 looks at it in the context of epilepsy;
17 Table 6 as it relates to glaucoma; Table 7 as it
18 relates to Parkinson's disease; and Table 8 as --
19 to Tourette's Syndrome.

20 Each of those tables are subdivided
21 into the various types of ways in which the
22 cannabis product can be administered. It can be
23 smoked as -- as marijuana. It can be taken as --
24 as an extract, as THC or cannabis extract. There
25 are various derivatives, cannabiniol, cannabidiol,

25

1 and then various other cannabinoids as well as
2 there's another product called Nabilone and then
3 another product that's listed in there as well.

4 And so you have the opportunity to go
5 through, and I have identified those studies. The
6 key features of each of those studies, all that has
7 been included in those 91 studies are studies that
8 are either randomized controlled trials or
9 observational studies. We did not bother to
10 include any of the case reports. There literally
11 would be thousands of case reports. We didn't use
12 any of the descriptive reports. We just identified
13 studies that provide evidence one way or the other.

14 The very last column on the right in
15 the table are some comments either made by -- by
16 the authors of each study, summarizing some of the
17 key points that they took away from that study, and
18 occasionally it is our commentary associated with
19 it.

20 Bottom line, there is evidence for
21 benefit in many of these uses. Quite often from
22 smoking marijuana there is very little benefit in
23 relationship to the potential adverse events. When
24 you look at the various extracts and certainly when
25 you develop the synthetic products, they're able to

26

1 limit some of the adverse events that are
2 associated, and you tend to see much greater
3 effect.

4 A preponderance of the studies
5 compared the particular form of marijuana to
6 placebo, to either a placebo cigarette or a placebo
7 other dosage form, and in a number of cases, it is
8 better than placebo, but most of the studies didn't
9 go the next step, which is what most medical people
10 want to know is, how does it compare with other
11 accepted treatments?

12 And so there are not a lot of studies
13 where they have done a comparison between either
14 the marijuana itself or the other agent itself.

15 You'll see more of those in the antiemetic group.
16 There's about 30 studies within that group. You'll
17 see more of the comparisons between the different
18 drugs and that, so you will see some of the
19 comparisons there, but you won't see that for a lot
20 of them.

21 Some cases, there is evidence that
22 suggests that it may be beneficial. Sometimes it
23 shows that it's not beneficial. There's not a
24 hard-and-fast rule that you can say across the
25 board. You have to look at each particular

27

1 situation.

2 In the first two pages there, we just
3 gave a little bit of the history of marijuana and
4 its use. It's been around since the year 4000 is
5 the first documented use in China. In 2700 BC,
6 they were using it a lot. Used a lot here in the
7 U.S. until it was banned in the 1800s, and then
8 there has been a resurgence since then.

9 Bottom line, you look at glaucoma, it
10 will reduce intraocular pressure but at the expense
11 of raising blood pressure, probably to the
12 detriment of the individual. So you can't say yes,
13 it works. Well, it works, but you have to look at
14 it in the context of which it's working and the
15 potential consequences, the adverse effects that
16 are associated with it.

17 So that's -- that's my contribution to
18 the board. You -- as you make a decision, you'll
19 need to weigh the evidence, and hopefully this will
20 help you, this evidence table that I've provided
21 you will help you to make some -- some decisions
22 based on that.

23 LLOYD JESSEN: Thank you, Dr. Herman.
24 I think we might have a few questions for you.
25 First of all, I want to thank you for putting this

28

1 together. This will be very helpful to us as we do
2 our review.

3 Can you also tell us what your
4 educational background is? I know you've got a
5 Ph.D., but can you tell us what your degrees are?

6 RON HERMAN: Bachelor of science in
7 pharmacy here in '76, master's in hospital clinical
8 pharmacy, and then a Ph.D. in pharmacokinetics from
9 here so --

10 LLOYD JESSEN: Great. Thank you. Do
11 you have an opinion as to what the best route of
12 administration is for patients who use medicinal
13 cannabis?

14 RON HERMAN: Well, the vast majority,

15 as I went through and looked at the studies, when
16 it's inhaled, whether it's -- it's through the
17 products that are actually put into inhalers or
18 whether it's smoked, there tends to be more adverse
19 effects, especially if it's not a purified product.

20 The little handout there states there
21 are 60 -- there are 400 known chemicals isolated in
22 the cannabis plant, and 60 of those are grouped
23 under the cannabinoids. So you know, there are a
24 lot of different alkaloids in there. Some of them
25 are producing your beneficial effects; some of them

1 are producing your adverse effects.
 2 So if you're using one of those
 3 products that's the THC/CBD combination for
 4 inhalation, again, you're running the chance of
 5 having more adverse effects when you're using that.
 6 The purified Nabilone product, the one that is
 7 produced by the FDA and on the market, that one
 8 tends to have fewer side effects, at least of the
 9 psychotropic variety of side effects.

10 LLOYD JESSEN: Another question I've
 11 got is if Iowa were to approve cannabis for medical
 12 purposes, do you see a role for pharmacies and
 13 pharmacists in the dispensing of it?

14 RON HERMAN: I would -- I would say
 15 just with any other -- as any other medicine is
 16 distributed, I would see it appropriate that
 17 whatever schedule it's placed in and be processed
 18 in that way just as the pharmacy would process
 19 anything.

20 I don't know that there needs to be a
 21 special new category created, but I think there's
 22 appropriate -- now, there are a number of countries
 23 that do have a second tier of drugs that -- that
 24 are dispensed only by pharmacists, but I don't
 25 think that this is something that would necessarily

1 fit in that category.

2 LLOYD JESSEN: Oh, we have our
 3 assistant attorney general with us today, Scott
 4 Galenbeck, and he's got a question.

5 RON HERMAN: I do have a couple extra.
 6 Do you need more? Wasn't sure how many.

7 BOARD MEMBER WHITWORTH: Appreciate
 8 it. Thank you.

9 SCOTT GALENBECK: If I understand your
 10 testimony, there is more than one kind of marijuana
 11 that we're talking about or marijuana products, so
 12 would there -- if there were medical marijuana
 13 available, would it have to be five different
 14 products useful in five -- for five different
 15 disease states, or what's your response to that?

16 RON HERMAN: Well, I would think that
 17 over the course of time at least that the best way
 18 to approach that is to identify the specific
 19 substance that targets the effect that you want.

20 If you want to relieve -- you want
 21 analgesic relief, then there's certain receptors
 22 you want to target, so you're going to try and
 23 focus and give the drug that's most specific that
 24 binds the most to that target receptor and -- and
 25 has less of the other substances that will abind to

1 the sites in the body that are going to produce the
 2 various adverse events.

3 So again, I would think ideally you
 4 would want to continue to pursue the research and
 5 identify out of those -- those 60 different
 6 cannabinoids, which are the ones that are
 7 responsible for relieving -- you know, providing
 8 analgesia. Which ones are responsible for stopping
 9 the emesis, the vomiting that you see so often in
 10 cancer, chemotherapy. And this can be quite
 11 effective for that, and some of the derivatives
 12 that they're developing are focusing specifically
 13 on that.

14 So ideally, I would see that as -- as
 15 the way to go. Yeah. I have some biases, but I
 16 don't want to introduce those. I want to try to
 17 stay on the facts. Yes.

18 CARL OLSEN: Do you see a cost
 19 involved in developing those drugs in a time span
 20 and a sponsor or somebody to push it through to get
 21 those things created and approved and on the
 22 market, and what would they end up costing when
 23 they actually do make the market?

24 And the reason I'm asking that is
 25 because people that grow marijuana have very little

1 expense, and they don't have to wait for a
 2 pharmaceutical company to get interested in it, so
 3 that's my --

4 RON HERMAN: Yeah. You know, there
 5 definitely will be costs associated with all that.
 6 You know, a lot of that's going on. If you go
 7 through those 91 studies, and in that table I
 8 listed where all of those studies were done, and
 9 over 50 percent of those 91 studies were done
 10 outside the United States. So Germany, Brazil,
 11 Great Britain, a lot of places are looking at this.

12 A lot of companies have these
 13 chemicals in process and developed, you know, in
 14 the development stages, so some of them are not
 15 very far away, I'm guessing.

16 CARL OLSEN: Is that research going on
 17 outside the United States because the United States
 18 makes it too difficult to do that research?

19 RON HERMAN: Probably not, although it
 20 might be a factor. There's a lot of research -- a
 21 lot of our drugs that make it on the market
 22 sometimes hit the market in Europe before they do
 23 here, just because of the process, and there's --
 24 there's -- there are definite reasons that the U.S.
 25 has procedures, you know, safeguards in the drug

1 development process.

2 There have been a number of agents
3 that have been fast-tracked and have resulted in
4 very dangerous situations to people in recent
5 years, and so you know, the U.S. takes a very
6 strict control of that process trying to avoid
7 potential dangerous products making it on the
8 market.

9 CARL OLSEN: Do you think people that
10 jump the gun and use the plant should be put in
11 prison?

12 RON HERMAN: That's something I'm --
13 I'm not going to even get into that moral issue.

14 CARL OLSEN: That's okay. That's
15 okay. Just rhetorical question.

16 JEFF ELGIN: What is the LD50 factor
17 for cannabis?

18 RON HERMAN: I cannot tell you that
19 off the top of my head. I would have to look that
20 up. I'm sure it's -- it's --

21 JEFF ELGIN: It's off the chart --

22 RON HERMAN: -- published.

23 JEFF ELGIN: -- to save you some time
24 in the direction of safety.

25 RON HERMAN: Yeah. As far as

1 physiologically causing damage to the --

2 JEFF ELGIN: The body.

3 RON HERMAN: -- the person, the
4 individual or the animal?

5 JEFF ELGIN: Right, exactly.

6 RON HERMAN: In some cases the animal
7 is where that's determined.

8 JEFF ELGIN: Thank you.

9 SCOTT GALENBECK: Dr. Herman, I have
10 one more question that I didn't get to ask you
11 before.

12 RON HERMAN: Uh-huh.

13 SCOTT GALENBECK: Now, one of the
14 things I'm -- I think I'm going to take away from

15 your comments today is that somebody who -- for
16 example, we had a speaker earlier who was using
17 marijuana for her fibromyalgia.

18 What you're -- is it fair to say that
19 your testimony is that she may be achieving some
20 success in treating her disease state with the
21 marijuana that she is using, but there may be a
22 consequence to that that she doesn't understand or
23 isn't being measured?

24 RON HERMAN: Yeah, exactly.

25 SCOTT GALENBECK: So there may be

1 successful treatment on one hand, but there may be
2 a downside that she's not aware of.

3 RON HERMAN: Yeah, and -- and again,
4 if you're smoking it and it's in a public place,
5 other people are being exposed to -- to that as
6 well, at least -- at least the tars and the
7 nicotines that are being produced. And so yeah.
8 There are definitely other consequences that --
9 with it.

10 But if you go through that analgesia
11 table, there are some of them that shows that it is
12 quite effective in certain types of analgesia when
13 it's compared to placebo. When they compare it to
14 some of the other analgesic agents, sometimes it's
15 no better than codeine. And some of the side
16 effects are a little bit, you know, higher relative
17 to codeine.

18 But you know, again, it's -- every
19 study is a little bit different and looks at it
20 slightly different, but you know, the board will
21 just have to carefully weigh all that evidence.
22 They'll have to look at all those studies.

23 SCOTT GALENBECK: And then one last
24 question. Dr. Stamler suggested that additional
25 research was needed, and the other thing I would --

1 I think I would take away -- correct me if I am
2 wrong -- take away from your remarks is that
3 additional research relating to marijuana may
4 identify the correct cannabinoids --

5 RON HERMAN: Yeah, cannabinoids.

6 SCOTT GALENBECK: -- to treat certain
7 disease states.

8 RON HERMAN: Yeah.

9 SCOTT GALENBECK: Without negative --

10 RON HERMAN: Without having all of the
11 adverse consequences that you get from -- from
12 using the, you know, product with all
13 60 cannabinoids and the other steroids and sterols.
14 There are other steroids in -- in the cannabis

15 plant as well, and you are being exposed to those
16 in addition to --

17 SCOTT GALENBECK: Thank you very much.

18 RON HERMAN: Yes.

19 LARRY QUIGLEY: You talked about
20 trying to synthesize different drugs from
21 marijuana.

22 RON HERMAN: Uh-huh.

23 LARRY QUIGLEY: The stuff that I've
24 been reading, I know you don't like testimony
25 because you believe they're not facts, but I'd like