Thank you for having me here today.

For the record, my name is Stormy Ray, and I was a co-chief petitioner for measure 67 in 1998 that became the Oregon Medical Marijuana Act. Let me start by thanking Senator Prozanski and our legislators for championing and passing Senate Bill 728.

For over seventy years patients have been denied the right to use this God given herb because it has been labeled as being more dangerous than it really is. Now is the time to set the record straight in Oregon by making your decision based on science and truth.

Over the past twelve years, I have advocated for our law, and talked to thousands of patients that are experiencing a better quality of life because of this medicinal herb. I am honored to have been asked to come here today to share a patient's perspective on where marijuana should be scheduled.

I have Multiple Sclerosis, and I thank heaven every day that I live in Oregon. I almost died in 1991, in part, from pharmaceutical poisoning. Marijuana has given me back a quality of life I thought I'd never see again.

Today, medical marijuana is the only medicine I use to control the symptoms of my M.S.. I shudder to think of how many other M.S. patients might have been spared the needless suffering they've endured if this medicinal herb had not been put in the wrong schedule to begin with.

I know some think that it really doesn't matter if we put marijuana in a Schedule II or in a Schedule III. That it really won't affect the patients using it. I have to strongly disagree.

Marijuana has been demonized as an addictive dangerous drug with no redeeming qualities for over seventy years. I truly believe the decision you make on where marijuana is scheduled will have long lasting implications on how medical marijuana is treated for years to come.
If marijuana is placed in Schedule II, the most restrictive category reserved for the most dangerous and addictive drugs, then, marijuana will continue to be labeled and treated as a more dangerous drug than science dictates. Laws and policies in the future will again be based on misinformation.

I've gathered examples of why I believe marijuana should be put in a schedule higher than a three. Here are some of the precious moments that are influencing my recommendation.

I remember sitting with an eighty year old woman shortly after our law passed. I had spoken to her a couple of times before we actually met. I knew she had cancer and her pain was not being controlled by the medications her doctors were giving her. She was very uncomfortable with trying marijuana, but she was desperate to find some sort of relief.

About twenty minutes into our appointment, I handed her a small glass pipe and showed her how to light and inhale the medicine. She took a couple of puffs and put the pipe down. After a few minutes she asked me "is that all there is?" She was referring to the way she was feeling.

Then all at once she got really pissed, raising her voice as she asked "what's all the fuse about"? She had come prepared to "get high" for the first time in her life: Instead she experienced relief like being wrapped in a warm blanket.

She learned that using medical marijuana was not about getting high: it was about getting relief. She was mad that the stigmas and myths accompanied with marijuana being illegal had caused her fear and anxiety. Her story raises an important question: how does marijuana affect people who use it?

In a study done in 1993 by the National Department of Transportation, (DOT HS 808 078 NOVEMBER 1993), The Effects of THC on Driving Performance, marijuana impairment was studied. I believe this report will be useful to you by providing scientific evidence about marijuana impairment.

The study found that "THC is not a profoundly impairing drug," and that THC seems to differ from many other drugs. Marijuana users can actively suppress the drugs adverse effects when necessary. Marijuana's effects are confined to higher cortical functions without any effect on lower brain centers.

The study explains that unlike alcohol that encourages risky driving behavior, marijuana encourages greater caution. Some drivers in the study actually did better under the influence of THC. It was noted that THC is infrequently detected in the blood of fatally injured drivers as the only drug present.
The study goes on to say that, "of the many psychotropic drugs, licit and illicit, that are available and used by people who subsequently drive, marijuana may well be among the least harmful."

This is another case of where the hysteria about marijuana doesn't match the scientific data available.

I know you will probably receive many letters talking about the court docket 86-22. Francis L. Young, Administrative Law Judge for the DEA, called marijuana "the safest therapeutic substance known to mankind" after reviewing the evidence presented during the 1988 hearing to reschedule marijuana.

Because of the incredible safety of cannabis, it is safe for patients like myself, to "mitrate", the act of medicating using medical marijuana, without the fear of toxicity.

Although the court did not consider the possibility of placing marijuana in a category other than Schedule II, I think we can gain valuable insight from that hearing.

You cannot read this court docket without being stunned at the disparity between the claims that marijuana is dangerous and access to it must be restricted, and the scientific data that clearly shows the safety of this amazing medicinal herb. I have enclosed a copy of the courts opinion from this hearing in the information CD that I have for you.

In a study supported by the National Institute on Drug Abuse, 91 percent of marijuana users do not become dependent on it according to a recent story in the Wall Street Journal.

In a study in the International Journal of Drug Policy, the researchers found no change in the trend after medical marijuana laws went into effect. "Consistent with other studies of the liberalization of cannabis laws," they wrote, "[the results] indicate that medical cannabis laws do not increase use of the drug." Every day more and more data becomes available to dispel the incorrect assumptions of the past.

One of the most common arguments against marijuana as medicine is that smoking is not an acceptable form of delivery. However, many patients now vaporize or eat "medibles" (foods prepared with cannabis), instead of smoking. Statements like "marijuana has ten times the carcinogens as cigarettes" are commonly heard.

The truth is, the smoke from cannabis and smoke from tobacco are very different. Tobacco is a bronchial restrictor, whereas, marijuana is a bronchial dilator. In a presentation to the American Thoracic Society's 102nd International conference, Dr. Tashkin of UCLA's School of Medicine, said "We did not find any evidence for an increase in cancer risk for even heavy marijuana smokers" Tashkin's large study suggested that THC also has antitumor properties.
The Journal of the National Cancer Institute has also supported Dr. Tashkin's findings and even went further by stating that "cannabinoids, in addition to their palliative benefits in cancer therapy, have been associated with anticarcinogenic effects. They concluded by saying that "cannabinoids may therefore offer a therapeutic option in the treatment of highly invasive cancers.

I remember receiving a call from a lady requesting help for her husband who was dying from lung cancer. I'd spoken to her on the phone, but when I opened the door I was not prepared for the severity of his medical condition. His face was grey and his breathing was labored.

I could see there was great concern in her eyes for her husband. She struggled to assist her husband in to the room. She had to help him with the small glass pipe. He took 2 small tokes and his breathing stopped laboring like it had been moments earlier. The color started returning to his face. I could see the "honey I'm okay" glance they shared through their smiles to each other.

"Oh, God bless you", was all she could say as her eyes clouded over with tears of joy. Scheduling marijuana in IV or V would go a long way toward easing the irrational fears about marijuana that have restricted access to this medicine for too long.

Some people have asked me why I don't just use the synthetic form of marijuana that is legal. The truth is that I did use Marinol before our law passed, but it did not work for me. I quickly developed a tolerance to Marinol, so my four hour pill would only last about 15 minutes. I have not had that problem with natural cannabis.

A study in the Journal of Acquired Immune Deficiency Syndromes, compared Marinol to smoked marijuana supplied by the National Institute on Drug Abuse. While both medications proved effective at stimulating appetite, reducing the need for other medications and helping patients sleep, it took eight times the recommended dose of Marinol to roughly equal the efficacy of weak marijuana.

Laws have been made because of fear and misinformation, and patients have gone to jail for using this medicinal herb.

Your decision will influence how accessible marijuana is to patients in the future, and whether patients will continue to be allowed to grow their own medicine. Your decision will influence doctors deciding if they are going to recommend medical marijuana for their patients. A doctor is more likely to recommend a Schedule IV drug than a Schedule II drug. How marijuana is perceived in the future will be effected. Where marijuana is scheduled does matter to patients.

It is my recommendation that marijuana be placed in a Schedule IV or V

God Bless,
Stormy Ray

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Stormy Ray Cardholders' Foundation provides a help-line, web site and outreach materials that empower patients to help others better understand the Oregon Medical Marijuana Program. 503-587-7434.

SRCF is a 501(c)(3) non-profit corporation operated with a volunteer base. Just visit us at www.stormyray.org.

Thank you for your support!!!

You can make a difference for others by joining the SRCF's Volunteer Team.

God Bless!
Stormy Ray -President