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# Getting high isn't the point

I'm not sure who I expected to see testify for legalizing medical marijuana at last week's public hearing. But I confess, some Woodstock-type images crossed my mind. You know: Deadheads in tie-dye, mellow and giggly, and looking for munchies.

I also expected proponents to use this as the first step toward recreational legalization.

But no one was building a general pot-legalization case in Wednesday's testimony before the Iowa Pharmacy Board. People were talking about illness.

As for my stereotypes: I saw a few guys with long hair and jeans. I also saw disabled people in wheelchairs. I saw Joseph McSherry, a neurologist with a B.A. from Harvard, who'd flown in from Vermont with graphs and charts. There was Patricia Reynolds, whom I didn't see, but I read her testimony. She's a lawyer who discovered in the early '90s, when her teenage daughter developed leukemia, that marijuana eased her nausea and pain.

I saw Ray Lakers, a 42-year-old with Iowans for Medical Marijuana who has multiple sclerosis. He testified that opiate painkillers left him lethargic, while smoking marijuana helped him hold a job.

I expected to hear how getting high takes your mind off the sickness. But what I heard was that getting high isn't the point; marijuana contains substances that reduce nausea and pain.

What's more, many, like Lakers, said without it they are forced to use more debilitating (but medically legal) drugs, such as morphine, which simply distract them.

Most of Dr. Alan Koslow's patients are on anti-depressants and sedatives, which make them nonfunctional, testified the Des Moines vascular surgeon. Patients who have used marijuana illegally have had decreased pain and nausea, he said. "It is one of the safest, most effective medications that we have for a lot of these conditions."

If that's true, then those with chronic, debilitating illnesses — including Crohn's disease, cancer, AIDS and epilepsy — are left with an untenable choice in Iowa: Rely on opiates that leave them groggy or obtain marijuana illegally and risk arrest. In 13 other states, medical marijuana is legal.

But proponents face an uphill battle. Research and advocacy for a drug are typically done by a drug company seeking FDA approval. Those making the case here are not seasoned pharmaceutical lobbyists. They're sick people, who might even sound combative.

Many people still associate marijuana with other illegal activity, though there was statistical testimony that it doesn't lead to the crimes or fatalities that cigarettes, alcohol or other street drugs do.

Gary Young, a retired county health official now representing the Iowa Elks Association's drug-awareness program for youth, worries that legalizing it would help it get in the hands of young, recreational users.

After three more hearings, the pharmacy board will make a recommendation to the Legislature. Of course, even legalizing marijuana under these narrow conditions would require quality controls and safeguards over distribution. I haven't seen all the scientific research to be able to conclude for certain that the good outweighs the bad. But it sure sounds as if it does. I do know the easiest, least-controversial course is for the board to do nothing, and there's probably pressure to go that way. Most people still view marijuana as just an illegal drug. And the sad truth is that those urgently seeking a change have little clout.

That makes it incumbent on the board to put patients' welfare first: Carefully examine the data and other states' experiences, and issue an independent finding. That may take courage.