

April 8, 2010

Oregon Board of Pharmacy  
800 NE Oregon St. #150  
Portland, OR 97232-2162

Dear Members of the Oregon Board of Pharmacy,

My name is Christine McGarvin and I am the Vice-Chair of the Advisory Committee on Medical Marijuana for the DHS/Oregon Medical Marijuana Program. Our task, as set out by OAR 333-008-0110 is to “advise the Director of the Department on the administrative aspects of the OMMP, review current and proposed administrative rules of the program, and provide annual input on the fee structure of the program.” In addition to being the Vice-Chair of the ACMM, I have a Master’s degree in Social Work, with an emphasis on mental health and addictions. I am also the President of the Board of Directors of the newly established 501(c)(3) research organization called the Institute for Cannabis Therapeutics.

I have spent much of the last three years traveling up and down I-5, talking with patients, caregivers, and growers; educating members of the public on the therapeutic benefits of cannabis; and interviewing many of the individuals responsible for passing the OMMA in 1998 for a book I am writing called *Cannabis at the Crossroads: The Oregon Pipeline*.

I presented my testimony to you at your board meeting on Wednesday, April 7, 2010. Here is the written version for your reference.

#### Current Social & Cultural Awareness of Cannabis

As you are well aware, public acceptance of marijuana is on the rise. Julie Holland, Professor of Psychiatry at the NYU School of Medicine told the NBC Today Show audience that 100 million Americans have tried cannabis – 25 million of them over the past year. The most recent National Survey on Drug Use and Health shows that 10.6 million women used marijuana in 2008. A 2009 article in the popular women’s magazine *Marie Claire* conducted a survey of their readership and concluded that 8 million professional career women regularly use cannabis in the evenings to relax without fear of being incapacitated – something that often occurred when alcohol was used instead. In 2009 A Gallup poll showed that 44% of Americans favor legalizing cannabis. Economist Jeffrey Miron estimated that the legalization of cannabis would annually create in the United States a \$13 billion market, bring in \$7 billion to state and federal coffers from tax revenues, and save \$13.5 billion in law enforcement costs.

Closer to home, you will find that in Oregon as of April 1, 2010, there are 36,107 medical marijuana patients, 18,561 patients have caregivers (caregivers may have more than one patient), and at our last ACMM meeting on March 29, 2010, Aaron Cossell of the OMMP reported that there are approximately 18,000 growers who are not patients. In my testimony to the Board of Pharmacy, I stated there are at least 60,000 medical marijuana cardholders in Oregon – a very conservative estimate of actual individuals legally possessing and growing cannabis in Oregon. Tawana Nichols, MPA, and Program Manager for the OMMP reported that the program has grown by 54% in the last year, and they are currently processing 1000 applications every week. Add that roughly 25% of the licensed physicians in Oregon have signed patient application forms ( $n=3,297$ ).

Fifteen states have legal cannabis programs: Alaska, California, Colorado, Hawaii, Maine, Maryland, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington. In Washington, Governor Christine Gregoire recently signed SB 5798, adding physician assistants, naturopaths, advanced registered nurse practitioners and others to the list of professionals who can officially recommend cannabis for patients. The *Wall Street Journal* reported last month that the number of applications to Colorado's program has skyrocketed to 60,000 and that they are processing approximately 400 applications a day.

### Medical and Scientific Evidence

The American Medical Association sent a report (Report 3 of the Council on Science and Public Health – Use of Cannabis for Medicinal Purposes) to the federal government in November 2009 asking them to

1. Remove cannabis from Controlled Substance Act (CSA) Schedule I
2. Cease criminal prosecution against physicians and patients
3. Reverse the Executive Order that makes it illegal for physicians to prescribe or advise cannabis for their patients

This report (which I have supplied in full to the Board of Pharmacy) discusses the Endocannabinoid System as cannabis receptors widely dispersed throughout the human body modulating the activity of Neurotransmitters, immune regulation, tissue and organ function, appetite regulation, energy metabolism, obesity and other metabolic abnormalities, pain and inflammation, gastrointestinal motility, central nervous system disorders, neurotoxicity, neuroinflammation, and neuroprotection.

I encouraged the Board of Pharmacy members to give special consideration to the written testimony provided by the following individuals:

**Dr. Richard Bayer**, a Board-certified internal medicine doctor who specialized in hospital intensive care drug overdoses, medical cannabis expert for both criminal and civil court cases, consultant to Riverside Psychiatric Hospital, and Chief Petitioner of the OMMA in 1998 recommends CSA Schedule 4 or 5 and provides the following insights:

1. Cannabis abuse is RARE compared to polydrug abuse with alcohol, which causes the most severe harm
2. Alcohol is responsible for breaking apart families, and tobacco kills the most people
3. Schedule 4 may be inappropriate because there is no intravenous use of cannabis

**Mark Miller**, a drug and information specialist for 35 years in Oregon, Director of the University of Oregon Drug Information Center (a state program running under the auspices of the National Institute of Drug Abuse) for 14 years, and Research Associate at the Oregon Health Sciences Medical Informatics Department, has provided drug education to the Oregon State Board on Police Standards and Training, the US Coast Guard, and the Drug Enforcement Agency. His testimony reminds the Board of Pharmacy members that a similar situation happened in 1978, when the Oregon Legislature passed a bill requiring a Committee on Controlled Substances (made up of State Board of Pharmacy members) to determine whether cannabis and other controlled substances were correctly scheduled because the Oregon legislature had passed the 1973 Cannabis decriminalization of possessing small amounts and wanted to make sure there was sound scientific reasons for classifying cannabis. The Committee on Controlled Substances recommended back then that Cannabis be moved to a Schedule 5.

### Following Legislative Criteria

**Laird Funk**, also a member of the Advisory Committee on Medical Marijuana and Chair of the ACMM Legislative Advisory Committee, provides in his testimony a very clear overview of the Oregon Statute and OAR 855-080-0020 criteria to be considered:

1. Accepted medical used
2. Potential for abuse
3. Types of problems that could be expected if there was abuse

Mr. Funk makes it clear that in no way has the Board of Pharmacy been asked to consider the criteria regarding a tightly controlled distribution system as was suggested by members from Law Enforcement.

### Conclusions

Based on the testimony of the above mentioned experts and the findings and recommendations of the American Medical Association we can conclude that:

1. Objective medical and pharmacological evidence exists showing cannabis does indeed have therapeutic properties
2. Cannabis does NOT produce life-threatening withdrawal symptoms
3. There are no adverse public health impacts related to mortality from cannabis

***Therefore classification of Cannabis in the Controlled Substances Act should be changed to Schedule 5.***

It is no understatement that as members of the Oregon Board of Pharmacy, you each have a difficult task before you, and I offer you the words of Aristotle: "Courage is not the absence of fear, but how you react to it." In the context of rapid communications through social media and the Internet, you must consider how your decisions will be judged now, and five years from now. I encourage you to rely on your own moral courage to face this difficult task with firmness of spirit. You have the opportunity to set things right, to weigh the evidence, support the truth, and avoid falling prey to the "Reefer Madness" stereotypes that have suppressed the truth about cannabis medicine for more than seven decades.

Thank you for your time and consideration,

Most sincerely,  
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