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Karen MacLean, Rules Coordinator  
Board of Pharmacy  
800 NE Oregon St., Suite 150  
Portland, OR 97232

RE: Rescheduling of Cannabis

Ms. MacLean,

I would like to submit my statement for the rescheduling of cannabis. I would like to recommend that cannabis be removed from the Schedule of Controlled Substances in Oregon, and I would like to explain why. While you may feel that this is an extreme stance, it is a well-founded stance based on facts and scientific literature, and that, with a sincere inquiry, it is the only logical outcome of your review process.

First, I would like to point out that it defeats the purpose of a thorough and scientific rescheduling inquiry to limit the categories that cannabis can be rescheduled to, as the Governor's order does, by insisting that cannabis be rescheduled in Schedule II through V; a scientific inquiry should evaluate all possibilities. At the federal level according to Title 21 of the United States Code, the Controlled Substances Act, when a rescheduling is undertaken, all possibilities are considered and science and facts are supposed to determine the outcome. The CSA requires that one considers the possibility that the drug in question may be removed from the scheduling, if the inquiry finds that this is the appropriate action.

If science and facts are used to determine the outcome of the rescheduling within Oregon, cannabis should be removed from the scheduling process all together, as it does not fit any of the suggested categories. As I understand our State laws, a similar process should be undertaken by the Oregon Board of Pharmacy when determining where to schedule cannabis – and the Board of Pharmacy should remain open to the possibility that cannabis doesn't belong in the list of controlled substances at all. I see nothing in the State law to contest this view, and when I questioned Mr. Gary Schnabel on why he felt that it was not possible to remove it from the list of controlled substances, he responded on April 14, 2010 with:

Jennifer,

Thank you for your acknowledgment. We are looking into your question about the BOP's authority to unscheduled a drug. The BOP has never considered this as an option.

When determining where to reschedule marijuana, the Board of Pharmacy has been asked to consider the following factors, according to ORS 475.035:

- scientific knowledge available
- pharmacological effects
- patterns of use and misuse
- potential consequences of abuse

- consider the judgment of individuals with training and experience with the substance.

In considering the state's criteria for rescheduling cannabis, the only logical conclusion is to remove it from the scheduling all together. If we evaluate these factors, even the "worst case scenario" situation detailed by any literature or scientific review assures us that cannabis is far less harmful than those substances in Schedule V, and although cannabis is widely used, abundant use does not equate to abuse – if it did, we would be outlawing water as a highly abused substance!

The more study that has been done on cannabis, the more we are learning about the potential for beneficial outcomes from use. Further, the more study that has been done on cannabis, the more we are learning about the LACK of harm to the individual or society.

### **Scientific Knowledge Available**

Beneficial consequences of use of cannabis have been shown to include reduction in tumor growth. A 2007 Harvard University study found that tumor growth was reduced by 50% in mice implanted with lung cancer cells, and then dosed with THC:

In the present study, the researchers first demonstrated that two different lung cancer cell lines as well as patient lung tumor samples express CB1 and CB2, and that non-toxic doses of THC inhibited growth and spread in the cell lines. "When the cells are pretreated with THC, they have less EGFR stimulated invasion as measured by various in-vitro assays," Preet said.

Then, for three weeks, researchers injected standard doses of THC into mice that had been implanted with human lung cancer cells, and found that tumors were reduced in size and weight by about 50 percent in treated animals compared to a control group. There was also about a 60 percent reduction in cancer lesions on the lungs in these mice as well as a significant reduction in protein markers associated with cancer progression, Preet says.

American Association for Cancer Research (2007, April 17). *Marijuana Cuts Lung Cancer Tumor Growth In Half, Study Shows* accessed from:  
<http://www.sciencedaily.com/releases/2007/04/070417193338.htm> on May 17, 2010.

Another study showed that frequent cannabis smokers were no more likely to get head and neck cancers or lung cancer than non-smokers. The study found a "20-fold increased risk of lung cancer in people who smoked two or more packs of cigarettes a day." Yet, the study found no correlation at all between marijuana use and an increased risk for any of the cancers studied. The study concludes by suggesting that further research needs to be completed and to "obtain detailed marijuana exposure assessment, including frequency, duration, and amount of personal use as well as mode of use (smoked in a cigarette, pipe, or bong; taken orally)" that such research should be done in a legal environment for cannabis use.

*Epidemiologic review of marijuana use and cancer risk*  
Mia Hashibe, Kurt Straif, Donald P. Tashkin et al. Accessed from:  
<http://www.ukcia.org/research/ReviewOfMarijuanaUseAndCancerRisk.pdf> on May 17, 2010.

Yet another study shows that THC can be utilized to selectively kill cancer cells and leave

healthy cells intact, unlike chemotherapy, which kills healthy cells and cancerous cells indiscriminately:

These findings describe a mechanism by which THC can promote the autophagic death of human and mouse cancer cells and provide evidence that cannabinoid administration may be an effective therapeutic strategy for targeting human cancers. *Cannabinoid action induces autophagy-mediated cell death through stimulation of ER stress in human glioma cells*, American Society for Clinical Investigation, Volume 119, Issue 5 (May 1, 2009) accessed from: <http://www.jci.org/articles/view/37948> on May 17, 2010.

### **Pharmacological Effects**

The Pharmacological effects are difficult to ascertain due to the status of marijuana as a Schedule I drug. While reducing the scheduling of marijuana may open up some further opportunity to develop research into the potential benefits and risks of marijuana, the current evidence points to no long term risk with use and many potential benefits of use. Based on these findings, marijuana should be removed from the Schedule of Controlled Substances and openly studied throughout Oregon without the current constraints. Placing marijuana into a different schedule is not likely to open up the necessary research to prove the efficacy of marijuana, or to demonstrate the potential risks, since marijuana grows naturally and doesn't fit into the sterile environment presumed under FDA guidelines. Removing marijuana from scheduling would open up broad opportunities to study the benefits and risks, and should science demonstrate increased harm – the Board of Pharmacy is empowered to alter these findings at a later date if necessary, with the benefit of knowledge and science to back up the decision at that time.

Further, research findings have indicated that the potential harm associated with marijuana, if such harm exists, is due to the method of administration – primarily smoking. While smoking is clearly not the desired mode of delivery from a medical standpoint, the prohibition of legal cannabis makes it extremely difficult to utilize other modes of delivery. Tinctures, oils, edibles and other forms of extraction to create a method of delivery that does not involve smoking the marijuana requires substantial quantities of marijuana to produce. By restricting marijuana through scheduling it as a Controlled Substance, we are in effect encouraging the smoking of marijuana – the least desirable mode of delivery medically speaking.

The Board of Pharmacy has as its mission statement “to promote, preserve and protect the public health, safety and welfare by ensuring high standards in the practice of pharmacy and by regulating the quality, manufacture, sale and distribution of drugs.” By minimizing the production of marijuana and attempting to strictly regulate the use of marijuana, the Board of Pharmacy would be continuing the status quo of encouraging users of marijuana to engage in the least medically acceptable mode of use for the natural cannabis plant that has shown no clear proof of harm; or, the alternative, to rely on pharmacological, lab-created substitutes that often have significant harms. In contrast to natural cannabis, dronabinol (Marinol, the synthetic THC that is currently available as a substitute for SOME of the uses of marijuana, but not all) is created with sesame seed oil, which many people are allergic to, and allergies to sesame seed oil appear to be on the rise:

Doctors monitored published reports of allergic reactions to sesame products from 1950 (the first documented case of an allergic reaction to sesame) to the present. They noted that a study of Australian children showed that allergic reactions to sesame

ranked fourth behind reactions to egg, milk, and peanuts, and sesame was the third most common allergy-inducing food in Israeli children. Sesame products in cosmetics and ointments have been reported to cause allergic dermatitis, an inflammatory condition of the skin. Workers in the baking industry have also developed allergic reactions (including asthma) to sesame products. Fatal anaphylactic reactions (severe reactions that include swelling of the airways and difficulty breathing) have also occurred with sesame.

Melissa Conrad Stoppler, MD, *Sesame Seed Allergy: A Growing Problem?* Last Editorial Review: 8/11/2005 accessed from: <http://www.medicinenet.com/script/main/art.asp?articlekey=52926> on May 17, 2010.

### **Patterns of Use and Misuse**

In Oregon as of April 1, 2010, roughly 89% of medical marijuana patients used marijuana for “severe pain.” Overall marijuana rates of use across the US were studied and compiled in 2005 by the National Survey on Drug Use and Health. The study found that use rates varied from state to state, but were as little as 2.3% to as high as 12.2% (*The NSDUH Report*, June 16, 2005 accessed from: <http://www.oas.samhsa.gov/2k5/substatemj/substatemj.htm> on May 17, 2010). Although some claim that the illegal nature of marijuana results in dramatic underreporting of actual rates of use, the one thing that remains completely clear is that not a single death has resulted from overdosing on marijuana, and an overwhelming majority of Oregonians seem to find marijuana beneficial for pain relief.

Marijuana use statistics stand in stark contrast to the statistics on the use of prescription drugs for pain. A recent USA Today article reported that:

Addiction to prescription painkillers — which kill thousands of Americans a year — has become a largely unrecognized epidemic, experts say. In fact, prescription drugs cause most of the more than 26,000 fatal overdoses each year, says Leonard Paulozzi of the Centers for Disease Control and Prevention.

The number of overdose deaths from opioid painkillers — opium-like drugs that include morphine and codeine — more than tripled from 1999 to 2006, to 13,800 deaths that year, according to CDC statistics released Wednesday.

Liz Szabo, *Prescriptions now biggest cause of fatal drug overdoses*, Updated 10/2/2009 accessed from: [http://www.usatoday.com/news/health/2009-09-30-drug-overdose\\_N.htm](http://www.usatoday.com/news/health/2009-09-30-drug-overdose_N.htm) on May 17, 2010.

Clearly, the strict regulation of opioids does not prevent the misuse of the drugs or harm from use of the drugs. While one could argue that the high rates of use of marijuana are indicative of the need for retaining the scheduling of marijuana in the Schedule of Controlled Substances, a more compelling argument could be made for the reduction in harm by making marijuana more readily available for pain relief for a variety of ailments to minimize the risks associated with other drugs. Without any evidence of harm from the use of marijuana and the growing acceptance of marijuana as effective for the management of pain and reduction in reliance on pharmaceutical drugs – it could easily be argued that the Board of Pharmacy would be best serving its mission by removing marijuana from the list of controlled substances and thereby reducing reliance on pharmaceutical drugs with clearly demonstrated

risk and harm, and allowing for the furtherance of study of marijuana's benefits and risks.

### **Potential Consequences of Abuse**

Currently, the only evidence of the potential consequences of abuse of marijuana have been the results of incarceration, court proceedings, exclusion from the work-force due to drug screens, loss of children to foster care, and other social consequences upon an individual for their use of marijuana based almost entirely upon the current scheduling of marijuana in Schedule I. These consequences are largely paid for by society, in terms of tax dollars to house incarcerated individuals, foster care for children taken from parents caught using or distributing marijuana, and lost economic benefits due to a portion of the population, in effect, excluded from the workforce. By changing the placement of marijuana into a different schedule, some of these social consequences to the individual based on the illegal nature of marijuana may be lessened, but not removed completely – and the societal consequences are likely to continue. This ensures that marijuana use is minimized, in favor of readily available pharmaceutical substances that are far more harmful on society and the individual and clearly documented in scientific literature as such.

Continuing to restrict the use of marijuana in its natural form and creating a system that restricts the production of marijuana to comply with guidelines intended for synthetic substances under testing with the FDA will continue to minimize the potential for the use of marijuana in controlled experiments. Maintaining scheduling of marijuana in the Schedule of Controlled Substances will continue to enforce strict penalties on the production of marijuana outside of the current Oregon Medical Marijuana Program, inhibiting further study and research into the actual benefits and risks of marijuana use in all its potential modes of delivery. It will also continue to put demand upon our law enforcement system to enforce the laws regarding the illicit use of marijuana, which is costly and inadequate to control the use of marijuana, as our statistics indicate. Currently, it is estimated that over 350,000 Oregonians use marijuana – yet only roughly 10% of those are “legal” users through the Oregon Medical Marijuana Program.

### **The Judgment of Individuals with Training and Experience with the Substance**

I am not a doctor or an expert by any means; however I have experience with marijuana as an Oregon Medical Marijuana Patient. I am among the category of those that use marijuana for severe pain. I had to have an emergency C-section in 2003, with the birth of my fourth son, because the umbilical cord was tangled around him and restricting his heart rate. Within just a few moments of arriving at the hospital, I was rushed into surgery. Thankfully, my son was born healthy without any problems, but when my doctor attempted to close the incision, she informed me that my skin was paper thin. She said that I had the skin of a 90-year old woman (I was only 27), and that clearly I was not getting enough protein in my diet. She was finally able to get me stitched closed, but I took a great deal of time to recover. Even after fully recovering from the surgery, I continue to have pain related to my bowels and my uterine region. The pain has become so intense at times that I have been unable to move.

Marijuana greatly relieves the pain, and it also improves my ability to eat. While my ability to eat is not a recognized condition under the OMMA, I have found that this is probably one of the most beneficial aspects of marijuana use for me. Due to the pain I suffer, I find that I do not eat often at all, typically one meal a day or less – and I feel worse after eating in many instances due to the difficulty I have with my digestion (presumably

from scarring from the surgery, but I have never had a firm diagnosis of the digestion problems, even though I have seen a few doctors for this purpose, both before and after the C-section).

I have also found, however, that I cannot use marijuana if I want to get a job to support myself and my family. I was rejected from an employer after receiving a job offer paying substantially higher than the person I was replacing (demonstrating their desire to hire me based on my experience and skills), because they stated that company policy didn't allow for the medical use of marijuana. I also feel that growing my own marijuana currently puts myself and my family at risk of home invasion, as well as limits my ability to entertain people in my home or travel even locally when plants are blooming.

Our current system allows people to use marijuana, but literally creates a situation where their life must revolve around marijuana use in order for it to be available and to use it often enough for it to prove effective, since like many other substances, it accumulates in the body to create the intended medicinal effect. One must find a job that does not drug test, a housing situation that allows a person to grow (many landlords currently will not allow a person to grow in their rental units), to only maintain relationships with people that they trust explicitly, and limit their ability to leave their home unprotected. Clearly this has significant effects on our society from crime rates to general community interactions.

Further, while I am not a gun advocate myself, this scenario presents a quandary due to the fact that the presence of a firearm is an indicator to law enforcement that the grow is illicit and not legitimately being used for medicine – but the lack of a firearm puts a person at risk at being unable to protect themselves with a highly valued illegal drug for the greatest majority of those in Oregon. This fact will remain regardless of which schedule marijuana is placed in. The risks associated with marijuana use, even as a legitimate patient, will only be removed when cannabis is removed from the scheduling all together.

### **Conclusion**

I recognize that it may not be within the power of the Oregon Board of Pharmacy to remove cannabis from the schedule of controlled substances outright, although this issue seems to be in question based on Mr. Schnabel's response to my inquiry. However, I feel that it is completely within the scope of this review for you to find that marijuana *should* be removed from the schedule, and in that finding, it would be your responsibility to the people of Oregon to petition the federal government to reschedule based upon your report, under Title 21 of the USC.

Fifteen states have currently accepted the medical use of marijuana, and three states are currently working on getting marijuana legalized this year in the November election. Clearly it is time to reconsider our perspective on marijuana nationally. The Board of Pharmacy is being tasked locally with a scientific evaluation that is currently lacking in the necessary research to make the determination of harm to society, but even within the constrained and unregulated current system, marijuana has proven to be safer than most regulated substances that have been evaluated and passed under the FDA guidelines.

Oregon has a proposed framework for what a regulated system of cannabis legalization removed from the Schedule of Controlled Substances could look like. Under the proposed Initiative 73, the Oregon Cannabis Tax Act, considerations were made for the potential harm of driving under the influence of marijuana as well as the concerns of society regarding minors using marijuana. It removes the penalties for adult use of marijuana and

effectively overturns all laws related to marijuana in Oregon with the exception of DUI and the Oregon Medical Marijuana Act; it legitimizes industrial use of hemp (which is the same plant as marijuana) without a DEA permit in Oregon; it allows adults to grow their own marijuana for personal, noncommercial use (removing the potential societal harm associated with the current black market and limited medical sources of marijuana); and finally, it creates a state-run system of stores to sell psychoactive cannabis to adults in a similar fashion to liquor sales in Oregon. The Oregon Cannabis Tax Act also creates a system to perform continued research on cannabis to determine psychoactive levels and potential benefits and risks of cannabis use. It also will promote drug education and treatment, economic growth through hemp promotion and biodiesel fuel research, and contribute 90% of the profit from cannabis sales to the General Fund in Oregon, which benefits education, healthcare and public safety.

I strongly urge the Board of Pharmacy to consider removing cannabis from the schedule completely, and creating an exemption much like we currently have in place for alcohol or tobacco. Instituting a framework like that outlined in Initiative 73 will ensure that we can further evaluate the benefits and risks of cannabis, as well as minimize the use of marijuana by minors by regulating the distribution of marijuana in a controlled environment. As a mother of four children and a current medical marijuana patient, I feel very strongly that this is the only logical and proper way to address the matter before you.

Thank you for your time and consideration.

Sincerely,

Jennifer Alexander  
Beaverton, OR  
mook2357@hotmail.com

Attached: same as above in Word 2007 for easy printing if needed