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HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
PUBLIC HEARING ON HOUSE BILL 1393

August 19, 2010

University of Pittsburgh Graduate School of Public Health

130 Desoto Street

Room G-23

Pittsburgh, Pa 15320

Subcommittee Chairman on Human Services

Chairman John Myers

Subcommittee Chairman on Mental Health:

Chairman Jake Wheatley

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1 CHAIRMAN MYERS: Sorry, I don't have a microphone.
2 Can you hear me? Good.

3 My name is John Myers, I'm a representative from
4 Philadelphia and we are here in Pittsburgh today because we
5 want to hear, you know, what the constituency has to say about
6 the issues. Because sometimes we think we know all the
7 answers. And as you can see, we don't. Therefore, we want to
8 hear what you have to say to help enlighten us around this
9 very, very critical issue.

10 I know I can say for one I had about a thousand
11 e-mails and I'm not an e-mail guy, you know. I was wondering
12 why my computer wasn't working. Had all the messages on
13 there, you know, like saying look, we need to ask you some
14 questions about medical marijuana.
15 I'm hoping that some other members choose to show up. If not,
16 we will just do it ourselves. We are going to get started,
17 Dr. Cyril Wecht. Okay.

18 DR. WECHT: How are you, sir?

19 CHAIRMAN MYERS: I'm okay for an old man.

20 DR. WECHT: Representative Myers, pleasure to
21 welcome you to Pittsburgh, sir. Thank you for this
22 opportunity to testify before the Health and Human Services
23 Committee. I hope your colleagues find a place to park. It
24 is almost as bad as downtown Philadelphia.

25 CHAIRMAN MYERS: Especially when you don't know

1 where you are going.

2 DR. WECHT: Well, that's right. I think most
3 Pittsburghers don't know the Forbes Fifth Avenue corridor in
4 Oakland area is the third most congested thoroughfare if the
5 Commonwealth of Pennsylvania. But we are too busy building
6 special conduits to the Northside to take care of the Steelers
7 to worry about Oakland.

8 CHAIRMAN MYERS: We will discuss that at another
9 hearing. Subject for another day.

10 DR. WECHT: Well, I wanted to start off, sir, by
11 saying I do not represent any group or organization. I was
12 contacted by Mr. Patrick Nightingale who I do believe does
13 represents an organization. I'm not a member of that group.
14 I was pleased to hear from him to receive his invitation and
15 I'm delighted to have this opportunity.

16 I am a forensic pathologist. And I have been doing
17 autopsies since I started my training in pathology in 1957.
18 I finished my five years of pathology training which came
19 after a year of internship and of course four years medical
20 school in 1962. For the past 48 years I have been working as
21 a private forensic pathologist, hospital pathologist,
22 government pathologist and medical-legal forensic scientific
23 consultant for attorneys and organizations throughout the
24 country doing autopsies including some in foreign countries.
25 I myself have done about 17,000 autopsies in these 53 years

1 going back to '57. And I have reviewed, supervised or signed
2 off on about 36,000 additional autopsies. As I sit here
3 before you, sir, I have never signed out a case of death due
4 to acute marijuana or acute cannabinoid toxicity, not one.
5 Nor have I seen in the 36,000 other cases such a diagnosis as
6 the cause of death. I have seen references to acute
7 cannabinoid toxicity based upon the level of THC,
8 delta-9-tetrahydrocannabinol found in the postmortem
9 toxicological analyses, but just as a kind of an incidental
10 finding.

11 With all due respect to my colleagues in medicine,
12 all the clinicians whether they are the pediatricians,
13 internists, neurologists, psychiatrists and then psychologists
14 and then sociologists, etc. who have valid opinions, I'm not
15 suggesting that mine is more erudite or intellectually
16 cognizant than theirs, however, I do believe that the most
17 significant determinant in talking about things that are
18 relevant and important in the medical sphere are death,
19 mortality and morbidity. That is the bottom line. The rest
20 of the stuff is interesting and exciting and relevant and
21 intellectually challenging, but let's get down to what kills
22 people.

23 So, here I'm sitting and I do autopsies currently,
24 I'm former coroner of Allegheny County but not now. I do
25 autopsies for coroners in four surrounding counties. About 40

1 percent of the autopsies that I do for these four counties are
2 cases of acute combined drug toxicity. Two to eight drugs,
3 you can just right across the board.

4 These are the drugs that are killing. And the
5 fascinating irony and if it weren't so serious it would almost
6 be ludicrous and humorous is that these drugs are all legal.
7 I love it when the news media people, many of whom I have a
8 chance to deal with nationally on these shows and they start
9 off by saying that so and so died and no illicit drugs were
10 found. What they mean is that all the drugs that were found
11 were prescribed, so, that means everything is okay.

12 Well, no, people aren't dying that many now from
13 heroin, shoot them up in the back alley in the middle of the
14 night in some area of the metropolitan zone. They are dying
15 from drugs like the various analgesics that are all legal,
16 morphine, demerol, fentanyl and Pantopon and methadone, and
17 then the new ones Vicodin and Hycodan and so on. These are
18 powerful drugs. I mean, you know, I remember taking one of
19 these drugs had some kind of knee or ankle problem and so on
20 and my wife is telling me later on in the restaurant everybody
21 was looking at me like I was totally spaced out.

22 We went to a movie that night, a movie I wanted to
23 see very much, JFK, which I had something to do with. And I
24 didn't know a thing, I didn't even know I had been to the
25 movie. These are powerful drugs.

1 Then you have all of the tranquilizer and you have
2 all of the antidepressants, then you have all the anxiolytic
3 drugs. And these are the drugs that are killing people. They
4 are not limited to Anna Nicole Smith, her son Daniel Smith or
5 Michael Jackson or Heath Ledger. These are drugs that are
6 found with everyday people, you know, you and me and our
7 neighbors and our friends. Nobody knows about it because we
8 are not Anna Nicole Smith and Michael Jackson. We are just
9 plain, ordinary folks.

10 So the idea of restricting a drug which can have
11 therapeutic medicinal purposes in specific instances which
12 does not lead to morbidity and mortality, just makes no sense
13 when all of these other drugs are accepted and are out there.
14 Medical marijuana prescribed in appropriate fashion for people
15 with metastatic malignancies, carcinomas, and other kinds of
16 diseases lymphoma, sarcoma, etc., people with advanced AIDS,
17 HIV, people with severe glaucoma, people with various
18 neurological disorders like amyotrophic lateral sclerosis, so
19 on, there have been proven benefits.

20 They are ameliorative, they are not curative. But
21 they help these people and they ease the physical and
22 emotional pain and suffering.

23 It makes no sense at all to withhold this drug. I
24 believe that the basis, Representative Myers, for this
25 especially people of my generation, much more so than now

1 days, they don't even realize it, is we were inculcated with
2 this propaganda that emanated from Washington D.C., it was a
3 guy named Harry Anslinger, and he was the federal czar and he
4 was interested essentially only in marijuana. Why?
5 Well, heroin was out there, it was viewed as a problem for
6 African-Americans. This is just something blacks were doing
7 in ghetto areas. But marijuana, now it is getting into our
8 high schools and it is affecting the little girls and boys and
9 so on. I remember I grew up in what we call the Hill District
10 and used to walk up to play ball at the Irene Kaufmann
11 Settlement, and there were two movie houses the one was called
12 the Roosevelt and I remember as if I saw it yesterday a
13 picture with a pretty little girl and, of course, in those
14 days it was just incredible her skirt was two inches above the
15 knee. That was, you know, the name of the movie was Reefer
16 Madness.

17 And this is what was sold, and this is the
18 philosophy, the attitude. If you go to older people, you ask
19 them what is your problem, what is your hang up, man, well,
20 marijuana, you know, it is a terrible, horrible drug. And I
21 think that we have to get over that mindset.

22 There are I think 14 states as of this time who have adopted
23 this kind of legalized utilization of marijuana. As you know,
24 in California they are pushing for total legalization. In
25 some other countries of the world they have done that. In

1 many of the western nations which we would think of in a
2 comparable sense to ours from an overall
3 social-political-economic fashion, England, Italy, Israel, so
4 forth, you know, marijuana has been used legally and so on.
5 I'm not here to suggest that we become another Amsterdam,
6 Holland where people line up to buy marijuana like buying a
7 pack of cigarettes. I'm not suggesting that.

8 But I do think the time has come for us to get over
9 this hang up for which there is no sound pathological,
10 clinical, experiential basis and say that marijuana should be
11 available on a legalized basis prescribed by physicians.
12 Now, it is going to be a step-by-step procedure. I think
13 eventually and similar to alcohol and prohibition, people will
14 come to realize the drug should not be criminalized at all.
15 But taking it one step at a time and addressing in focused
16 fashion upon House Bill 1393 which you and your colleagues are
17 dealing with, this I think is the subject for the day.
18 So, I urge you, the Pennsylvania Legislature beginning with
19 your committee and then General Assembly and State Senate to
20 adopt this. I know that Pennsylvania, because I have been
21 involved in the medical-legal field in various fashion,
22 various fashions and context that we have not been among the
23 leaders in a lot of things which I considered to be
24 appropriate and necessary. But eventually we get there.
25 So, I would suggest in the words of a wise philosopher whose

1 name I think was perhaps never even identified, if it was, I
2 have forgotten it, or never knew it, and that is "be not among
3 the first by whom the new is tried nor yet the last to lay the
4 old aside."

5 Fourteen states have gone out there.
6 Schwarzenegger a good, solid Republican is pushing for total
7 legal possession. And in the context I will close, I
8 appreciate your patience, I want to say I have submitted to
9 you, sir, and to your colleagues a few things, some comments
10 of my own and then some interesting articles you will see by
11 top-notch people, big psychiatrists, something referencing the
12 use of marijuana as it has been approached and dealt with by a
13 large national Jewish organization, getting into the religious
14 field, so on. And something that I do want to point out that
15 I think is very pertinent because you said in your opening
16 remarks, what do you folks in Pittsburgh think that both
17 newspapers, sir, not only -- New York Times, USA Today, yes,
18 they editorialized also, both newspapers, sir, Pittsburgh Post
19 Gazette and the Pittsburgh Tribune Review have editorialized.
20 Now, the Pittsburgh Tribune Review, a very solid conservative
21 newspaper but in a responsible fashion, they have an editorial
22 from July 29 of last year, "Legalize Marijuana" which is I
23 think the strongest editorial they said it is time to legalize
24 marijuana, note we did not say it is time to decriminalize and
25 we did not say it is time to legalize nationwide for medicinal

1 purposes only, it is time to flat out legalize the production,
2 possession, sale and use of marijuana.

3 And they refer to, I'm not of that political ilk,
4 although I have many friends and respect the Tribune Review,
5 but within that group of responsible conservatives, the two
6 foremost icons I think if you took a vote among those people
7 would be William Buckley and Milton Friedman, both of whom are
8 quoted in this editorial with regard to the issue of
9 marijuana.

10 So, for those people who are reticent, and I don't
11 want to get into politics, Democrat, Republican but I have
12 read and I'm not talking about your committee and I'm not
13 talking Pennsylvania, but I know in other states some of the
14 more conservative lawmakers while not intellectually
15 attempting to defend the continuing ban on marijuana have been
16 extremely reticent in going along with its legalization for
17 medicinal purposes because they are fearful of what their
18 constituents will believe.

19 Well, poll after poll has shown that that simply is
20 not true. The public acceptance of medical marijuana
21 continues to grow each and every time. And no better example
22 of that in my opinion, certainly in Pittsburgh, and I don't
23 speak for the Tribune Review their editorial speaks for
24 themselves. I hope you will have a chance to read it.
25 Because nothing could be more dynamic and forceful than the

1 wonderful editorial and the Post Gazette a very strong
2 editorial too some six months later of last year. So with
3 that I am open if you have any questions, sir, or anything you
4 would like me to comment upon, I would be happy to do so.

5 CHAIRMAN MYERS: Thank you very much.

6 Representative Jake Wheatley.

7 DR. WECHT: I know this gentleman, fair.

8 CHAIRMAN MYERS: This is actually his hearing. I
9 just didn't say nothing.

10 DR. WECHT: So he can't be fined for being tardy.

11 CHAIRMAN MYERS: I won't speak for him now.

12 DR. WECHT: He had a great distance to travel.

13 CHAIRMAN MYERS: He is a big guy now. When he
14 comes to Harrisburg, he represents Pittsburgh it is his way or
15 the highway. We are going to Pittsburgh you see just where
16 I'm at. I don't necessarily plan to spend the whole day here,
17 but I want to make sure that my young mentoree gets off to the
18 right track.

19 There are a couple things you said I thought were
20 interesting. I had shared with Karen yesterday and sometimes
21 I have a bad habit of not writing things down. And I got
22 caught on it yesterday. I was watching a judge, a retired
23 judge from California who was taking the same position that
24 you say Buckley and then was taking and he said the only way
25 that he could find enough courage to speak about it was after

1 he retired.

2 He also felt that the amount of money that is being
3 poured into this quote, unquote war on marijuana, not war on
4 drugs, on marijuana, certainly has been way off the mark.
5 He had talked about the guy's name, Mason, Mason. Mason is
6 locked up in jail in solitary confinement. And they had to
7 move him for selling drugs. Mason can get a hold of them,
8 what is going to stop somebody on Fifth th Avenue from getting
9 it. He felt that the alternative program in there and support
10 systems certainly was the way to go.

11 DR. WECHT: Billions of dollars, sir, billions.

12 CHAIRMAN MYERS: The number one cash crop in
13 California.

14 DR. WECHT: I did not want to touch upon this
15 because I did not want to appear to be solicitous, it is a
16 fact that needs to be mentioned, that is that the number of
17 minority groups, African-Americans, Latino, and so on that are
18 being arrested and booked on these things the overwhelming
19 majority are for possession not even use, but possession so on
20 is two, three, four times as high as it is in the white
21 community. And you know, that is very bothersome too.
22 It may not be the primary reason, but it gives you pause and
23 makes you wonder what is going on here too. And what are cops
24 looking for to bust and don't they have more important things
25 to do than arresting people for having a little bit of pot.

1 CHAIRMAN MYERS: It is interesting you would say
2 that because he also said that he watched his case load for
3 homicides decrease. And it wasn't because it was less
4 homicides, it was because there are less resources. That the
5 money was being spent in the wrong place.

6 If you check somebody around with a joint, nickel
7 bag or joint and somebody get just killed somebody and you
8 don't have resources to put your staff on the case, I mean,
9 the last thing I want to say to you is that of course you see
10 I haven't taken a position on this, right? You know, but he
11 also talked about the hemp industry, hemp, the industry.
12 Not just the joint. I thought it was interesting for him to
13 say that ethenol, you can get a higher burn out of ethenol by
14 using hemp as opposed to corn.

15 DR. WECHT: If I may, sir, to be presumptuous
16 enough you just you opened up the one door too, this has been
17 a favorite subject of mine, ethenol, ethenol. The whole word
18 drinks, drink, drink, drink, drink, drink, because
19 priests and rabbis and ministers drink and school teachers and
20 parents, everybody drinks. Alcohol is killing people.
21 I haven't seen homicides and accidents and suicides related to
22 marijuana, but boy I would like to have one hair on this bald
23 head for every homicide, accident and suicide I have seen that
24 is attributable to somebody's use of alcohol, the victim
25 and/or the assailant. And nobody cares about ethanol, that is

1 okay. Drink, drink, drink and drink, drink, drink that all
2 right but God forbid that marijuana should be out there. It
3 is so absurd, really. It is almost like we are sitting
4 around --

5 CHAIRMAN MYERS: You can tell nobody in here is for
6 it.

7 DR. WECHT: I don't make that statement because
8 never touched any booze. Well, any way, that's the story.

9 CHAIRMAN MYERS: Look, it has been a pleasure for
10 me to meet you, I saw you a million times on TV and you didn't
11 know I was watching you. I don't know if Wheatley has any
12 questions. I will turn the meeting over to him.

13 CHAIRMAN WHEATLEY: Well, I want to thank my
14 colleague and Chairman Myers for one, allowing for the hearing
15 to be held out here. I actually had it on my calendar for
16 3:30 for today. So I must have mistyped it so on so forth.
17 Thank you for taking it and running.

18 I just have one, I came in after your testimony, I
19 didn't really get a lot of your testimony, but I did want to
20 make sure that I asked this question because it was one given
21 to me a couple weeks ago and so help me understand, this is,
22 you know, for me this is more the issue of trying to figure
23 out the facts of why it is valuable to do or don't do it. But
24 many have said, and I know we are really debating the concept
25 of a medical marijuana. Some have said that if you were to

1 legalize marijuana, it is just a slippery slope around
2 something that you really, from a policy perspective you can't
3 necessarily regulate.

4 How would you respond to the concept or the
5 ideology legalization of marijuana in any capacity one, sets
6 the stage up for society to start to slide down this slippery
7 slope and where does it end?

8 DR. WECHT: Well, first let me address that,
9 Representative Wheatley, from a medical, pathological,
10 physiological and psychological standpoint. Marijuana, which
11 is a mild hallucinogen we categorize it analgesics, sedatives,
12 tranquilizers and depressants, antidepressants, anxiolytics,
13 etc., it is a mild hallucinogen.

14 It does not lead to the kind of physical addiction
15 and tolerance that these other drugs, you know, you take some
16 today and you take some more and more you need it. The first
17 case I think I ever did when I was starting my training in
18 Baltimore, I walked in one day there's former Steeler "Big
19 Daddy" Gene Lipscomb. And, you know, how much you say could
20 this guy have handled, and we came to learn that he wasn't
21 much of a drug user. But there he was dead. It is
22 unpredictable.

23 And that is another problem. So, from a medical
24 standpoint that argument is faulty because marijuana does not
25 lead to that kind of physical dependence and what we call

1 tolerance, you know, the need for the body to get more and
2 more.

3 Now, is there any kind of a psychological
4 dependence? That is conceivable. Because people who use
5 drugs you can argue, you know, have some psychological need.
6 And I personally believe that people should not use any kind
7 of drug. That has always been my perspective. Somehow, you
8 know I grew up in the Lower Hill, Jake, I went to 5th Avenue
9 High School and we never had drugs so we did okay, four kids
10 70 percent African-American and nobody used drugs, really it
11 is another world. I don't need drugs, I didn't need it then,
12 I don't need it today. But it is not that kind of drug.
13 From a legal perspective, that kind of argument slippery
14 slope, well, then we already addressed this on slippery slope
15 business of using drugs and compounds, you know across the
16 board. Those are very slippery because they slide all the way
17 into the realm of Hades, that is how far they slide down, the
18 precipice, they go all the way down there, okay? So, the
19 slippery slope, what do you mean by slippery slope?

20 Somebody uses, I know a lot of people use marijuana
21 today and tomorrow using heroin. It doesn't work. It is a
22 fallacious argument.

23 So, and as I say, when you look around what is
24 happening in the country look around what is happening in the
25 world, etc., and Chairman Myers touched upon the economic

1 aspect and the, also the criminality and then you see all of
2 these brutal killings and so on, it is all related to this
3 incredible profit motive, so on.

4 So, these are other things we might say of an
5 ancillary nature that need to be logically considered and
6 thrown in to the overall pot that you folks will be
7 addressing.

8 CHAIRMAN WHEATLEY: Thank you.

9 CHAIRMAN MYERS: When you go home call somebody in
10 California and tell them to vote for Proposition 19. I
11 probably shouldn't have said that so anybody from the press
12 office.

13 Okay, we are going to have Dr. Lester Grinspoon be
14 our next presenter.

15 DR. GRINSPOON: Hello. I have, I have a wide
16 screen with a question mark here. I don't have a picture yet,
17 maybe I will not get a picture.

18 CHAIRMAN WHEATLEY: We have you.

19 DR. GRINSPOON: Well, so far all I see is my image,
20 there we are. There you are. Okay.

21 MR. NIGHTINGALE: Dr. Grinspoon, I will be
22 repeating to you any questions from the committee. Please go
23 ahead, Doctor.

24 DR. GRINSPOON: Okay. I'm going to read a very
25 short statement. The subject is pretty vast I and thought if

1 I provided a short statement and then it might generate
2 questions which this might be the best way to do it. Because
3 I really want to know what you want to know about this.
4 So let me read this statement. In 1967 because of my concern
5 about rapidly growing use of the dangerous drug marijuana, I
6 began my studies of the scientific and medical literature with
7 the goal of providing a reasonably objective summary of the
8 data which underlay its prohibition. Much to my surprise, I
9 found no credible scientific basis for the justification of
10 this prohibition.

11 The assertion that it is a very toxic drug is based
12 on old and new myths. In fact, one of the many exceptional
13 features of this drug is its remarkably limited toxicity.
14 Compared to aspirin which people are free to purchase and use
15 without the advice of a physician or prescription for that
16 matter, cannabis is much safer. There are well over 1,000
17 deaths annually from aspirin in this country alone. And there
18 has never been a death from marijuana anywhere. In fact, when
19 cannabis regains its place in the U.S. public appeal, it gets
20 lost after the passage of the Marijuana Tax Act in 1937, it
21 will be seen as one of the safest drugs in that companion.
22 Moreover, it will eventually be hailed as a wonder drug just
23 as Penicillin was in the early 1940s.

24 Penicillin achieved this reputation because for
25 three reasons: It was remarkably non-toxic; it was once

1 produced on an economy of scale, quite inexpensive; and it was
2 effective in the treatment of a variety of infectious
3 diseases.

4 Similarly, cannabis is exceptionally safe and once
5 free of the prohibition tariff, it will be significantly less
6 expensive than the conventional drugs it replaces.

7 And it already has an impressive record of versatility, a
8 record which continues to expand. Given these features of
9 this drug, it should come as no surprise that its use as a
10 medicine is growing exponentially. Although individual states
11 have established legislation which make it possible for
12 patients suffering from a variety of disorders to use the drug
13 legally.

14 Beginning with California in 1996, 13 other states
15 and the District of Columbia have followed suit and others are
16 in the process of enacting such legislation. Unfortunately,
17 because each state abrogates the right to define which
18 symptoms and syndromes made with a written recommendation from
19 a physician be lawfully treated with cannabis, many patients
20 with legitimate claims to the therapeutic usefulness of this
21 plant must continue to use it illegally and, therefore, endure
22 the extra layer of anxiety imposed by its illegality.

23 Although states which now allow medical use of cannabis,
24 New Jersey has imposed medical criteria which are so
25 restrictive that I would estimate that only a small fraction

1 of the pool of patients who would find marijuana to be as or
2 more useful than conventional drugs it would displace will be
3 allowed access to it.

4 Regardless of the symptoms or syndromes for which
5 cannabis is useful, it is invariably less toxic than
6 conventional drugs it displaces.

7 It is most important not to make any legislation
8 aimed at making it easier for patients to use marijuana as a
9 medicine not be too restrictive less it substantially defeat
10 that goal.

11 I would be delighted to answer questions about this
12 medicine.

13 MR. NIGHTINGALE: Any questions from the committee?

14 CHAIRMAN WHEATLEY: Yes, I'm just leafing through
15 his document that he shared with us that we have here and he
16 talks about the fact that currently there is only anecdotal
17 data about medical marijuana for medicinal purposes. Can you
18 tell me has there been any recent information that has taken
19 it from anecdotal to now something more substantive to kind of
20 show its impact on patients in their position.

21 MR. NIGHTINGALE: Certainly. Doctor,
22 Representative Wheatley has a question. He is referring to
23 one of your 2005 publications that cited anecdotal evidence in
24 support of medicinal marijuana. Is there now medical
25 evidence, scientific evidence, clinical evidence to support

1 your conclusion that marijuana has beneficial medicinal --

2 DR. GRINSPOON: Yes. Let me answer that question
3 first Representative Wheatley, I would remind you that, you
4 know, in the days of Sir William Osler, let's say from the
5 last half of the 18th century through the time when large
6 scale double blind studies of drugs, the present gold standard
7 for the acceptance by the FDA of a drug as a legitimate
8 therapeutic substance which can be distributed, all the
9 clinical data that we have up until that time was anecdotal.
10 So, medicine did begin with a double blind study. And the use
11 of treatments fortunately didn't tell us for example, didn't
12 have to wait until large double blind studies nor did aspirin
13 nor did Penicillin nor did insulin. These were evaluated on
14 the basis of clinical medicine.

15 Would you believe that the first trial of
16 Penicillin took place in 1941. It was given to six patients
17 with different Gram-positive infections like pneumonia, what
18 have you. And all of them were treated successfully and on
19 that basis it was immediately accepted as an antibiotic.
20 Now, when you consider marijuana, the fact is that we have
21 mountains of anecdotal evidence. And if you wish to see a few
22 little peaks of that mountain, you could take a look at my
23 medical marijuana website, [WWW.rxmarijuana](http://WWW.rxmarijuana.com), as those RX
24 marijuana were one word, dot com.

25 Now, what has happened, I wrote the book Marijuana

1 the Forbidden Medicine, there were no studies, it was all
2 based on anecdotal evidence, it was like a book that could
3 have been written in Sir William Osler's time said the
4 treatment of marijuana, of migraine headache with marijuana,
5 it is the superior treatment. It is the primary treatment.
6 Now, so, my book was based on anecdotal evidence. But what is
7 happening now is that we are getting these double blind
8 studies. They are few and far between and many of them are
9 involved, are carried on by the GW Pharmaceutical Company in
10 Britain which produced Sativex which will be a drug which I
11 expect to be approved in this country very shortly.
12 But, they have done large double blind studies to satisfy the
13 authorities in Canada and Spain and some other nations and
14 soon in the United States and Britain. Britain already and in
15 the United States I think soon, these studies show in only one
16 of the many symptoms and syndromes that marijuana is effective
17 what we say in marijuana -- this is a superb drug for treating
18 the facticity, the pain and even some of the other symptoms
19 like urinary incontinence in multiple sclerosis. And the
20 other studies that have been done are all, they got their,
21 they got the idea maybe we should look at this, for whatever
22 other pharmaceutical cannabinoid they developed, they got the
23 idea from looking at this anecdotal evidence.

24 And each time they have taken one of those things
25 that has been demonstrated through anecdotal evidence, the

1 study has affirmed that this has a place in the treatment of
2 that disorder whether it be multiple sclerosis, migraine,
3 ulcerative colitis, glaucoma, a whole host of different
4 symptoms and syndromes, the list of which grows as we speak.

5 MR. NIGHTINGALE: Thank you, Doctor, any other
6 questions?

7 CHAIRMAN WHEATLEY: One more.

8 MR. NIGHTINGALE: One more question, doctor. One
9 second.

10 DR. GRINSPOON: Sure.

11 CHAIRMAN WHEATLEY: In his testimony I'm reading
12 right here he talks about what he thinks is the real reason
13 government, the reason why federal government doesn't want to
14 legalize or recognize it as this particular drug, and he talks
15 about it because once people get to see that it doesn't have
16 any ill impact that then they would want to legalize it for
17 any and all purposes.

18 Can he help me understand his thought on that
19 process, his statement that the federal government to an
20 extent state governments are more inclined to not legalize or
21 recognize this as a medical drug because of not what it does
22 for the patient, but what it means for -- I asked the previous
23 question about the slippery slope, so since he is kind of
24 addressing that, I wanted to hear that.

25 MR. NIGHTINGALE: Dr. Grinspoon, Representative

1 Wheatley had a question about statements that you made in your
2 2005 publication that federal and state governments are
3 reluctant to acknowledge medicinal benefits of marijuana
4 because of the fear that once medicinal benefits were shown
5 and the drug was otherwise proven to be relatively harmless
6 then there would be push for complete prohibition repeal. Can
7 you comment on that, please?

8 DR. GRINSPOON: Well, I can simply say well, if it
9 is completely harmless, why should it be prohibited to people
10 who want to use it for other reasons. And there are other
11 reasons that people use it.

12 I think one of the things that you know I first
13 published the book Marijuana the Forbidden Medicine, after
14 you, one of the first letters I got and one of the few
15 negative comments was the letter said oh, Doctor, you wrote
16 this book as a Trojan horse for the legalization of marijuana.
17 Well, I can assure you I had no such thought in mind.
18 But, in fact, what is happening in this country now is that
19 more and more people are having the opportunity to see a
20 relative or a friend or an acquaintance using it as a medicine
21 and observing for themselves how limited the toxicity is, how
22 relatively, how relevant to the conventional drug it displaces
23 it is not only less toxic, but almost invariably even at the
24 inflated prices in those states that do not have, particularly
25 those states that do not have medical marijuana legislation,

1 it is still less expensive than conventional drugs.
2 Now, I started this whole enterprise of looking at this in
3 1967 researches have been published, I was convinced it was a
4 very bad thing. I am no longer convinced so that for example,
5 I get a lot of e-mails from around the world now the book is
6 translated into 14 languages and people will say to me,
7 Dr. Grinspoon, I suffer from let's say, let's just stick with
8 Crohn's disease, would marijuana help me. Now take Crohn's
9 disease, it is an inflammatory disease of the bowel where
10 segments of the bowel get very inflamed to the point where
11 people can't eat and they are nauseous, and they have extreme
12 diarrhea and they lose weight.

13 Now, there are drugs that are given for this and
14 not terribly effective, and unfortunately it gets so bad that
15 surgery is sometimes required to take out that segment of the
16 bowel that has become inflamed.
17 Unfortunately, that doesn't ensure in fact these people
18 regularly will get another episode later down the line and
19 they will be in the same position. Marijuana relieves in
20 every patient I have had experience with, marijuana relieves
21 those symptoms.

22 And, you know, so I will get an e-mail from someone
23 in New Zealand asking me about marijuana and Crohn's disease.
24 Now every case I've been involved with, I always say this, I
25 say look, I don't know if marijuana will give you relief for

1 Crohn's disease. But, I can tell you, you could certainly, if
2 I were you, I would try it. Because I know -- well, maybe it
3 won't work, but it isn't going to hurt me.

4 Primum non nocere, first of all, do no harm. That
5 is how it is with marijuana. The only situation -- I was just
6 talking to someone in Colorado about this because I have
7 written a paper called A Note of Caution about people who
8 believe they have cancer who are taking a concentrated form of
9 marijuana and I am very concerned about this because, you
10 know, in Crohn's disease, if it doesn't work, it doesn't work.
11 You go on with surgery, whatever drugs you are taking and it
12 doesn't hurt.

13 But in cancer, and maybe it will prove to be useful
14 in some caners it has already been proved by a man by the name
15 of Guzman in Spain that it does shrink some tumor cells.
16 But that doesn't make a cure. And maybe it will sometime in
17 the future. The risk here is that a person will self
18 diagnose, I got cancer. And people are writing that marijuana
19 will cure cancer. And it has become so, you know, people who
20 get cancer get all frightened and sometimes do, will do
21 anything. Look at Bob Marley, he went over to Switzerland, it
22 didn't work, of course.

23 But if they do approve this drug, instead of
24 getting the kind of cancer protocol for that particular cancer
25 which is prescribed by aliphatic medicine, they may miss the

1 opportunity to have that treatment which seldom can actually
2 cure a patient, but it does. But usually is some prolongation
3 of life.

4 As far as I'm concerned, there has never been even
5 an anecdotal case of cancer which is cured by marijuana. And
6 in that case anecdotal for me is here you cannot just, you got
7 to have it, there is no pathological evidence for me to see
8 before and after, before I would believe that.

9 So, there is no question. You run the same risk from
10 anything. There are people who believe if they take, you know
11 a lot of aspirin it will cure this, that and the other.

12 MR. NIGHTINGALE: Thank you, are there any other
13 questions? Dr. Grinspoon, thank you very much. We will close
14 now. Thank you.

15 DR. GRINSPOON: Thank you very much.

16 CHAIRMAN WHEATLEY: Next up is Ron Owen.

17 MR. OWEN: Obviously, it is a pleasure to be here.
18 Good afternoon, Representative Myers, Representative Wheatley.
19 My name is Ronald Owen. I'm here today as a long-term
20 Pennsylvania resident, a corporate executive, community
21 volunteer, a trustee of a college, a board member of a bank,
22 co-chair of a subcommittee with the Office of Mental Health
23 and Substance Services, member of the Pennsylvania Parent
24 Advisory Council and it was formed in 2006, a husband, a
25 father and a grandfather.

1 I am not here as a paid spokesperson for any
2 organization. I'm not here to present myself as a medical
3 expert or someone who has spent months and years following
4 attempts by organization or paid lobbyist in a small number of
5 states to get this controversial issue of the legalization of
6 marijuana for medical purposes into law.

7 I'm here mostly as a father, a father whose life
8 changed forever on November 24th, 2003 when my 23-year-old
9 daughter, Sarah, died.

10 She didn't die a peaceful death. She died a
11 painful and anguished death at the hands of a wicked and
12 tenacious disease of addiction. Sarah was a loving daughter,
13 granddaughter, sister and mother of a beautiful five-year-old
14 daughter, Taylor Rose.

15 She was not an angry, mean-spirited person even
16 though she was caught in the grip of a relentless illness.
17 She was always kind, respectful and sympathetic to the needs
18 of others.

19 She enjoyed life to its fullest. She didn't want
20 to have this illness. She struggled mightily to concur the
21 demons. But they were victorious in the end.

22 I'm only one voice here today. But I'm
23 representing tens of thousands of families who will not get a
24 voice today but who certainly deserve to have their voice
25 heard at the ballot box on this issue. This important

1 landscape-changing legislation should not in my opinion be
2 decided by Legislators and a Governor who has five months left
3 in his term.

4 I'm here today to voice strong opposition to House
5 Bill 1393 for my deceased daughter whose life was taken away.
6 For the thousands of families whose lives have been adversely
7 affected by a drug-related illness in their families. And on
8 behalf of our children who do not need to grow up in a future
9 Pennsylvania if this bill is enacted where using illegal
10 drugs, not legal drugs, illegal drugs is condoned.

11 I challenge any intelligent person here today to
12 argue that this bill will unquestionably not increase abuse in
13 our state. The focus of my comments today is not to present
14 theories or opinions about medical marijuana, but to simply
15 present the facts that I have gathered from my own personal
16 review. Let me mention a few.

17 Number 1, the Federal Drug Administration, FDA,
18 opposes medical marijuana. Modern medicine does not condone
19 smoking. I have not found another medication that is smoked
20 to cure an illness. If there is one available, please make me
21 aware of it.

22 Our country follows a process through the FDA to
23 assure that medications are safe and effective. I read of
24 many studies that concluded that there is no scientific
25 evidence that substantiates benefits from smoking marijuana.

1 Marijuana, medical marijuana has never passed safety tests by
2 the FDA. In fact, in the early 1990s, the FDA allowed a
3 limited number of seriously ill patients to smoke marijuana.
4 The program was terminated in 1992 when no evidence was
5 discovered that marijuana was assisting patients.
6 In fact, the FDA, the organization that regulates medicine in
7 our country issued a warning that it actually could be harmful
8 to some patients.

9 Number 2, current federal law categorizes marijuana
10 regardless of the reason for its use as having high potential
11 for abuse. As such, the federal law does not allow or permit
12 the use of marijuana at this time.

13 Let me say that again. Federal law does not allow
14 or permit the use of medical marijuana at this time.
15 For my review, the passage of 1393 would likely be challenged
16 as to its legality on the federal level.

17 Number 3, the use, distribution and trafficking of
18 marijuana continues to be an illegal activity according to
19 federal law. Use, distribution and trafficking of marijuana
20 continues to be illegal according to federal law.

21 Number 4, in a number of states who have passed
22 this legislation of medical marijuana with strict statutes,
23 the marijuana lobbyists have worked to liberalize the rules
24 later.

25 Next, few legitimate medical groups are supportive

1 of the availability of marijuana as a medicine.

2 Next, THC is available as a medicine in pure oral
3 preparation. Marinol which treats nausea and vomiting that
4 goes along with certain treatments and Nabilone which also
5 treats nausea. There are many other approved drugs to assist
6 cancer patients.

7 Next, open acceptance of marijuana for medical
8 purposes interferes with enforcing drug screening. Will the
9 use of medical marijuana allow workers to come to work high?
10 Will employee productivity increase or decrease with this
11 condition?

12 Lastly, it is proven to be difficult and expensive
13 to regulate the other medical marijuana states and the amount
14 of additional costs due to fraud, crime and other costs will
15 be exorbitant.

16 Let me relate one small incident that I'm aware of,
17 some of you might remember it. It occurred in February of
18 this year. A flight from Philadelphia to Los Angeles needed
19 to be diverted to an emergency landing in Pittsburgh because a
20 passenger on board the plane began screaming, dropped his
21 pants and attacked the airline crew. He was removed from the
22 plane and arrested. Travel plans of the 100 passengers on
23 board were interrupted because of this incident.

24 The alleged reason for the incident? This person
25 consumed two marijuana cookies which was double the normal

1 dosage that he had been taking. The unnecessary expenses to
2 the various groups that were incurred as a result of this were
3 high. Do we believe, do I believe that this is an isolated
4 incident? Who could not expect many more of these types of
5 occurrences if marijuana usage for medical reasons is allowed.
6 I didn't have the luxury because of the short notice of this
7 hearing of less than one week to become aware or to study who
8 else would be speaking before you today, Representatives. I
9 assumed that you will probably not hear today from one very
10 important group who are involved every day in helping parents
11 formulate future opinions, our school administrators and
12 teachers.

13 This influential group to our children and
14 grandchildren need to be heard from as to how they would
15 instruct our young people on the dangers of marijuana use but
16 at the same time explain to them that although illegal, it can
17 be used in the State of Pennsylvania.

18 How many law enforcement officers have you heard
19 from that will support this bill? Do you have a stable of
20 Pennsylvania judges who believe this House Bill is in the best
21 interest of Pennsylvania?

22 My wife and I belong to a fraternity of parents who
23 tragically have lost a child as a result of a drug problem.
24 You will probably not hear today from someone, you will
25 probably hear today from someone that there is no scientific

1 proof to substantiate a claim that marijuana is a highway to
2 other drugs. I can tell you that my daughter had exposure to
3 marijuana during her high school years in Pittsburgh.
4 This exposure led her to other recreational drugs.
5 Has any supporter of this House Bill that is here today or
6 that you heard from in other hearings had a death in their
7 immediate family due to a drug addiction? My belief is if
8 they did, they would not be supporting this dangerous piece of
9 legislation.

10 Representative Myers, Representative Wheatley, I
11 urge you not to legislate medical marijuana for Pennsylvania.
12 Please protect our families, our youth, our communities, and
13 the citizens of Pennsylvania from this dangerous change.
14 Pennsylvania is a leader in many ways in America. Do not
15 allow us to become the California of the east. Please do not
16 support this bill. Thank you.

17 CHAIRMAN WHEATLEY: Hold on, hold on, hold on.
18 Wait, wait, wait. We have to have some order. We have to
19 have some order and everyone is allowed to present their ideal
20 and we all need to respect that. There will be no booing in
21 this hearing or we will clear the hearing room and we will go
22 from there.

23 I do appreciate your testimony. Do you have any
24 questions?

25 CHAIRMAN MYERS: I don't have any questions, I

1 certainly support what Representative Wheatley just said, this
2 is not one of those kind of get-togethers, you know. We want
3 to make sure that every individual is heard based on their own
4 personal position. We just want to hear testimony when we go
5 back to Harrisburg, you know, talk to other lawmakers and
6 stakeholders and public policy people and to see where we can
7 go with this.

8 It kind of reminds me of social issues are always
9 very controversial. You always have 50 percent for it and 50
10 percent against it. You know, right to life, police
11 protection. I mean there are a number of issues that we have
12 camps that are very solidly committed to their side of school
13 of thought. And I will share with you.

14 I have my own feelings about whether drugs should
15 be legalized or not. Me being from Philadelphia you probably
16 don't know, my son was kidnapped three years ago and I know
17 they killed him. My son wouldn't be missing for three years,
18 because of drugs. I have a view about drugs too. And I have
19 a view about what I think ought to happen with it. And I have
20 a view about how I feel about them snatching up my son and
21 doing what they did to him, whatever they did to him.
22 And not having the gumption or the guts to at least tell me
23 where he is at so he could have, so I could put him away the
24 way he is supposed to be put away.

25 So do I want to see drugs stopped? Absolutely, by

1 any means necessary. But my view may not be yours. And I'm
2 not going to try to shove it down your throat. When you ask
3 the questions does anybody know anybody that died because of
4 drugs, yeah, my son, 27 years old. I watched him be born, I
5 rocked him in my arms. So I know the feeling of a parent who
6 lost a child to drugs.

7 I just necessarily don't agree on what the solution
8 ought to be. And there ought to be a solution. That is why
9 I'm here. I want to hear solutions. Everybody has an
10 opinion. You know the old saying about opinions, everybody
11 got one. I aint going to expose mine.

12 But I will tell you that what I want to hear are
13 solutions because just like Brother Owen got a story to tell,
14 so do I. Many probably didn't expect to hear me say what I'm
15 saying. I'm a state law maker, how did my son get caught up
16 in drugs and die? Kidnapped, his mother shot in the head.
17 His sister shot three times. And the people who did it are
18 still out doing what they do.

19 Now, if there was a stronger war against drugs, my
20 son may be alive today. If drugs were legalized, my son might
21 be alive today. Because we know that profit is what brings
22 corruption.

23 Corruption is profit driven. If there aint no
24 profit, there aint no reason to be corrupt. So I thank you
25 for your testimony. I just wanted to as the kids say kick it

1 back with you, you know.

2 MR. OWEN: Thank you.

3 CHAIRMAN WHEATLEY: Mr. Owen, I really do
4 appreciate you sharing your story. I really don't have a
5 question, but I am interested in hearing your, when you talk
6 about the teachers and school administrators having them
7 testify, you brought up this interesting at least in my own
8 head type of question.

9 You may see no reason, I want to make sure I get
10 your perspective right, for us to in a medical situation
11 provide marijuana as an option for patients to have, a legal
12 option for patients who through their medical professional
13 have the option to be prescribed that. Because that is really
14 what the bill is essentially trying to get at. So you see no
15 reason at all under any circumstances that you can see
16 Pennsylvania or any other state allowing that as a process, is
17 that correct?

18 MR. OWEN: My assessment is that the federal
19 government has established a bureau to regulate how people are
20 treated for illnesses. If I walk in tomorrow with a banana
21 peel and say if I start scraping the banana peel on my mouth
22 it will make me better and I have had three friends that do
23 it, if the FDA says doing that process, I'm fine. What I'm
24 saying is, the Federal Government regulates what is right and
25 what is approved. Many drugs never get to the table. They go

1 through an extensive process. There is research, there are
2 tests, there are studies. There is a process.

3 Let's use the process that protects America for
4 every other drug. And as I say I'm not aware in my research,
5 and I'm not an expert, that are there other drugs that allow
6 people to smoke to cure them. I have not been able to find
7 one. I haven't spent the last years, I have been doing, very
8 involved in this since my daughter passed. But I'm saying we
9 have a device to protect every citizen against medications.
10 And I want the best medications available for my wife and my
11 daughter and my granddaughter. But I don't want somebody who
12 thinks they have a solution to something outside of the
13 process that our government has established to implement it.
14 I don't think legislators are responsible to legislate
15 medicine.

16 We have a device. We have an organization. It is
17 not a new organization. It works. Why not use that process.
18 That is my position.

19 CHAIRMAN WHEATLEY: I can understand, thank you.

20 CHAIRMAN MYERS: Thank you.

21 CHAIRMAN WHEATLEY: Mr. Jack Cole, Law Enforcement
22 Against Prohibition.

23 MR. COLE: My name is Jack Cole. I do not use nor
24 do I intend to use marijuana or any other illegal substance.
25 I retired as a detective lieutenant after a 26-year career

1 with the New Jersey State Police. For 14 of those years I
2 worked as an undercover narcotics officer. My investigation
3 spanned cases from street drug users to international billion
4 dollar drug trafficking organizations.

5 I'm here today to respectfully encourage this
6 committee to support replacing the current failed marijuana
7 prohibition laws with a workable system of providing for the
8 medical use of marijuana.

9 Bills such as H 1393 when enacted across the U.S.
10 will reduce the harms prohibition has imposed on our society.
11 They will allow hundreds of thousands of patients suffering
12 from various diseases to legally access medicine vital to
13 maintaining a decent quality of life.

14 But that is far from the only good reason for
15 passing such bills.

16 They will also help police to return to the
17 important jobs such as tracking down violent criminals. They
18 will save billions of tax dollars while creating additional
19 revenue of billions more. They will remove a large portion of
20 the obscene profits currently collected by the violent Mexican
21 drug cartels. And they will ultimately reduce the number of
22 underage people using marijuana recreationally.

23 This is a great start but it is only a start. I'm
24 a founding member and chairman of LEAP, Law Enforcement Again
25 Prohibition. It is an organization founded by five former

1 cops to give voice to law enforcers who believe the war on
2 drugs is not only a dismal failure, but worse. It is a
3 self-perpetuating constantly expanding policy disaster.
4 In the eight years of LEAP's existence, this organization has
5 grown to represent more than 30,000 people and we are no
6 longer just cops. We are police, judges, prosecutors, prison
7 wardens, DEA and FBI agents and others who know that a policy
8 of regulation and control of drugs is much more efficient and
9 ethical than a policy of prohibition. Nothing can be
10 regulated or controlled while it is illegal.

11 By the way, one of these people that I'm talking
12 about I represent here is a friend of mine former retired
13 lieutenant, Fred Martens, also from New Jersey State Police
14 who worked with me under cover in narcotics. And who went on
15 to become the commissioner of the Pennsylvania Crime
16 Commission and you will probably hear from him if you have any
17 of these back in Philadelphia.

18 For 40 years with the budget of one and a half
19 trillion dollars the United States has fought the war on drugs
20 by implementing every harsher policies. During those years we
21 have made 41 million arrests for nonviolent drug users, drug
22 offenses in this country.

23 Nearly half of those arrests were for marijuana
24 violations. This is a lot of people you are talking about.
25 Currently 2,300,000 people are imprisoned in the United

1 States, far more per capita than any country in the world.
2 And what do we have to show for all these ruined lives, all
3 this misspent money? Today drugs are cheaper, stronger, and
4 far easier for our children to access than they were when the
5 war began in 1970 when I started buying those drugs as an
6 under cover officer.

7 That is the very essence of a failed public policy.
8 As public servants, we all work to ensure the quality of life
9 of our citizens and we seek and support decisions that favor
10 the greater social good. Let me suggest that having an arrest
11 record of any kind is certainly a life-altering event. It
12 will impact social status, possibly employment status, the
13 ability to secure housing, and it will certainly increase
14 stress within a family unit.

15 Drug charges and conviction will also destroy a
16 college student's opportunity for continued federal financial
17 aid. According to the government sources, more than 97
18 million Americans currently admit to having tried marijuana.
19 How fortunate we are, I believe, in many ways that they were
20 not all arrested and prosecuted.

21 Nearly 1,000 people experimenting with drugs went
22 to jail as a direct result of what I did out there as one
23 under cover agent, something I'm sure not proud of today.
24 Because of what the last speaker said about lobbyists and
25 such, let me suggest to you that, let me just tell you, I'm

1 not here as a lobbyist. I'm here as a founder of LEAP. And
2 I'm not here because I make money at it, I don't get paid
3 anything. I do what I do to try to correct a lot of wrongs
4 that I caused in 26 years in the State Police.

5 Most of the people I arrested were young adults.
6 Many of them were self-medicating with marijuana. I can't say
7 how many of those folks would have gone on to have, become
8 available citizens had I not intervened, but I am sure that my
9 intercession caused nearly all of them to be sucked into that
10 whirlpool of incarceration which it is almost impossible to
11 escape.

12 And it was not only the fate of those individuals
13 arrested, their whole families suffered greatly as a result of
14 these arrests.

15 I would just ask the commission to think of all the
16 people you know personally who ever used an illegal drug when
17 they were young and then put those drugs behind them, went on
18 to live perfectly happy, productive lives. You know you can
19 do that if you haven't been arrested.

20 You can get over an addiction. You will never get
21 over a conviction. A conviction will track you every day for
22 the rest of your life because it is on a computer. Every time
23 you apply for a job it is over your head like a big ugly
24 cloud. Employers look at your record and say, druggie, we
25 don't want you. The only place those folks can find

1 acceptance is right back in the drug culture, the very group
2 we say we are trying to save from drugs.

3 Current drug policy prevents police from solving
4 significant crimes because police spend so much time and
5 energy chasing marijuana law violators.

6 In 1963 before we had a war on drugs, our police
7 were correctly credited with solving 91 percent of all murders
8 in this country.

9 But in recent years they have solved only 61
10 percent of those murders. The crime rate in the United States
11 has dropped 40 percent since the 1990s. But even with this
12 tremendous reduction in workload, police still fail to solve
13 40 percent of the murders, 60 percent of rapes and arson, 75
14 percent of robberies. We have far more police per capita than
15 we did in 1963. They are better paid, they are better
16 educated, they are better trained and they have technology at
17 their disposal like they came from Star Wars. So what could
18 cause this terrible drop in our being able to solve crimes?
19 The police, judges and prosecutors of LEAP believe since the
20 war on drugs started police have to spend so much time and
21 energy chasing nonviolent drug offenders that we no longer
22 have time to protect citizens from these violent criminals.
23 H 1393 and similar bills will by implementing a system of
24 legalized regulation of medical marijuana effectively reduce a
25 large number of arrests for marijuana violations and will

1 allow, therefore, police to work on far more important issues.
2 The financial repercussions of drug prohibition of staggering.
3 A 2008 report commissioned by LEAP and written by Harvard
4 University economics professor Jeffrey Miron estimates that
5 drug legalization and regulation would reduce the U.S.
6 government expenditure by \$44 billion annually with roughly 30
7 billion of that accruing to state and local governments.
8 And about 14 billion accruing to the federal government.
9 Approximately 13 billion of the potential savings annually
10 would result from the legalization of marijuana alone, \$13
11 billion.

12 Dr. Miron further estimates that drug legalization
13 would yield a tax revenue of \$33 billion annually, assuming
14 that the then legal drugs would be taxed at rates comparable
15 to those placed on alcohol and tobacco.

16 Approximately 7 billion of that annual tax revenue
17 would be a direct result of the regulation and taxation of the
18 only drug, marijuana.

19 Dr. Miron also estimates that Pennsylvania
20 currently spends \$408 million yearly on marijuana
21 interdiction, and that legalized regulation of all marijuana
22 would result in an additional revenue source to Pennsylvania
23 of \$88 million. So, the savings and the revenue yearly to
24 Pennsylvania could amount to nearly \$500 million.
25 Sadly, current policy also results in children telling us it

1 is easier to buy marijuana than it is to buy beer and
2 cigarettes. Of course, the reason for that is no drug dealer
3 on the street is going to card them and say are you old enough
4 to buy this stuff.

5 This bill will reduce marijuana use in
6 Pennsylvania. Reduce. In every country where illicit drugs
7 have been decriminalized and regulated, the rate of drug use
8 has been reduced when compared to neighboring countries that
9 did not decriminalize. For instance, Portugal. In July 2001
10 Portugal decriminalized all drugs for adults. Not only did
11 they decriminalize, they said you can have up to ten days
12 supply of your personal drug of choice on your person and you
13 won't get arrested.

14 And obviously a ten-day supply is different
15 depending on who you are talking to. So virtually nobody gets
16 arrested over there for the drug violations. The drug lawyers
17 both there and in the United States prophesied chaos if this
18 policy came into effect. It did come to effect. The
19 resultless were exactly the opposite of what they said.
20 They said if you allow adults to use any drug they want,
21 everybody will be using drugs. Exactly the opposite happened.
22 Drug use in every age group went down after they
23 decriminalized drugs, but especially among the young. For
24 children from ages 13 through 15 years old, drug use declined
25 by 25 percent.

1 That is significant. For young people from age 16
2 to 18, drug use declined by 22 percent. There is this fruit
3 of the forbidden tree and when you say to a young person you
4 can't have that, the reaction is often I think I will give it
5 a taste.

6 This is not only true in other countries, it is
7 also true in the United States. This reduction in marijuana
8 use by juveniles has also held true in all the U.S. states
9 where they passed medical marijuana bills or where they
10 decriminalized a certain portion of marijuana. Drug use among
11 young people went down far more than it did in other states
12 when they didn't decriminalize or pass medical marijuana.
13 I don't know why that might happen. Maybe it is just for a
14 young person it is not quite as cool to smoke a joint when
15 that is what grandma does for glaucoma.

16 In closing, I would like to thank the committee for
17 allowing me to speak in support of H 1393. This bill is an
18 important step in reducing the harms of drug prohibition.
19 By supporting it, you are speaking out in favor of a public
20 policy that will be far more effective, more ethical, less
21 damaging and far less costly than that of marijuana
22 prohibition. Thank you for your time, I will take any
23 questions.

24 CHAIRMAN WHEATLEY: I do have a couple of
25 questions. I'm just, off the top of my head, you were talking

1 about the relationship in these states that have either
2 decriminalized or legalized some portion or aspect to
3 marijuana and the impact to the youth.

4 Now, is that the impact to the number of youth
5 being identified and prosecuted for marijuana-related
6 incidents or is there some other scientific number of they had
7 an amount they were using and the actual users have gone down,
8 do you understand what I'm saying? Has the arrests gone down
9 or the use gone down?

10 MR. COLE: Both have gone down. But there is a
11 survey that is done every year which is escaping me right now.
12 Frontier -- I forget the survey, I'm sorry. It is done by the
13 Whitehouse drug czar's office. And that survey shows that
14 drug use has gone down across the United States for teenagers.
15 But for teenagers in these states where they legalized medical
16 marijuana, or decriminalized a certain portion of marijuana,
17 it dropped significantly more than in the states where they
18 haven't done it.

19 CHAIRMAN WHEATLEY: That is what I'm kind of
20 struggling with because if, not that it is wrong, just if
21 medical marijuana is made available to those patients who are
22 prescribed the use of the drug, it does not necessarily make
23 it available to everyone else. So, everyone else who is still
24 interested in smoking it for whatever reason, it would still
25 be illegal for them. So why would that activity diminish if

1 you made it more available for those who are legally able to
2 get it from a doctor? Unless there are some crossovers and
3 some abuses of the system that allows for folks who haven't
4 been prescribed to get access to it.

5 MR. COLE: It is counter intuitive but it is a fact
6 that when you decriminalize drugs you have less use of those
7 drugs by young people. This is true as I point out in
8 Portugal. It is also true in the Netherlands. The
9 Netherlands decriminalized marijuana 34 years ago. Some years
10 ago our presidential administration thought gee this would be
11 a perfect example to show the public and the United States
12 what terrible things can happen when you loosen up drug laws.
13 So they sent some of our scientists to the Netherlands to do a
14 survey of their 10th graders and find out how many of those
15 little rascals had used marijuana, and they found 28 percent
16 had used marijuana.

17 And marijuana there, it is not legal but it is
18 decriminalized to the point where if you are an adult, an
19 adult is 18 in the Netherlands, you can go into a coffee shop
20 and buy up to five grams of marijuana or hashish every time
21 you walk in the door. They found that 28 percent of their
22 10th graders had used marijuana. And somebody said don't you
23 think you better do a comparison test on our 10th graders and
24 they did and they found out 41 percent of our 10th graders
25 tried it.

1 So that wasn't what they were looking, that wasn't
2 the answer they were after at all. They went back to
3 Netherlands and they spoke to the drug czar of the Netherlands
4 who happens to be the minister of health because in the
5 Netherlands they treat drug abuse as a health problem and not
6 a crime problem.

7 When they asked him how could it be that where
8 marijuana is virtually legal your 10th graders 28 percent use
9 them and in the United States where we treat marijuana as the
10 devil's own weed, 41 percent of our 10th graders are using.
11 And I think his answer to that was right on. He said you
12 know, I think in Holland we managed to make pot boring.
13 He said, you know, young people aren't likely to act out
14 against authority figures by doing something that is just
15 ho-hum. And they know when they turn 18, they can walk in to
16 any coffee shop they want and get all they want. So what he
17 said what this means is that they don't start using drugs at
18 the tender age of 14 which is entry level age for drug abuse
19 in this country.

20 And he said if you can just prevent those young
21 people from deciding will I or won't I use a drug for those
22 four very formative years of your life, 14 to 18, so many
23 fewer of them will ever decide to use that drug. Then he
24 pointed out on a per capita basis the use of soft drugs,
25 marijuana, hashish, in the Netherlands is one-half the use in

1 the United States. One-half.

2 And the use of hard drugs, heroin, cocaine,
3 methamphetamine is one-fourth of what it is in the United
4 States per capita. And he said the reason they believe it is
5 so much less for hard drugs, is because young people
6 experimenting with drug use who want to turn 18, want to try a
7 soft drug go into a coffee shop where they want to sell them a
8 soft drug and not go to a criminal on the street who would
9 much rather hook them on heroin, cocaine, methamphetamine.
10 The murder rate is one-fourth what it is in the United States.
11 Apparently they are doing something right. Let me suggest it
12 is not by making harsher drug policies.

13 In the Netherlands, as a matter of fact, in all of
14 Western Europe, they imprison their population at or below 150
15 per 100,000. In Netherlands it is 127 per 100,000. We
16 imprison our population at the rate of 1,009 per 100,000.
17 That means that one out of every 100 people in this country is
18 imprisoned or jailed or awaiting. That's almost unbelievable
19 to me.

20 Either we have the most vile, criminal, horrible
21 people in this country or we are doing something wrong.
22 Something wrong. That is all we are talking about. And most
23 of these people are in those prisons because of drug
24 prohibition.

25 CHAIRMAN WHEATLEY: Just a last question from me,

1 your history as a law enforcement officer, how many of those,
2 I think you said 1,000 cases, direct cases that you put away.
3 How many of them were placed away based on marijuana or did
4 you see a combination of marijuana and other drugs again going
5 back to marijuana, or is marijuana some time of gateway?

6 MR. COLE: An excellent question Representative
7 Wheatley. Let me preface this by saying I started my
8 undercover work at the beginning of the war on drugs in 1970.
9 We really didn't have much of a drug problem in this country
10 in 1970.

11 My belief is that the drug problem was virtually
12 created out of whole cloth by the war on drugs. Here is the
13 way that worked.

14 I joined the New Jersey State Police in 1964. We
15 had 1700 troopers. We had a seven-man narcotic unit which
16 seemed perfectly adequate for the job we needed to do. Six
17 years later we had exactly those same numbers until October of
18 1970 when I went into narcotics when thanks to the fact that
19 Mr. Richard Nixon had created his own war on drugs. He is the
20 one that coined, created the phrase and got the U.S. Congress
21 that year to pass massive funding bills that would give
22 tremendous amounts of money to any police department willing
23 to hire officers to fight the war on drugs. Thanks to that
24 bill overnight we went from seven-man narcotic unit to
25 76-person narcotic bureau.

1 We increased the number of police doing that one
2 job by 11 times its size. When you do something like that,
3 you set up a great deal of expectation. The following year we
4 were expected to arrest at least 11 times more people for drug
5 violations than we did the year before.

6 We had to justify our existence. And there just
7 weren't a lot of drug dealers out there in 1970.

8 To get most of your drugs you had to go to the big city, you
9 had to go to New York City, Newark, Philadelphia. I was
10 working about 30 miles outside of New York City and since
11 there weren't many drug dealers, they targeted me the other 35
12 people that went undercover for the State Police against small
13 groups of friendship groups, 10 to 15 people in a group, kids
14 in college, kids in high school, kids in between.

15 Come Friday night somebody in that group, you know,
16 they are out of school, they are off work somebody would say
17 hey, you want to get high. Of course, if nobody said that,
18 that was my job.

19 If anybody took me up on that offer, one of the
20 friends in that little friendship group who happened to have
21 access to the family car or something to make the trip to New
22 York City to get the drugs would go to others and say hey,
23 want to get high tonight? No, I got a test Sunday, I don't
24 think so. How about you, yes, give me a couple joints while
25 you are there, will you? How about you? Well, if you run

1 across anyone that has some acid, give me a hit of acid while
2 you are there. When they come to me I would put the order in
3 for the same little piddling amount of drugs, right? They
4 jump in the car off they go to city they come back and when
5 they handed that out to their friends they got to me, when
6 they handed it to me they became a big time drug dealer
7 because that is what we labeled them that is what stuck.
8 I might be working 10 of those friendship groups at the same
9 time. Every 45 days me and the other 35 undercover agents
10 would have a raid. We would round up about 100 people that we
11 had with charges like this.

12 We would go in five o'clock in the morning with 350
13 cops kick their doors down and drag them out in chains. When
14 we get them down to the police station we already called the
15 reporters, the reporters would be there to take their pictures
16 and that perp walk and destroy any credibility, respectability
17 they had in their communities. When we got them all lined up
18 against that back wall, my boss would come out and say you see
19 that, there is 95 major drug dealers we took out of your
20 community. That is what he would tell the reporters. Major
21 drug dealers.

22 We need more police, we need more money, we need
23 harsher laws. We have to stop this, this is terrible.
24 The reason they did it was they needed to prove that the war
25 on drugs was so essential that the federal people would keep

1 paying for the money for those police. We hired 76 new police
2 officers that year, that first year, they were all paid by the
3 feds. We had to make it look so bad that the feds would keep
4 paying for it and that is what we did. We virtually lied
5 about everything that happened in the first years.

6 And it is a shame. It is a shame. Because those
7 people back then, those people might have sold me marijuana or
8 they might have just given me marijuana. You remember that
9 guy that used to smoke but didn't inhale?

10 Let me tell you about it. If Mr. Clinton would
11 have been in that friendship group this is right when he was
12 smoking but not inhaling, it wouldn't matter whether he
13 inhaled or not. That is a very social thing, especially soft
14 drugs. You stand around in a circle with a half dozen people,
15 you spark up one joint, hand it take two tokes hand it to the
16 person on the right. They hand it to me I pretend to take a
17 toke, keep it going around. Next time it came around
18 everybody is getting high, the joint is getting slower, when
19 they hand it to me I would knock the flame off that I stick it
20 in my pocket.

21 And that night I would submit that as evidence, as
22 evidence that the person who handed it to me was a drug dealer
23 because the way the laws are written, it doesn't say anything
24 about getting money. The mere handing from one hand to the
25 other, one of these illicit drugs makes you a drug dealer.

1 And had Mr. Clinton been standing in that circle and handed it
2 to me he wouldn't have been ever an attorney much less the
3 President of the United States. What are we doing out here?
4 Let me tell you what happened to those young people. They all
5 went to prison for seven years because that was, that is what
6 we were sentencing them to do back then. Back then the word
7 of a cop was Gospel, nobody got out of it.

8 You went to jail for seven years, they came out no
9 education, no chance to get a job. Who they going to turn to?
10 The only place to turn to is right back to that drug culture.
11 This is terrible, we have to stop it sometime. And what you
12 guys are working on is so important, it is so important.

13 CHAIRMAN WHEATLEY: Thank you for your testimony.
14 Dr. Neil Capretto.

15 DR. CAPRETTO: Yes. I would like to thank this
16 group for being invited. I would like to thank
17 Representatives Myers and Wheatley. I don't have the loudest
18 voice. I will try to speak up.

19 And a panel, everyone here I believe really does,
20 is concerned about the life and welfare of citizens of
21 Pennsylvania. I have been a lifelong resident, I grew up in
22 steel town Vandergrift, I went to medical school in
23 Philadelphia, I trained at St. Francis in Pittsburgh. I have
24 been in the field of medicine over 33 years.

25 I started with Dr. Abraham Twerski, my mentor at

1 St. Francis in the addiction field over 29 years ago. I have
2 been full-time at Gateway Rehabilitation Center for over 21
3 years now.

4 We now treat over 1500 patients a day in our region
5 for addiction. The problem is growing. I end up treating a
6 lot of the people that other people don't want to treat. My
7 friends who are colleagues and physicians say how can you work
8 with those people. I work with the IV heroin addicts who have
9 HIV, hepatitis, who are homeless and people doing cocaine.
10 Yes sometimes people are addicted to marijuana. We do see
11 marijuana addiction.

12 But I also try to push the envelope. Until we get
13 100 percent success, I say we need to look for more tools in
14 our tool box. I have been a big advocate for needle exchange,
15 harm reduction in terms of lock zones. And in terms of the
16 issue with marijuana. I would like to start off by saying I
17 do believe that marijuana more correctly some of the
18 components in marijuana do have medicinal value for a number
19 of conditions from nausea and vomiting to appetite stimulation
20 with age wasting, to a number of neurologic conditions pain,
21 headaches to seizures.

22 I also believe that people who are trying to
23 receive help for legitimate medical conditions and the health
24 care providers trying to provide that should not have to fear
25 prosecution in trying to do that.

1 Obviously, I believe in compassionate care for
2 people who are suffering. There are many people suffering, we
3 may hear from some coming up that they are suffering and
4 marijuana does help them. And we owe people suffering our
5 best.

6 Yet I am against this legislation for the reason
7 that I believe there are more responsible ways to provide for
8 that, to provide for medical care. I will give you some, what
9 I think are some solutions. I know you are looking for that.
10 We have some time and I have a lot of information here.
11 If this is truly a medical issue and we are trying to call
12 marijuana medicine, then why don't we try, why don't we treat
13 it like we do any other medication? For instance, if you are
14 sick tomorrow and you go to your physician with certain
15 symptoms, the physician is thinking of a medicine to use.
16 Well that medicine has been FDA approved.

17 How does that happen? First of all, there has to
18 be information, anecdotal stories that say that something can
19 be helpful. There has to be some studies showing that. Then
20 the FDA approves a phase system. Phase 1 trials are limited,
21 you look for is there toxicity, is it safe to continue with
22 it.

23 Phase 2 are larger trials that look for is it
24 effective, is it doing what we say it does. Is it still safe.
25 You are always looking for safety and toxicity.

1 Phase 3 are larger studies that really try to tease
2 out things like what is the best way to give it, by mouth, by
3 spray, by some other form, maybe IV medicine. Is it, is there
4 -- what doses work best, what are some side effects. And then
5 it gets approved. So your doctor has that available.
6 And if he has questions about you, he has books that he can go
7 to and look at what is the proper dose, what are the risks and
8 benefits, what medicine interactions does it have with other
9 drugs.

10 This bill is going to by-pass all that. It is
11 going to say, it will say no, we are going to, that is not
12 going to available to your doctor.

13 The next thing your doctor gives you a
14 prescription. You go to a licensed pharmacy that has quality
15 controls that make sure you will get that dose that your
16 doctor ordered. You have a pharmacist there who is going to
17 be able to check with your database with other medicines.
18 Your doctor may not know you are getting prescriptions of
19 Xanax and Vicodin from another doctor down the street.
20 The pharmacist, there is a safety mechanism built in place
21 through pharmacy. This is going to by-pass that. And I'm
22 saying that is not responsible.

23 Now why are we at this point? Again, it is a
24 medical issue. Part of the reason has been the federal
25 government, I think people are at this point because the

1 federal government has made it hard to do the legitimate
2 research over the years, both parties historically.
3 And a lot has been driven by Dr. Wecht said the Reefer Madness
4 hysteria. The time for that come, should end now.
5 I think our current administration I know is much more open to
6 looking at this logically. The errors of the past restricting
7 adequate study are wrong. But it is also wrong to by-pass
8 that and say we are going to do an end run, we will go rogue
9 on this and by-pass the system.

10 Two wrongs don't make a right. I'm sorry, most
11 first graders know that. I offered you an op-ed that I wrote
12 to the Pittsburgh Post Gazette. I just found out I would be
13 involved with this yesterday. I had patients to see late in
14 the evening and today. So I didn't have time to refine it.
15 Where I make some of my comments. I should say after, the
16 week after I sent in this op-ed there was a reply came I
17 believe mainly from the marijuana lobby. And they actually
18 posted it on their website being critical. They said I had
19 important factual errors.

20 Well, actually there was only one sentence of which
21 they said I had factual errors, and they commented on three
22 points. I did say use of marijuana can make you a more
23 dangerous driver. Is that a factual error? Does it make you
24 a safer driver if it reduces reaction time, coordination?

25 There is such a thing called drug driving. The

1 Rand Corporation did a study on what could be the impact of
2 legalizing marijuana in California which is pretty
3 conservative with their information, at least I believe they
4 are.

5 They estimated that if marijuana goes totally legal
6 in California, there would be a minimum of 60 more fatalities
7 a year. That is a big state, that is maybe not a big
8 percentage of people but it is certainly relevant to those
9 people.

10 And yet when you for regular users of marijuana
11 their impairment of driving lasts beyond 24 hours from their
12 last use. So I think that is an accurate statement.

13 I also made the statement it may increase your rate
14 of respiratory illness and they challenge that said it has
15 never been proven that it causes lung cancer. That is
16 controversial. There has been some studies that say it does
17 cause lung cancer. Most experts do believe that there is a
18 connection with lung cancer. It is hard to separate there are
19 so many people that also smoke cigarettes.

20 But clearly, this is a plant you are lighting on
21 fire that you ingest over 400 chemicals that has four times
22 the amount of tar and nicotine. It can contribute to
23 respiratory infections, pneumonia, bronchitis. I think any
24 9th grader in health knows that smoke in your lung is not a
25 good thing. So I would think that is also a concern.

1 These aren't reasons to say we should not look at
2 marijuana as a medicine. They are reasons to say we should
3 look at it in responsible way.

4 The last thing I commented on is it may increase
5 your rate of schizophrenia. I really that is the most
6 controversial one. There has been a variety of studies. They
7 cited one study that just said well, it causes funny thoughts
8 in some people. Funny thoughts can be hallucinations,
9 delusions, depersonalization. They may not be so funny to
10 people getting them.

11 There is a study in Sweden that looked at 50,000
12 people that showed a significant increase, a study in Great
13 Britain of another 1,000 people looked at 10 percent increase.
14 Especially with young people in developing brain, the last
15 speaker was correct in saying it is a critical time in
16 development. Harvard psychiatry show that teens who use
17 marijuana as little as 10 times more than doubled their,
18 excuse me, Harvard Mental Health letter more than doubled rate
19 of schizophrenia, an area of controversy.

20 And the expert they used to comment on it was a Dr.
21 Mitch Earleywine, Ph.D. from Albany, New York. A very
22 engaging speaker, I agree with a lot of things he says but not
23 on this issue. He did disclose that he is a psychologist from
24 Albany. He didn't disclose he is on the advisory board for
25 NORML. He also didn't disclose that he is on the advisory

1 board for Cannabis Science, Inc., a for profit company that
2 makes marijuana products and makes, has public stock that
3 sells and they make money for selling marijuana to states that
4 provide it.

5 I'm not saying that that biases his opinion but I
6 think that should be available. I will admit and I disclose
7 that because I work in addiction I may see the world from a
8 different point of view. I may very much have a skewed point
9 of view because of what I see a part of the world every day
10 that a lot of people don't see. The people who work in
11 emergency rooms tend to wear seat belts also.

12 Let's just talk for a minute about the elephant in
13 the room here. Most marijuana use in this country is not for
14 medicinal purposes, it is to get high. That's the point.
15 People don't use marijuana to increase their heart rate or
16 their affect lungs or lymphatic system, they use it to get
17 high. If you want to make that a legal thing to do, that is a
18 separate issue from the medical issue. Yet, there are many
19 other medical conditions and conditions in drugs being studied
20 that don't have anywhere near, you wouldn't get more than two
21 people in this room to support some of those.

22 And I wonder if that is because you can't get high
23 from those things. That might be something. That again is
24 not a reason not to study marijuana as a medical, but it is a
25 reason to look at it responsibly.

1 The Institute of Medicine, I encourage you to look
2 at this book thoroughly, probably one of the best written
3 marijuana and medicine, big study that was in 1999. The sad
4 thing is the science has moved very little since then because
5 of restrictions in the federal government.

6 They did conclude that there are medicinal
7 properties. We are not living in the year 10,000 BC, we are
8 not on the moon. We have many other medicines. They conclude
9 although there are medicinal properties to it, that for the
10 most part there are other ingredients that are more, there are
11 other medicines in almost every instance which are better than
12 the effects of marijuana which at best are modest. We do have
13 other medicines.

14 They also said there is little future in smoked
15 medicine. And smoked medicine is harmful.

16 The active ingredient in marijuana, THC, and Dr.
17 Wecht said, tetrahydrocannabinol already is available in
18 FDA-approved medicine which went through all those steps that
19 is indicated for nausea and vomiting associated with
20 chemotherapy and age wasting symptom to help stimulate
21 appetite. There are people who do benefit from it but because
22 is an oral pill, you have to wait for it and many people
23 prefer other forms, especially people with nausea. It is a
24 tough medicine to take.

25 It is one of my patients said who took it said it

1 was helpful he did smoke marijuana. I said which did you
2 think were better, he thought they about equally as good
3 although marijuana is more fun. That is okay but that's not
4 science.

5 We also you heard from Dr. Grinspoon about side
6 effects. This is a medicine that has been approved in Canada,
7 recently in Great Britain. It contains THC, cannabinal, other
8 ingredient in marijuana. And it is very promising. It shows,
9 a good study shows helpful for a lot of the neurologic
10 conditions, for pain, for multiple sclerosis, nausea and
11 vomiting, and comes in an oral mucosal spray which is a big
12 advantage over the Marinol use.

13 But one thing about it though, the way they have
14 the ingredients combined it seems to lean heavier on giving
15 medical aspects but minimal on getting high from it.

16 So, but because this is so effective, I'm wondering
17 where is the outcry to move this ahead? Why isn't there so
18 much energy about let's move this medicine which can
19 accomplish the goal of helping people who have these symptoms?
20 Maybe it has something to do with well, you can't get quite
21 the high from it.

22 If that's the point of what we are trying to do, is
23 this a Trojan horse? I think for some people it is, for total
24 access to marijuana. But again, that is outside of medicine.
25 You are dragging doctors into this.

1 I would rather stay with this, I would say inside
2 the ropes. To just kind of wind it up, is marijuana
3 addicting? For some people, yes. Lifetime rates of
4 addiction, that means having continued use in spite of adverse
5 consequences is about nine percent. It is lower than for
6 other drugs, even slightly lower than alcohol, certainly lower
7 than cocaine and heroin. But for those people that are
8 affected. With higher THC concentration we are seeing
9 physical withdrawal symptoms in about 50 percent of people
10 with marijuana. We weren't seeing this 25 years ago.

11 Now they are mild, they are jittery, not having
12 seizures, or TDs, but they are mild. Also as far as meeting
13 criteria for what is called abuse, for people who used
14 marijuana last year about 16 percent abuse, meet criteria for
15 abuse. That's harmful use. That is operating machinery that
16 is dangerous, maybe driving a car, about one in six. It is
17 not a reason to not study marijuana, but it is a reason to
18 study it responsibly and stay within the ropes.

19 The last speaker made comments about the effects
20 on, in states that made it legal and teen drug use and I
21 frankly disagree with his statements. I have evidence that
22 the statements that he was saying, I have right here and I
23 will be happy to show them to you from SAMHSA, the National
24 Household Survey on Drug Abuse. This is the most recent
25 available data of 2009.

1 And the devil is in details often with data. In
2 many of the states where marijuana has been used as medicine,
3 the rate of marijuana use in teens has gone down. But it went
4 down nationally, went down much more, went down twice the rate
5 in states that did not do that.

6 Let's look at in 2006 when there were ten states.
7 They list the states with the highest rate of ten drug use. I
8 find little comfort in seeing that the top three Maine,
9 Montana and Vermont are states that have medical marijuana.
10 In fact, Maine in 1999 before it was ranked 28th, it went up
11 to number 1. In fact, five, when only is only ten, five of
12 the first eight were states that legalized that.

13 I can't predict what is going to happen in
14 Pennsylvania. But for people to say no it is not going to
15 have an effect on our youth or guarantee you that it will go
16 down, that is very flawed.

17 One of my concerns about Pennsylvania, Pennsylvania
18 and Maine have a lot of similarity in terms of older
19 population, working class population. In terms of the
20 OxyContin and problems like that, they saw similar things.
21 Just a word of concern, yes, we see problem with other
22 medicine like OxyContin and Vicodin but that is within the
23 current safety system. Can you imagine the problems we would
24 have if we went outside of that system and went rogue with
25 that? That is why I'm saying it is better to stay within the

1 system.

2 The big question is should we cast aside the
3 concept that drug safety and efficiency should be assessed
4 scientifically on the basis of risk versus benefits and just
5 open it up to popular vote? We don't do that with other
6 medicines, we shouldn't do that with this.

7 What are my suggestions? My suggestion are we push
8 for more research for pushing medicine. And I have no stake
9 don't work for the companies that make any of these products.
10 Push for approval of the medicine like side effects. Look at
11 some guidelines from the American College of Physicians. They
12 have an excellent paper, a very rational approach supporting
13 studying marijuana as does the Institute of Medicine. And I
14 agree with their conclusions, that we need more research.

15 They also say while we are waiting for that
16 research side effects, I can even open up the possibility of
17 allowing smoked marijuana for certain people that are properly
18 evaluated to make sure that no other products have been really
19 effective for them. That it is of an urgent nature and it be
20 studied for a limited period of time until there are better
21 things. That would account for very low amount of people, not
22 just open the up the door.

23 When I talked to my patients from other states,
24 many of them say it has become somewhat of a farce. You go to
25 a doctor, you say you are stressed, you have headaches, people

1 in their 20s and 30s get it because they want to use it for
2 recreational use.

3 If that is what you want to do, have a different
4 bill, a different discussion. For medical use let's stay
5 within the ropes. For stories like Ron Owen and his daughter,
6 I think we owe it to people, owe it to the safety of our
7 citizens to do that. And if you need my help which I
8 volunteer for you, you may not ask for it or want it, but I
9 would be happy to go over in more detail some of these
10 suggestions in these booklets to do it in responsible way.
11 Thank you for your time.

12 CHAIRMAN WHEATLEY: I certainly will follow up with
13 you because some of the things you said did have me thinking
14 about maybe the bill, ways to address the bill try to get at
15 some of the concepts that I think the prime sponsor wants to
16 get at.

17 But to my colleagues who brought a point, I think
18 at some point the General Assembly as policymakers we do need
19 to look at the overall strategy that we kind of taken on. I
20 believe it is a public health discussion more than it is a law
21 enforcement discussion around decriminalization of drugs,
22 certain aspects of drugs. But you are right, under this
23 certain scenario, that is not the issue. The issue is medical
24 marijuana and the benefits for allowing the use of that for
25 medicinal purposes.

1 I definitely will, my personal, we probably will
2 follow up with you and try to see how we can tighten the bill
3 up to get it to that point. Thank you for your testimony.

4 CHAIRMAN MYERS: I will follow Jake's lead, so, I'm
5 sure there will be more discussion. I'm sure we will have
6 more hearings. I know about as much as I did when I walked in
7 here. Because again, I say for a lot of people this is a
8 moral question more so than criminal or a medical question.
9 It is a moral question. Do you want to do it just because you
10 want to get high.

11 I will go back to Philly. I will turn the meeting
12 over to Jake totally. When he was talking for some reason
13 what kept going across my mental state was the TV and the
14 prescription drugs and the disclaimer at the end. If you take
15 this drug, you might chop your head off, you might go kill
16 your dog. You going to be stretched for 10 days. You know,
17 talk to your doctor about this prescription drug.

18 DR. CAPRETTO: Your doctor can tell you what are
19 the odds of that happening.

20 CHAIRMAN MYERS: You won't cut your head off, but
21 be sick for nine days. But the point I'm making is the
22 disclaimer, the side effects and the tertiary situations that
23 arise out of drug use, I agree, you caught my attention when
24 you said that there ought to be a protocol. You actually
25 caught my attention on that, you know. Because some of these

1 drugs people are taking now when they decide to retest them
2 they found out they are doing more harm than good.

3 DR. CAPRETTO: That is part of FDA follow-up phase
4 you do ongoing monitoring.

5 CHAIRMAN MYERS: They had a prostate drug people
6 have been taking and said you should never have been taking it
7 and you have been taking it for nine years. So, I do support
8 the notion that it needs to be looked into. When we get back
9 to Harrisburg, we will continue to have this dialogue. There
10 are many people in Harrisburg that feel the same way that
11 Brother Owen feels that if you got to smoke it why would you
12 call it medicine. Therefore, this should not be a measure or
13 described or discussed in medical vocabulary. If you got to
14 smoke it.

15 Of course, I was thinking about some of those Italian
16 westerns.

17 DR. CAPRETTO: Spaghetti westerns.

18 CHAIRMAN MYERS: Yes, Italian westerns. Yeah. You
19 know, where they would be riding down the street smoking
20 something, you don't know what it is but the music start
21 playing, you know. But in all seriousness, I'm glad I was
22 able to come to Pittsburgh today. I'm glad I heard what I
23 heard. And I know we will do another one in Harrisburg.
24 Hopefully we will get some more insight, I'm serious, this is
25 not going to go away. This is not going to go away.

1 There will be some winners, there will be some
2 losers. But I do believe marijuana is going to get wrapped
3 into the medical profession some kind of way. I know there is
4 a strong move against it from the pharmaceutical companies
5 because they can't patent it. They can't say well, you know,
6 this is Merck, Sharp & Dohme's joint, you know.

7 DR. CAPRETTO: We can go do it in a way to keep big
8 pharm out of it, that would be fine.

9 CHAIRMAN MYERS: They can't figure out profit so
10 they aint going to try to corrupt it, they try to keep it off
11 the table. And use Megace instead of a joint to increase your
12 appetite. Thanks.

13 CHAIRMAN WHEATLEY: Thank you, Mr. Chairman, for
14 being here.

15 CHAIRMAN MYERS: Good meeting you all.

16 CHAIRMAN WHEATLEY: I have a question as relates to
17 you, I wanted to ask you about the gateway, you talked about
18 90 percent of the folks said addictive, have you found in
19 your, your practice that this somehow can be a gateway for
20 folks?

21 DR. CAPRETTO: The whole gateway drug theory is one
22 of debate and a controversy. It is true most people who use
23 marijuana do not go on to do heroin and cocaine and harder
24 core drugs. Of course, most people who do use hard core drugs
25 started with marijuana. They also maybe started with milk and

1 water too.

2 But we know this, regular users, heavier users
3 especially teenagers the more you use the more likely you are
4 to continue to use. And the more a drug becomes available,
5 the more people are going to use. Look at what happened with
6 prescriptions like opioids like OxyContin, you know, which is
7 Oxycodone, Vicodin. Their prescriptions went up 500, 600
8 percent from '98 to 2005. What did we see, we saw addiction
9 rates that actually went up about 400 percent locally, they
10 went up. We have been seeing 400 percent drug overdose
11 because things become more available.

12 Something that is more available, it generally
13 trickles down and becomes available to use. It is an area of
14 debate. I don't know if medical marijuana is approved if that
15 is going to increase. But that is an area of concern, that is
16 the increase being -- we need to be, we need to be careful
17 about that.

18 I do know that unlike milk or water, marijuana does
19 work in the part of the brain, the reward system and activates
20 especially for people that may have genetic predispositions to
21 conditions of addiction, it may make them more likely and
22 people with genetic predispositions to mental illness, may
23 make them more likely to tip the scales for them.

24 Maybe not in people who don't have that, but a lot
25 of people up front don't know. You are not born with a report

1 card, here is your genetic risk. Thank you.

2 CHAIRMAN WHEATLEY: Sure, thanks. Next we have
3 Patrick Nightingale and Matt Wright. Matt is a veteran from
4 Iraq, right?

5 MR. WRIGHT: Correct.

6 CHAIRMAN WHEATLEY: I thank you for your service.
7 Thank you for being here.

8 MR. WRIGHT: My pleasure.

9 MR. NIGHTINGALE: Good afternoon, Representative
10 Wheatley, thank you very much for giving me the opportunity to
11 be heard. I would like to preface my comments by offering my
12 admiration and respect to Dr. Capretto and the work that he
13 has done at Gateway Rehabilitation.

14 I'm a practicing criminal defense attorney and I
15 know that Gateway has kept a lot of my clients out of jail,
16 not merely because they were referred to Gateway at the point
17 of their probation officer's gun necessarily. But that they
18 learned how to act in recovery and how to deal with the
19 disease of addiction whether it is opioid addiction or alcohol
20 addiction. So Dr. Capretto I would thank you very much for
21 the excellent work you are doing here in Allegheny County.

22 I would like to offer my sympathy and condolences
23 to Mr. Owen. I too am a bereaved parent. I understand that
24 that is a pain that stays with you every day, almost every
25 minute of every day, and sir, I'm very sorry for your loss.

1 I'm here testifying to urge the passage of the
2 Compassionate Use Act of 2009, House Bill 1393.

3 I'm the executive Director of Pittsburgh NORML, a
4 chapter of the national organization for the reform of
5 marijuana laws and I'm on the board of directors for
6 Pennsylvanians for Medical Marijuana.

7 Professionally, I'm a criminal defense attorney
8 practicing in both state and Federal Court. Prior to
9 practicing criminal defense, I spent six years as a prosecutor
10 with the Allegheny County District Attorney's office.

11 I'm stating the obvious when I say that marijuana
12 is illegal in the Commonwealth of Pennsylvania regardless of
13 the purpose or intent of the person possessing or consuming
14 it. While the penalties for mere possession can be relatively
15 light, a misdemeanor conviction for even possession of a small
16 amount of marijuana is a criminal conviction that will remain
17 with the individual for the rest of his life.

18 Even where the prosecution ultimately agrees to
19 withdraw or reduce the criminal charge to a non-traffic
20 summary citation, the individual has likely already incurred
21 legal fees, attended criminal hearings, and paid summary
22 fines.

23 Those Pennsylvania's possession of a small amount
24 law is one of the less serious offenses in the Pennsylvania
25 Criminal Code, possession with intent to deliver is a felony

1 with additional serious consequences.

2 I'm not talking about the drug dealer facing a
3 mandatory sentence for selling two pounds of marijuana.
4 Rather, I'm talking about the medicinal marijuana users who
5 turn to home cultivation thinking it better than entering the
6 world of illegal narcotics trafficking. One such client of
7 mine suffers from temporal mandibular joint disease, TMJ. He
8 suffers from severe chronic pain on daily basis and is
9 prescribed morphine, Oxycodone, Valium and Lidocaine patches
10 for migraine headaches. Yet despite the medications he
11 continues to suffer severe spasms and tremors in his face
12 rendering him until able to eat. He cultivated 24 marijuana
13 plants in his residence and baked marijuana into cakes. He
14 noticed an immediate decline in his facial spasms.

15 He unfortunately suffered a seizure which brought
16 emergency personnel including law enforcement to his
17 residence. He now faces a three-year mandatory minimum
18 sentence for manufacturing over 20 marijuana plants. I'm
19 certainly not suggesting that all growers are benevolent
20 medicinal users. As I represent many legitimate drug dealers
21 whose grow operations were discovered by law enforcement.
22 However, I met numerous law-abiding, hard-working people who
23 have unwittingly subjected themselves to mandatory minimum
24 sentences and felony convictions because they believed it
25 better to try and grow marijuana at home instead of entering

1 world of drug dealers and drug trafficking.

2 A felony narcotics conviction in Pennsylvania will
3 deprive one of the right to vote, serve on a jury and possess
4 firearms. Any drug conviction, misdemeanor or felony also
5 brings with it a loss of one's operating privileges and as
6 Jack Cole testified, will subject a student to the loss of
7 federal financial aide.

8 For many people who must be able to drive in order
9 to work, this collateral consequence of a, even a small amount
10 of marijuana conviction can be especially devastating.
11 Reflecting the risk of resident's prosecution facing medicinal
12 marijuana patients, registered nurse Ken Wolski and Executive
13 Director of the Coalition for Medical Marijuana New Jersey
14 points out in written testimony that I have submitted to this
15 committee that in 2004 the American Nurse's Association, ANA,
16 adopted a position statement on providing patients safe access
17 to marijuana and cannabis. The ANA recognized that marijuana
18 has been used medicinally for centuries. That marijuana has
19 been shown to be effective for a wide range of symptoms and
20 conditions and patients should have safe access to therapeutic
21 marijuana cannabis.

22 The ANA supports legislation to remove criminal
23 penalties including arrest and imprisonment for bona fide
24 patients of therapeutic marijuana cannabis. The ANA supports
25 federal and state legislation to exclude marijuana and

1 cannabis from classification as a Schedule I drug, a position
2 that has recently been adopted by the American Medical
3 Association and the American College of Physicians referred to
4 by Dr. Capretto.

5 The ANA represents 2.7 million registered nurses in
6 the United States and as Mr. Wolski points out, registered
7 nurses are the largest group of health care professionals in
8 the nation and we are, according to his testimony, the most
9 trusted profession in the nation.

10 An obvious and legitimate concern for this
11 committee is whether passage of House Bill 1393 would increase
12 the risk of illegal drug abuse. Any such increase would
13 necessarily impact the medical community and the law
14 enforcement community.

15 A number of medical professionals have submitted
16 written testimony and provided live testimony for this
17 committee's consideration. I would like to take a couple of
18 moments of your time to share some of their testimony that may
19 address some of this committee's concerns of the risks of drug
20 abuse.

21 Edward Pane is the CEO and President of Serento
22 Gardens Alcoholism and Drug Services, Incorporation, an
23 addiction treatment facility in Hazleton, Pennsylvania.
24 Mr. Pane is a certified addiction counselor and faculty member
25 of the University of Scranton. He is also on the staff of

1 Hazleton General Hospital.

2 In his December 2, 2009 testimony before this
3 committee, Mr. Pane addressed the gateway drug myth. He said,
4 the gateway theory was found without merit in a report
5 commissioned by the federal government. In 1999, the
6 Institute of Medicine published an extensive research study on
7 medical marijuana, marijuana medicine assessing the science
8 base.

9 Their study was commissioned by the United States
10 Office of National Drug Control Policy in 1997 in the wake of
11 medical marijuana initiatives that had begun during the prior
12 year.

13 Weighing in on gateway theory they concluded there
14 is no conclusive evidence that the drug affects of marijuana
15 are causally linked to the subsequent abuse of other illicit
16 drugs.

17 Mr. Pane also testified about a 2000 study of
18 certified addictions counselors he conducted in conjunction
19 with the Pennsylvania 46certification Board. Of the 69
20 professional substance abuse counselors who responded, 78
21 percent said that marijuana had legitimate medical use and 62
22 percent said they did not believe medicinal marijuana would
23 hinder drug prevention efforts.

24 Dr. Leonard Krivitsky who also submitted written
25 testimony has worked as a physician in field of addictions in

1 the Philadelphia area since 2000. He is certified by the
2 American Society of Addiction Medicine. He addressed the
3 gateway drug myth in his testimony. He said I worked for
4 years with seriously drug addicted patients in Philadelphia
5 who have experience ranging from methadone maintenance therapy
6 for opioid addicts to an inpatient detox rehab primarily for
7 opiate, alcohol and prescription drug dependencies.

8 The only patients, and there were very few of those
9 with marijuana addictions were those referred by the justice
10 system after someone on parole or probation was found positive
11 for marijuana on a urine drug screen. Alcoholism does not
12 start with using cannabis. Heroin addiction does not start
13 with use of cannabis. Gambling addiction, internet addiction,
14 and a host of other behavioral addictions do not start with
15 cannabis. There is a genetic predisposition to a particular
16 addiction and as one can hear often at Alcoholic's Anonymous
17 meetings, people describe how at the exposure to alcohol it
18 was as if the switch was thrown and that immediate affection
19 for alcohol revealed itself.

20 I'm yet to meet the first alcoholic who blames
21 cannabis as the gateway to his alcohol addiction.
22 If the gateway drug theory were true, we would all run the
23 risk of becoming serious drug addicts as we are continuously
24 exposed to mind altering substances of which alcohol, caffeine
25 and nicotine are examples.

1 Mallory McFarland is a medical assistant and office
2 manager at a substance abuse treatment program in North
3 Western Pennsylvania. Her program has five physicians with a
4 patient load of 500. Ms. McFarland notes in her written
5 testimony to this committee that she has never once
6 encountered a cannabis addict. I have never taken a patient
7 history where anyone has ever said they were in withdrawal
8 from cannabis. I have never had someone to call to report they
9 had overdosed from cannabis or threaten to overdose on
10 cannabis. I have never had a patient shoot up cannabis.
11 Ms. McFarland states the over prescribing of opioid pain
12 medication is overwhelming.

13 Currently 20 percent of our patients come in as
14 heroin addicts. The remaining 80 percent are opioid drug
15 addicts being prescribed medication. Several of the patients
16 that we treat are addicted to heroin because a
17 doctor stopped prescribing pain medication.

18 In conclusion, I urge to consider the real criminal
19 consequences facing those who treat with medicinal cannabis in
20 the Commonwealth of Pennsylvania. Giving them the opportunity
21 to come out of the shadow of illegality will not result in an
22 increase in illegal drug abuse. It will save our fellow
23 Pennsylvanians the stigma of a narcotics conviction and will
24 save them from entering the black market of narcotics
25 trafficking merely to seek a proven and safe treatment

1 alternative. Accordingly, I urge you to fully support House
2 Bill 1393. Thank you.

3 MR. WRIGHT: Before I begin I just want to say
4 thank you very much for seeing us here today. It has been an
5 issue in the United States and in general over a long period
6 of time. Hundreds of thousands are affected by the war on
7 drugs whether be for personal, recreational use or medicinal
8 use and we have to get a sense of that as a great nation in
9 this world.

10 My name is Sergeant Matthew Wright. I'm here to
11 share with you my recent experience in the U.S. Army. When I
12 joined the army it was nearly six years ago it was with the
13 ideal to support my government in its efforts in Operation
14 Iraqi Freedom. I missed my own high school graduation
15 commencement because I volunteered for deployment to the
16 Middle East. After spending nearly 15 months guarding
17 checkpoints and participating in various often dangerous
18 military details, I finally returned home. From that time
19 until very recently I found it difficult to eat or sleep.

20 I even encountered difficulty sitting in traffic.
21 According to army medical staff, these are all symptoms of
22 post traumatic stress syndrome also called PTSD, a condition
23 very common among our military service personnel who have
24 served in capacities similar to my own.

25 The army provided me with medications that did

1 nothing to alleviate my symptoms and compounded them with the
2 problem side effects of upset stomach and severe headaches.
3 These still continue today.

4 For over three years I struggled with ongoing
5 weight loss and chronic sleeplessness. Tired and frustrated I
6 began my own research into homeopathic and other natural
7 treatments. Fortunately, I met an expert herbalist who is
8 quite familiar with my specific systems of PTSD. He explained
9 to me that the active component of naturally grown marijuana
10 is delta-9-tetrahydrocannabinol also known as THC. THC that
11 can offer safely relief for prescription pills that failed. I
12 was surprised more than skeptical of the advice to use
13 cannabis as a valid treatment option.

14 I have always been a respectful and upstanding
15 citizen, proud and responsible American soldier so it was
16 difficult for me to consider the use of marijuana until I
17 learned that the VA accepts medical marijuana as a treatment
18 option in states that have legalized marijuana. Again,
19 marijuana is accepted by the VA as a treatment option in
20 states that have legalized it.

21 That fact alone prompted me to follow the advice of
22 the herbalist. I realized that I'm no less important as a VA
23 patient just because I live in Pennsylvania and not in New
24 Jersey. My symptoms are just as treatable in Pennsylvania.
25 The VA supports treatments for soldiers like me in these

1 states and they should be able to include Pennsylvania
2 soldiers for a diagnosis of Post Traumatic Stress Disorder.

3
4 Yes, I followed the advice of a qualified
5 herbalist, the same advice offered by medical doctors in other
6 states. Now I have these results to share with you. My PTSD
7 symptoms have subsided greatly. I am able to maintain a
8 healthy weight. Once more, I continued my education, worked
9 steadily, volunteered to local armed forces recruitment
10 centers and even promoted to sergeant in the United States
11 Army.

12 Clearly, marijuana had no negative effects on my
13 work and performance. These results, I'm sorry, but these
14 positive results come with great penalty. Sadly, I come to
15 you today to inform you the so-called war on drugs has struck
16 me hard. My career with the United States Army is coming to
17 an end. I have been formally asked to accept a general
18 discharge. I will not be able to volunteer for redeployment
19 with fellow soldiers as planned. I have been labeled as a
20 drug user. This harsh label will only succeed to tarnish my
21 image, damage my future and strip me of veteran's benefits
22 which I earned as a defender of my country along with fellow
23 citizens.

24 Unfortunately, my story is not so unique. Here in
25 Pennsylvania many soldiers, myself included are given only two

1 options. Suffer and to struggle without treatment or leave
2 the ranks of our military with nothing to show for our
3 bravery.

4 Please allow me to share a story of a Navy vet.
5 Frank Barbay served in the U.S. Navy September 15, 1988. He
6 was stationed on an aircraft carrier and later served as a
7 recruiter.

8 According to his written testimony submitted for
9 this hearing, he states, I started having problems with my
10 back in January 1995 and by May 1995 I had my first back
11 surgery to de-bulk and de-tether the Lipomo at the L-4 and L-5
12 region. Navy doctors prescribed oral morphine for the pain.
13 I was still in constant pain because I took the minimum I
14 could to stand to ease of the side effects. Constipation, no
15 appetite, feeling looped out and no drive which were some of
16 the negative effects I suffered.

17 Over subsequent years I had two more surgeries
18 hoping to get some relief. I also did many alternative
19 methods, acupuncture, physical therapy, creams to relieve the
20 pain. The Navy and the VA just kept handing me more and more
21 oral medication.

22 In March of 2004 I could not work any more and was
23 placed on disability. In 2008 the VA switched to methadone
24 and Vicodin to save them money. These drugs make it easy to
25 give up and just be left looped out. That is not why I --

1 that is not why I am and I must fight every day to get little
2 relief with a lot of side effects.

3 The VA now permits cannabis use in states with
4 medical marijuana programs but not in Pennsylvania. If I use
5 it here, I could lose my benefits. Any other veteran could
6 lose their benefits such as the troubles I'm currently facing.
7 I understand the chance that some people will abuse this new
8 bill just like many people abuse other sources of food, for
9 recreation.

10 In closing, I would like think on the words of our
11 former President, Jimmy Carter. Penalties against drug use
12 should not be more damaging than the drug itself. Thank you.
13 I apologize, I don't get a chance to speak in public, people
14 ask my opinion so this is still new to me.

15 CHAIRMAN WHEATLEY: Don't worry, you did a great
16 job. I thank both of you for your testimony I just wanted to
17 maybe follow up on a couple things.

18 You heard both with the prior speakers were talking
19 about as relates to the going through the process of the FDA,
20 getting the approvals and the last speaker actually said he
21 wasn't in disagreement, he did concede just like the Institute
22 of Medicine there are some medicinal purposes but allowing
23 those to be filtered through the system.

24 What is your response to that instead of states
25 carving out this process allowing this, the regulated process

1 to go forth to present the medicine that would rectify
2 problems.

3 MR. NIGHTINGALE: Marijuana is currently a Schedule
4 I controlled substance. It is a Schedule I controlled
5 substance in the Pennsylvania Crimes Code and in the Federal
6 Code. It is Schedule I controlled substance meaning that it
7 is a high likelihood of abuse and no medicinal value
8 whatsoever. Opiates and cocaine are Schedule II because they
9 are recognized to have medicinal value. In order for the FDA
10 to conduct the type of studies that would be necessary to
11 satisfy Dr. Capretto's concerns, marijuana would have to move
12 from Schedule I to Schedule II controlled substance and there
13 is no movement on that on the federal level whatsoever.

14 So, the answer then is well, I'm sorry if you are
15 suffering from cancer, but you are simply going to have to
16 wait years before we can address this issue in Pennsylvania.
17 I know they have done it in California, New Mexico, Colorado,
18 Oregon, Washington, Michigan, Maine, Vermont, Rhode Island and
19 New Jersey and the District of Columbia, but you unfortunately
20 are stuck in Pennsylvania, you have got to wait.

21 Also, the FDA approval process has brought us such
22 winners as OxyContin, fentanyl, Percocet and Vicodin which
23 while effective for the treatment of pain also have a high
24 risk of addiction, a high risk of abuse, and high risk of
25 overdose. So, even with those components, the FDA says well,

1 you know, you can use them but you could die, could get
2 addicted, so, here take your best chance.

3 Alternatively, we have hundreds, if not thousands
4 of years of anecdotal evidence showing that a natural plant,
5 not a manufactured substance, not a combination of a number of
6 manufactured chemical compounds made into a little pill, but a
7 naturally-growing plant can be used safely, effectively and
8 without any of the risks associated with medications that have
9 received FDA approval.

10 Pennsylvania is not the first state to consider
11 this. The United States of America is not the first country
12 in which its citizens have considered or turned to medicinal
13 marijuana. So my answer is, when you consider Dr. Grinspoon's
14 testimony, when you consider Dr. Wecht's testimony, when you
15 consider the growing body of medical evidence and the huge
16 body of anecdotal evidence, I believe that the evidence is
17 there for you as legislators to conclude that this can be used
18 safely in the Commonwealth of Pennsylvania in the confines of
19 an established bona fide patient-physician relationship.

20 One of the things that I know people are concerned
21 about here in the Commonwealth is that if we pass House Bill
22 1393, that we are going to have marijuana shops and marijuana
23 doctors popping up on every street corner, you know Dr. Feel
24 Good, come on in, all you need the driver's license and I will
25 give you a recommendation. That is not our bill.

1 Our bill requires the bona fide physician-patient
2 relationship where a physician whom we trust to make informed
3 decisions about our medical care will have an additional
4 treatment option to discuss with their patient. Now, clearly
5 if a physician is treating someone in recovery and that
6 patient comes in and says I want to try medical marijuana,
7 that physician may very well be reluctant to prescribe medical
8 marijuana or recommend medical marijuana with someone in
9 opiate or alcohol recovery.

10 Additionally, does there exist a chance for fraud?
11 Of course. Right now we have people that go to their
12 physicians every day to complain about phantom pains in their
13 back and walk away with a prescription for opiate medication,
14 addictive opiate medication. Could that happen with medicinal
15 marijuana? Yes.

16 But really what this boils down to, what this bill
17 boils down to is providing a treatment option to a physician
18 and their patient that can be explored within the confines of
19 that relationship.

20 CHAIRMAN WHEATLEY: Help me, because I can't
21 remember in this bill if it even identifies this, how would
22 the marijuana be supplied to be offered? Would they have
23 independent shops, would it be from the doctor's office via
24 his relationship or the relationship with whatever supplier?
25 How would that work.

1 MR. NIGHTINGALE: It provides for two sources. One
2 is for individual patients who have been so certified by the
3 Department of Health, the Pennsylvania Department of Health
4 would be tasked for implementing this bill. So a legitimate
5 cannabis patient could cultivate up to six plants of marijuana
6 and possess up to an ounce of useable marijuana at any given
7 time. It also calls for the establishment of compassionate
8 use centers which would be a center that is responsible for
9 growing, distributing, taxing and would be subject to
10 oversight by the Pennsylvania Department of Revenue.

11 Now, the most extreme example of this is in
12 California where shops are popping up left and right.
13 New Jersey has yet to implement their law so that may be
14 somewhere for us to look. But most recently Maine has started
15 to license compassionate use centers. They had a lottery and
16 took applications and licensed either between six or eight
17 compassionate use centers. One of those was a non-profit
18 organization from California and they established a Maine
19 subsidiary and that organization was able to get a license
20 from the Department of Health. They will be responsible for
21 growing, they will be responsible for cultivating, they will
22 be responsible for revenue collection and they will be subject
23 to oversight from the Department of Health.

24 So, the model that we would envision in
25 Pennsylvania is similar where a non-profit organization would

1 make application to the Department of Health, the Department
2 of Health would, of course, vet the applicants to see that
3 there are no drug felons who are seeking the license. And
4 then allow for the establishment of a compassionate use
5 center.

6 CHAIRMAN WHEATLEY: They can be located anywhere as
7 long as they meet these criteria, there is not a limitation of
8 where they can --

9 MR. NIGHTINGALE: Not in the bill as written. That
10 would be up to again as we heard before, the devil is in the
11 details, that would be up to the Department of Health to
12 determine does Pittsburgh, for example, need one compassionate
13 use center, do we need a dozen, do we need 100 or would one
14 compassionate use center in Harrisburg be sufficient for the
15 entire state.

16 Now, New Jersey had looked at having Rutgers grow
17 all medical marijuana and that it would be distributed
18 probably by the state and like in State Stores type of
19 scenario. But Rutgers declined because of the amount of
20 federal grants that they receive and they said we can't risk
21 our relationship. And I would imagine that the exact same
22 thing would hold true here in Pennsylvania at the University
23 of Penn State or Pitt were approached for a similar scheme.

24 CHAIRMAN WHEATLEY: I thank you both for your
25 testimony. I really appreciate you being here. This will

1 conclude our hearing today.

2 I thank all of you for taking some time and coming,
3 everyone who testified, I appreciate your testimony. As you
4 all know, this is not the end nor the beginning. This is
5 going to be, I think, a very intense process but I do want to
6 thank you all for your contribution to it.

7 We look forward to having you stay involved as this
8 bill moves forward. So, thank you all for being here.

9 (Hearing ended at 5:42 p.m.)

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20 I hereby certify that the foregoing is a correct transcript
21 from the record of proceedings in the above entitled matter.

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23

24

William E. Weber, RDR
Court Reporter

25