

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES

HEALTH AND HUMAN SERVICES  
COMMITTEE HEARING

STATE CAPITOL  
MAJORITY CAUCUS ROOM  
ROOM 140  
HARRISBURG, PENNSYLVANIA

WEDNESDAY, DECEMBER 2, 2009  
11:15 A.M.

PRESENTATION ON HOUSE BILL 1393  
MEDICAL USE OF MARIJUANA

BEFORE:

HONORABLE FRANK LOUIS OLIVER, MAJORITY CHAIRMAN  
HONORABLE VANESSA LOWERY BROWN  
HONORABLE LAWRENCE H. CURRY  
HONORABLE PAUL J. DRUCKER  
HONORABLE BARBARA McILVAINE SMITH  
HONORABLE TONY PAYTON, JR.  
HONORABLE TIM SEIP  
HONORABLE JAKE WHEATLEY  
HONORABLE MATTHEW E. BAKER, MINORITY CHAIRMAN  
HONORABLE KERRY A. BENNINGHOFF  
HONORABLE KAREN D. BEYER  
HONORABLE GENE DiGIROLAMO  
HONORABLE SETH M. GROVE  
HONORABLE DOUGLAS G. REICHLEY  
HONORABLE KATIE TRUE

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1 ALSO IN ATTENDANCE:  
2 HONORABLE BRENDAN F. BOYLE  
3 HONORABLE MARK B. COHEN  
4 HONORABLE NICK KOTIK  
5 HONORABLE KEVIN P. MURPHY  
6 HONORABLE JOHN J. SIPTROTH

7 COMMITTEE STAFF PRESENT:  
8 SANDRA L. BENNETT  
9 MAJORITY EXECUTIVE DIRECTOR  
10 STANLEY H. MITCHELL  
11 MAJORITY LEGAL COUNSEL  
12 TAKESHA M. LATHAM  
13 MAJORITY RESEARCH ANALYST  
14 DAISY M. LATHAM-WILLIAMS  
15 MAJORITY LEGISLATIVE ASSISTANT  
16 APRIL K. RUCKER  
17 MAJORITY LEGISLATIVE ASSISTANT  
18 KAREN L. SHAFFER  
19 MAJORITY RESEARCH ANALYST  
20 ELIZABETH L. YARNELL  
21 MINORITY RESEARCH ANALYST  
22 GINA M. STRINE  
23 MINORITY LEGISLATIVE ADMINISTRATIVE ASSISTANT

24 DEBRA B. MILLER  
25 REPORTER

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## 1 P R O C E E D I N G S

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3 CHAIRMAN OLIVER: Good morning. This  
4 meeting will now come to order.

5 The members, starting from my far right,  
6 will please introduce themselves.

7 REPRESENTATIVE BEYER: Good morning,  
8 Mr. Chairman.

9 I'm Representative Karen Beyer, and I  
10 represent Lehigh and Northampton Counties.

11 REPRESENTATIVE SEIP: Tim Seip, representing  
12 part of Schuylkill and part of Berks, the Yuengling  
13 and Cabela's district.

14 MS. YARNELL: Elizabeth Yarnell, Legislative  
15 Research Analyst, the Health and Human Services  
16 Committee of the House.

17 REPRESENTATIVE BAKER: Representative  
18 Matt Baker, Tioga and Bradford Counties, representing  
19 the beautiful Pennsylvania Grand Canyon.

20 CHAIRMAN OLIVER: I am Representative  
21 Oliver, Philadelphia County.

22 MR. MITCHELL: Stan Mitchell, Legal  
23 Counsel.

24 REPRESENTATIVE McILVAINE SMITH: Barb  
25 McIlvaine Smith from Chester County.



1           REPRESENTATIVE TRUE:   Katie True, Lancaster  
2   County.

3           REPRESENTATIVE DiGIROLAMO:   Good morning.  
4           Gene DiGirolamo from Bucks County.

5           REPRESENTATIVE BOYLE:   Good morning.  
6           I'm Representative Brendan Boyle,  
7   representing parts of Philadelphia and Montgomery  
8   Counties.

9           REPRESENTATIVE KOTIK:   Representative  
10   Nick Kotik, Allegheny County.

11           REPRESENTATIVE GROVE:   Representative  
12   Seth Grove, York County.

13           REPRESENTATIVE CURRY:   Lawrence Curry,  
14   Montgomery County.

15           CHAIRMAN OLIVER:   Thank you very much.  
16           We will now proceed.

17           The Chair recognizes Representative  
18   Mark Cohen, who is the prime sponsor of the  
19   legislation.   You may proceed.

20           REPRESENTATIVE COHEN:   Thank you,  
21   Mr. Chairman.

22           Mr. Chairman, as the second most senior  
23   member of the Pennsylvania House, I'm grateful to  
24   the number one most senior member of the House,  
25   Chairman Oliver, for beginning the deliberative

1 process today.

2           The cultural wars of the 1960s have long  
3 since been over. This bill is not about young  
4 students getting high. This bill is about sick  
5 people getting healed, both directly from the medical  
6 benefits of marijuana for their diseases and  
7 indirectly by lessening the pain so that people do  
8 not fear to take needed medications.

9           House Bill 1393 has many benefits for  
10 Pennsylvanians.

11           First and most importantly, it allows people  
12 legal access to marijuana with the written  
13 recommendation of their doctors for the treatment of  
14 a disease or the treatment of pain of diseases or  
15 conditions.

16           Second, by creating a legal system for the  
17 limited distribution of marijuana, it breaks the link  
18 between marijuana and exceedingly dangerous drugs  
19 like heroin and cocaine. Marijuana will not be a  
20 gateway drug for those who get it through our legal  
21 system.

22           As you will hear later today, there is even  
23 doubt from certified addiction counselors that it is  
24 a gateway drug for those who get it through the  
25 existing illegal system.

1 Third, by creating a legal system for the  
2 limited distribution of marijuana, it takes money out  
3 of the hands of organized crime and further weakens  
4 organized crime as a social force.

5 Fourth, in order to strictly regulate the  
6 distribution of marijuana for medical purposes and to  
7 generate revenue for the Commonwealth, House Bill  
8 1393 provides for the payment of the standard sales  
9 tax on the sale of medical marijuana, payment of an  
10 annual fee and registration for all who use medical  
11 marijuana, and payment of an annual fee and  
12 registration for any nonprofit that is chosen by the  
13 State to sell medical marijuana.

14 Revenues for the sale of medical marijuana  
15 are going to be somewhat limited by competition from  
16 the vast illegal medical marijuana market that now  
17 exists, but extrapolating from the revenues of other  
18 States, I feel that \$25 million a year in net  
19 revenues is a reasonable guesstimate.

20 This bill does not say where the money goes.  
21 I would have no problem whatsoever with amending it  
22 so that all the net revenues go to addiction  
23 treatment.

24 This plan to legalize medical marijuana in  
25 Pennsylvania is not the California plan. It is much,

1 much stricter, both in terms of limiting eligibility  
2 and ensuring State collection of data and revenues.

3           Attacking the California system in  
4 connection with this legislation is like attacking  
5 apples at a sale of oranges. California has nothing  
6 to do with this legislation or the legislation in  
7 effect in 12 other States.

8           This is a bill that the public understands  
9 and overwhelmingly supports. A 2006 poll of  
10 Pennsylvania voters, weighted towards the Republican  
11 Party, found 77 percent of the poll sample supported  
12 legalized medical marijuana. The poll was taken by  
13 Terry Madonna and his group at Franklin & Marshall  
14 College.

15           National scientific polls and local Internet  
16 polls in Pennsylvania and around the country more  
17 recently have put the figure of public support at  
18 over 80 percent, and a Philadelphia metro Internet  
19 poll hit 96 percent support.

20           In a press conference today, I was praised  
21 for my courage in introducing this legislation.  
22 While I share any politician's love of being  
23 complimented, I do not think it takes an awful lot of  
24 courage to push legislation backed by over 80 percent  
25 of the people.

1           In the 8 months since I first started  
2 talking about this legislation, I have not gotten a  
3 complaint from a single constituent.

4           In the 1960s, the general picture of a  
5 person who smoked marijuana was a young person  
6 interested in getting high. In the 21st century,  
7 people who will benefit from this legislation are  
8 sick people interested in getting well.

9           In 1937, when Congress first began the  
10 process of making marijuana illegal, a dissenting  
11 voice was heard from a doctor active in the American  
12 Medical Association, who argued that marijuana was a  
13 necessary form of treatment in some cases. That is  
14 still true today.

15           I welcome the public interest in this  
16 legislation and the interest shown in it by members  
17 of the committee. I have little doubt that as the  
18 legislative process continues, more and more  
19 Legislators and interest groups will understand why  
20 the public support is as great as it is.

21           I would be glad to work with members of both  
22 parties in any necessary fine-tuning of this  
23 legislation.

24           Thank you, Mr. Chairman.

25           CHAIRMAN OLIVER: Thank you very much.

1           I would just like to say, this could become  
2 a very emotional meeting, but I want you to know,  
3 everyone in here must respect one another, and I'm  
4 going to demand that.

5           At this moment, I'm going to ask  
6 Representative Matt Baker for some remarks.

7           REPRESENTATIVE BAKER: Thank you very much,  
8 Mr. Chairman, and thank you for your leadership and  
9 admonition. I appreciate your friendship and your  
10 indulgence in an opening remark.

11           I have no question of Mr. Cohen on this  
12 legislative initiative but would like to make a  
13 statement.

14           As you know, there is an ongoing debate in  
15 our society regarding this issue, and it is a very  
16 emotional issue, it's a very controversial issue, and  
17 it involves a lot of individuals. And I would like  
18 to just review some of the dynamics of this issue  
19 with you.

20           Current Federal law, the Controlled  
21 Substances Act, establishes five categories into  
22 which illicit and prescription drugs are placed.

23           This act categorizes marijuana, regardless  
24 of the reason for its use, as a Schedule I drug,  
25 defining "marijuana" as having the high potential for

1 abuse, lacking and accepted medical use, and lacking  
2 safety for use under medical supervision. As such,  
3 the Federal law does not allow or permit the use of  
4 medicinal marijuana at this time.

5 Even if Pennsylvania were to join the small  
6 number of States which have legalized marijuana for  
7 medicinal use, the U.S. Supreme Court has ruled that  
8 there is no exception in Federal law which would  
9 permit distribution of the drug for such use.

10 The Supreme Court decision on June 6, 2005,  
11 held that State laws permitting marijuana used for  
12 pain do not protect users from the Federal ban on the  
13 drug -- *Gonzales v. Raich*.

14 Yet in recent news, President Obama's  
15 Administration has outlined a shift in the  
16 enforcement of Federal drug laws. This shift will  
17 reduce Federal raids on legitimate distributors of  
18 medicinal marijuana in States that have authorized  
19 the use of medical marijuana -- regrettably.

20 Still, if House Bill 1393 were to pass the  
21 Pennsylvania General Assembly, there would likely be  
22 challenges to the legality of the law since this  
23 activity is illegal on the Federal level.

24 In considering potential medical uses of  
25 marijuana, it is important to distinguish between

1 whole marijuana and pure tetrahydrocannabinol, THC,  
2 or other specific chemicals derived from cannabis.  
3 Whole marijuana contains hundreds of chemicals, some  
4 of which are clearly harmful to the individual's  
5 health.

6           The Food and Drug Administration, FDA, has  
7 approved THC manufactured into a pill, Marinol, that  
8 is taken by mouth, not smoked, to treat the nausea  
9 and vomiting that go along with certain cancer  
10 treatments and is available by prescription.

11           Another chemical related to THC, Nabilone,  
12 has also been approved for treating cancer patients  
13 who suffer nausea. The oral THC can be used to help  
14 AIDS patients eat more to keep up their weight.

15           Despite anecdotal claims, smoked marijuana  
16 has not been found to be safe or effective treating  
17 any medical condition, primarily because its alleged  
18 therapeutic utility has yet to be sufficiently  
19 demonstrated in well-controlled clinical trials.

20           For several years, the FDA allowed a limited  
21 number of seriously ill patients to use smoked  
22 marijuana. The program was terminated in 1992 when  
23 the Public Health Service stated there was no  
24 scientific evidence that the drug was assisting  
25 patients and issued a warning that using smoked



1 marijuana as a form of medical therapy may actually  
2 be harmful to some patients.

3           In 1997, the National Institutes of Health  
4 convened an ad hoc group of experts which concluded  
5 that scientific evidence was insufficient to  
6 definitively assess marijuana's therapeutic potential  
7 and advised that the traditional scientific process  
8 should be followed to evaluate the drug use for  
9 certain disorders.

10           In its 1999 report *Marijuana and Medicine:  
11 Assessing the Science Base*, the Institute of  
12 Medicine, IOM, concluded that any therapeutic effects  
13 of smoking marijuana were de minimis. IOM  
14 recommended that marijuana's active components  
15 should be tested rigorously in controlled clinical  
16 trials.

17           According to the Food and Drug  
18 Administration, "In 2001, the Department of Health  
19 and Human Services...completed an extensive analysis  
20 in response to a request to reschedule marijuana to a  
21 less restrictive schedule. After looking at all the  
22 relevant data on marijuana, HHS concluded that the  
23 weight of the scientific evidence supported the  
24 findings that marijuana should continue to be  
25 scheduled as Schedule I because it has a high

1 potential for abuse, no currently accepted medical  
2 use in the United States, and a lack of accepted  
3 evidence about the safety of using marijuana under  
4 medical supervision."

5           On April 20, 2006, the FDA released a  
6 statement noting "a past evaluation by several  
7 Department of Health and Human Services...agencies,  
8 including the...FDA, Substance Abuse and Mental  
9 Health Services Administration...and National  
10 Institute for Drug Abuse..., concluded that no sound  
11 scientific studies supported medical use of marijuana  
12 for treatment in the United States, and no animal or  
13 human data supported the safety or efficacy of  
14 marijuana for general medical use. There are  
15 alternative FDA-approved medications in existence for  
16 treatment of many of the proposed uses of smoked  
17 marijuana."

18           There are in fact many alternatives to  
19 smoked marijuana for treatment of chronic or  
20 debilitating diseases.

21           Proponents of medical marijuana claim that  
22 patients suffering from weight loss or AIDS wasting  
23 can benefit from smoking marijuana. This claim has  
24 never been substantiated by the FDA or smoking  
25 marijuana has never been deemed safe or effective for

1 these or other medical conditions.

2           Legal alternatives that have been evaluated  
3 and approved as safe and effective to treat these  
4 conditions, however, exist.

5           Serono, Inc., received FDA approval for  
6 Serostim, which treats wasting in AIDS patients. The  
7 drug had been on the market since 1996 under the  
8 FDA's Orphan Drug Program.

9           Serono said it received final approval after  
10 a confirmatory multicenter placebo-controlled study  
11 substantiated previous findings of increased lean  
12 body mass and improvement in physical endurance in  
13 AIDS patients.

14           Megestrol Acetate, Megace, is also approved  
15 by the FDA for the management of anorexia,  
16 cachexia, and unexplained weight loss in patients  
17 with AIDS.

18           In clinical trials, Megestrol led to  
19 increased appetite and weight gain. AIDS patients  
20 also reported improvement in their sense of  
21 well-being.

22           There are many, many other drugs approved by  
23 the FDA, used alone or in combination, to prevent  
24 nausea and vomiting after cancer chemotherapy, and I  
25 won't even try to pronounce them all, but there are

1 nearly a dozen of them.

2 Many supporters of medical marijuana also  
3 claim that legalizing the medicinal use of marijuana  
4 in Pennsylvania will not interfere with existing  
5 State initiatives discouraging the use of nonmedical  
6 recreational use of marijuana.

7 Data from a survey of patients at  
8 California's San Mateo Medical Center presented this  
9 year at the American Psychiatric Association  
10 conference revealed that one-third of HIV patients  
11 who smoked "medical" marijuana did so purely for  
12 "recreational" purposes.

13 Ironically and tragically, patients  
14 suffering from mental health problems that have  
15 turned to marijuana and believe it to be a legitimate  
16 form of medicine are actually worsening both their  
17 mental and physical health while foregoing real  
18 treatment that could improve their lives.

19 The National Institute on Drug Abuse has  
20 found that "High doses of marijuana can induce  
21 psychosis (disturbed perceptions and thoughts), and  
22 marijuana use can worsen psychotic symptoms in people  
23 who have schizophrenia. There is also evidence of  
24 increased rates of depression, anxiety, and suicidal  
25 thinking in chronic marijuana users."

1           Marijuana use may trigger panic attacks,  
2           paranoia, even psychoses, especially for individuals  
3           suffering from anxiety, depression, or having  
4           thinking problems, according to the American  
5           Psychiatric Association.

6           Many of the national organizations cited  
7           in support of medical marijuana do not clarify  
8           whether they support smoked marijuana or a  
9           tetrahydrocannabinol alternative, which is derived  
10          from medical cannabis and has been approved by the  
11          FDA for safe use.

12          The American Nurses Association explicitly  
13          states on their Website that the organization  
14          supports the education of registered nurses and other  
15          health-care practitioners regarding the appropriate  
16          evidence-based therapeutic use of marijuana,  
17          including those nonsmoked forms of delta-9-THC that  
18          have proven to be therapeutically efficacious. The  
19          ANA also supports the confirmation of the therapeutic  
20          efficacy of medical marijuana.

21          The American Public Health Association  
22          encourages research of the therapeutic properties of  
23          various cannabinoids and combinations of and does not  
24          reference the benefits of smoked marijuana.

25          Further, the American College of Physicians

1 released a statement to clarify that their policy  
2 paper does not conclude that medical marijuana should  
3 be legalized and contend that this inference is a  
4 fundamental misunderstanding of their position.

5           And I have some very, very strong words that  
6 I will not quote of Dr. DuPont, Harvard M.D., former  
7 Drug Policy Director under three former Presidents,  
8 who opposes this, as well as the Attorney General  
9 opposes and the Pennsylvania District Attorneys  
10 Association also opposes this legislation  
11 strenuously.

12           With that being said, I will conclude,  
13 Mr. Chairman, that given all of the aforementioned  
14 reasons and concerns, as well as the totality of  
15 evidence and research from medical, scientific, and  
16 law enforcement communities that have submitted  
17 comments -- and I have read them all that have been  
18 provided to me -- I cannot support the legalization  
19 of medical marijuana as promoted by House Bill  
20 1393.

21           Thank you, Mr. Chairman.

22           CHAIRMAN OLIVER: For the sake of time, we  
23 are going right into the agenda.

24           The first speaker is Mr. Chris Goldstein. I  
25 would also ask you to be as brief as possible.

1           You may proceed.

2           MR. GOLDSTEIN: Thank you, Chairman Oliver.

3           Thank you to all the members, honorable  
4 members of this committee, for considering our  
5 testimony today on HB 1393, legislation that would  
6 legalize access to marijuana by seriously ill  
7 Pennsylvania residents.

8           My name is Chris Goldstein. I'm a public  
9 radio broadcaster. I'm a writer. I'm a marijuana  
10 advocate. I'm a volunteer on the Board of Directors  
11 for Pennsylvanians for Medical Marijuana and  
12 PhillyNORML, the National Organization for the Reform  
13 of Marijuana Laws, Philadelphia Chapter.

14           It is a privilege and an honor for me today  
15 to be here to help represent the existing medical  
16 marijuana consumers in the underground market of  
17 Pennsylvania as well as the medical professionals who  
18 wish to recommend this therapy to other Pennsylvania  
19 residents in the future.

20           We are here today to share information about  
21 a topic that has seen a decided shift in 2009. You  
22 can't turn on the news without seeing something about  
23 medical marijuana.

24           Thirteen States offer legal cannabis-access  
25 programs. Hundreds of thousands of Americans find

1 relief every single day under these programs.

2 And you may hear a lot about California, but  
3 what you don't hear are the quiet programs out there,  
4 the ones that are working every single day to bring  
5 relief to seriously ill residents around this  
6 country.

7 We don't come here today alone. Mr. Baker  
8 mentioned the Department of Justice. On October 19,  
9 the Department of Justice issued a memo, which is  
10 included in my written testimony here today, to all  
11 the U.S. Attorneys targeting the 14 in-States that  
12 have medical marijuana legislation, asking those  
13 attorneys to reevaluate their resources and not use  
14 Federal resources to prosecute State-authorized  
15 medical marijuana patients and providers.

16 So the inference that there will be some  
17 conflict with Federal law has been erased this year  
18 with that memo. It's the first time the White House  
19 has recognized these States' rights of these medical  
20 marijuana patients.

21 Also, just a few weeks ago the American  
22 Medical Association had a new science report that  
23 recommended that marijuana be reevaluated in its  
24 Schedule I status. It would remove marijuana from  
25 Schedule I. It also claimed that there are many



1 medical benefits to marijuana, and again, asked for  
2 additional research.

3 Our neighbors in New Jersey are considering  
4 cannabis legislation as well. A medical marijuana  
5 bill should be heard by the Legislature there, right  
6 now in December.

7 We come here before this committee today  
8 with a tremendous amount of public support. Over  
9 70 percent of Pennsylvania residents have polled in  
10 favor of medical marijuana. Forty-seven written  
11 testimonies have been submitted to this committee  
12 today.

13 We have had editorial endorsements from the  
14 Philadelphia Inquirer, the Pocono Record, the Daily  
15 Record of Towanda. We are here today with comments  
16 and recommendations from the AIDS Law Project of  
17 Pennsylvania, from the Philadelphia National Lawyers  
18 Guild Chapter, from the ACLU of Pennsylvania.

19 And while it may seem a noble legislative  
20 exercise to reconsider the entire issue of medical  
21 marijuana from the get-go, the honorable members of  
22 this committee do not have to explore this issue in a  
23 vacuum.

24 Although this is the very first time here  
25 that this Legislature has to consider medical

1 marijuana legislation, again, 13 States have  
2 programs, dozens of States have considered this, and  
3 there is Federal legislation right now, sponsored by  
4 Congressmen Ron Paul and Barney Frank, the Medical  
5 Marijuana Patient Protection Act, which would remove  
6 marijuana from Schedule I in the Controlled  
7 Substances Act.

8           There are Federal Legislators making sure  
9 that the rights of patients in the States that offer  
10 medical marijuana programs are being protected. So  
11 this Legislature can consider this knowing that the  
12 Federal Government is also working forward on this  
13 issue as well.

14           Marijuana is nontoxic. It is nonlethal. It  
15 has been rigorously researched. Marijuana is  
16 medicine by any standard and is used by medicine  
17 aboveground and underground by many Americans today.  
18 The most detrimental side effect of marijuana is  
19 running afoul of prohibition laws.

20           This bill is called the Compassionate Use  
21 Act for a reason. We want to stop arresting patients  
22 for choosing a medical therapy that works. If you  
23 are wondering if that happens, this is John Wilson.  
24 He is from New Jersey.

25           John is facing 15 years minimum in State

1 prison there. He was found growing 17 marijuana  
2 plants. He is being prosecuted under the  
3 first-degree felony of operating a drug manufacturing  
4 facility.

5 A Judge, Judge Reed, because of the  
6 legislation moving forward in New Jersey, has ruled  
7 from the bench that John cannot tell the jury that he  
8 has MS.

9 If you are wondering if people get  
10 prosecuted for this, people do, and if their medical  
11 use comes up in trial, it does. This legislation at  
12 its core, while it has many benefits for the State,  
13 is about protecting patients and stopping their  
14 arrest.

15 Also sitting with me today is Bradley  
16 Walter. Bradley is an HIV patient from right here in  
17 Pennsylvania. He has had the courage and generosity  
18 to open himself up to the media and to many of you  
19 Legislators.

20 Many of the patients here in the room today  
21 -- you will see them filling this room -- have  
22 submitted to you written testimony. Many of you have  
23 heard from them on the telephone or via e-mail. We  
24 have directed our supporters to contact you, and I  
25 know they have.

1           I want Bradley to take a moment to tell his  
2 story here, just a moment. I just want to cede a  
3 moment of my time to Bradley Walter.

4           MR. WALTER: Thank you, Chairman Oliver and  
5 other members of the committee.

6           As he told you, my name is Brad Walter. I  
7 am from Larksville, Pennsylvania, and I'm 31 years  
8 old.

9           I live a very healthy, active life, being  
10 HIV positive, thanks to a combination therapy of  
11 medications. They keep me healthy, active, and  
12 going. They keep my viral load down and they keep my  
13 white blood cell count up. That is what fights the  
14 infection.

15           One downside of those medications that I  
16 take, which are a lot of pills each day, is severe  
17 digestive problems.

18           Every day for me is spent dealing with  
19 diarrhea, constipation, digestive muscle spasms,  
20 unbelievable stomach and intestinal gas, and in the  
21 worst case, inability to eat without immediately  
22 vomiting it.

23           On my best days, I spend up to 3 hours in  
24 the bathroom a day. These digestive problems are  
25 nothing new to anyone who is on or takes

1 antiretroviral therapy.

2 The one thing that provides relief for me is  
3 whole plant cannabis. It stops the muscle spasms and  
4 allows me to maintain a properly doctor-monitored  
5 weight.

6 My weight is monitored by my infectious  
7 diseases doctor, Dr. Shubhra Shetty of the  
8 Scranton-Temple Health Care in Scranton,  
9 Pennsylvania. She supports my use of whole plant  
10 cannabis as a primary means to control and lessen  
11 mine, as well as other patients of hers,  
12 gastrointestinal pain.

13 Representative Baker said that there are  
14 medicines out there that can do the same thing as  
15 marijuana. I am currently prescribed the largest  
16 daily dose of Marinol that the FDA allows, and I can  
17 tell you, it does not, it does not provide the same  
18 relief. All that it does is make you hungry, and  
19 when you're hungry, with stomach and digestive pains,  
20 it's even worse.

21 Thank you. Thank you.

22 MR. GOLDSTEIN: Bradley submitted written  
23 testimony to this committee. You can read about his  
24 experience and his experience with Marinol as well.

25 There are several scientific studies that

1 compare marijuana to whole plant cannabis. We have  
2 submitted that to members of the committee as  
3 well.

4 I just want to point out a couple of  
5 interesting facts here as we consider this in  
6 Harrisburg. It is very important that we consider  
7 medical marijuana legislation.

8 Pennsylvania has a strange, peculiar part of  
9 the marijuana prohibition history. In 1937, the  
10 Marijuana Tax Stamp Act was introduced in Congress by  
11 the racist prohibitionist Harry Anslinger, Jr., who  
12 was raised in Altoona and is buried in Hollidaysburg.

13 The only person to stand up at the 1937  
14 hearings against the Federal prohibition of marijuana  
15 was the Chief Legal Counsel of the American Medical  
16 Association.

17 In 1937, they said that the point of this  
18 Tax Stamp Act -- and that is what it was, a tax  
19 stamp; they never produced any. It was ruled  
20 unconstitutional -- the Tax Stamp Act is to control  
21 this medicine, and how it may far serve to deprive  
22 the public of benefits of a drug that on further  
23 research may prove to be of substantial value is  
24 impossible to foresee.

25 In 1969, the Tax Stamp was struck down as

1 unconstitutional. We rolled out the Controlled  
2 Substances Act. Marijuana was put in Schedule I.

3 A Republican Governor of Pennsylvania,  
4 former Governor Shafer, chaired a Presidential  
5 Commission by President Nixon. It was the Commission  
6 on Marijuana and Drug Abuse. They spent 2 years  
7 looking at marijuana around the country.

8 The recommendation by Republican Governor  
9 Shafer and his commission was that marijuana be  
10 removed from Schedule I in the Controlled Substances  
11 Act and that it be decriminalized for personal use.  
12 President Nixon ignored that recommendation, and here  
13 we are today.

14 There is further research that I offer in my  
15 testimony -- the current American Medical Association  
16 science report that came out 2 weeks ago; the  
17 Department of Justice memo. You will hear today from  
18 the opposition. They will try and bring up issues  
19 that are not related to medicine.

20 The opposition today will draw on some of  
21 the same reefer-madness rhetoric and tactics that  
22 worked 70 years ago for the racist Harry Anslinger in  
23 Congress. Somehow they will try and bring up the  
24 recreational marijuana market in relation to our talk  
25 about medicine. That is wrong.

1           Medical marijuana and recreational marijuana  
2           are separate. That's the whole point of this  
3           legislation. We want patients out of the underground  
4           market, and we want to have a safe supply---

5           CHAIRMAN OLIVER: Mr. Goldstein?

6           MR. GOLDSTEIN: Yes, sir?

7           CHAIRMAN OLIVER: I'm going to have to cut  
8           you off at this point.

9           MR. GOLDSTEIN: Yes, sir.

10          Do you have any questions you would like to  
11          have me answer for the committee?

12          CHAIRMAN OLIVER: No questions from any of  
13          the members. Thank you very much.

14          MR. GOLDSTEIN: Thank you, sir.

15          MR. WALTER: Thank you.

16          CHAIRMAN OLIVER: The next person to testify  
17          will be Sharon Smith.

18          And again, I'm asking you to be as brief as  
19          possible. I would like to hear everybody who is on  
20          the agenda today, if possible.

21          MS. SMITH: Thank you.

22          CHAIRMAN OLIVER: You may proceed.

23          MS. SMITH: I will try to be as brief as  
24          possible.

25          Good morning, and thank you for allowing me



1 the opportunity to testify today.

2 My name is Sharon Smith, and I'm a longtime  
3 resident of Mechanicsburg, Cumberland County, the  
4 mother of four and grandmother of seven.

5 I'm the Founder and President of MOMSTELL, a  
6 parent organization whose primary mission is to  
7 promote awareness of substance abuse and eliminate  
8 stigma through improving drug treatment, education,  
9 legislation, policy, and prevention.

10 MOMSTELL provides a network of support to  
11 families throughout Pennsylvania who have a loved one  
12 who was or is addicted to drugs and/or alcohol.

13 Policy issues that affect all Pennsylvanians  
14 impacted by the disease of addiction are a focus of  
15 MOMSTELL, as well as improving and supporting  
16 legislation that directly affects those with the  
17 disease of addiction and their families.

18 I want to share a story with you about a mom  
19 I know very well. She was the daughter of an  
20 alcoholic and, due to a lot of stress, developed a  
21 stomach ulcer by the age of 6. She then vowed as a  
22 child that she would never drink or use drugs.

23 When she grew up, she married a minister,  
24 and they raised a family. As their children grew,  
25 she began to teach them about the dangers of illegal

1 substances.

2 Thinking this could never happen to her, she  
3 did not see the signs of drug use right away in her  
4 daughter. When her daughter's drug use escalated,  
5 the mom frantically sought help and tried to get  
6 treatment for her.

7 Unfortunately, on a cold and dark morning in  
8 February of 1998, her precious daughter was found  
9 thrown up against a tree, her jeans were down around  
10 her knees, her underwear was torn, and stones were  
11 embedded in her back as a result of being dragged  
12 down a muddy embankment.

13 The final resting place found her alone, mud  
14 splattered, bruised, pale, and discarded like unwanted  
15 trash. She was dead from a drug overdose.

16 The devastation from drugs did not stop  
17 there for this mother. She is also the mother of  
18 another child who has a co-occurring disorder. His  
19 problem surfaced a few years after his sister's  
20 death.

21 Her son began showing signs of an addiction,  
22 and the mother desperately tried to get him into  
23 treatment. She succeeded in managing a short-term  
24 stay for him, but the son needed long-term treatment  
25 to address his addiction.

1           When he did not receive this treatment, he  
2 began self-medicating, which has led him to a  
3 diagnosis of bipolar disorder and schizophrenia.

4           The pain of not being able to rescue him  
5 consumed her, and she was constantly haunted by the  
6 fear of losing her son. She stood by him through  
7 incarcerations, hospital stays, treatment facilities,  
8 and recovery attempts.

9           Without insurance, he was left without  
10 medication for his mental illness and again began  
11 self-medicating. One of his drugs of choice was and  
12 still is marijuana. The result of his  
13 self-medicating attempts were devastating, and his  
14 mental health spiraled down.

15           Drugs ravaged and destroyed her daughter's  
16 life, and her son's mental health is being  
17 compromised by its usage. This all happened over a  
18 period of many years, and this mother still continues  
19 to fight for her son and clings to the memory of his  
20 sister.

21           That young woman thrown down that muddy  
22 embankment years ago was my daughter, Angela, and it  
23 is my son, Shawn, who suffers with a co-occurring  
24 disorder. This is my family's reality.

25           I am not alone. Throughout the

1 Commonwealth, many families face the same battles  
2 with addiction and co-occurring disorders. Their  
3 stories are just as compelling.

4 You heard testimonies at a hearing last week  
5 from some of those parents. Our society must be  
6 educated about addiction and co-occurring disorders  
7 so we can work together to address this crisis.

8 I can tell you all firsthand that legalizing  
9 marijuana is not the answer for Pennsylvania. I have  
10 worked with families impacted by the disease of  
11 addiction for over 10 years, and as a parent who has  
12 lost a child to drugs, I am very sympathetic toward  
13 the suffering child.

14 After careful review of the legislation  
15 before you, there are numerous reasons why MOMSTELL,  
16 as well as our family advisory group, Families of  
17 Addiction -- some of those families are here today --  
18 are adamantly opposed to HB 1393.

19 Sections of the bill do not address all  
20 criminal drug activity, especially related to  
21 marijuana, or outline the required experience or  
22 educational levels of individuals labeled "primary  
23 caregivers" and "caregivers."

24 The bill defines a "primary caregiver" or  
25 "caregiver" as a person who is at least 18 years of

1 age, possibly still in high school, who has never  
2 been convicted of a felony drug offense.

3           Furthermore, this bill does not exclude  
4 someone from becoming a caregiver if they have been  
5 charged or convicted of misdemeanor 3 charges related  
6 to marijuana.

7           It takes a pharmacist who can legally  
8 dispense FDA-approved medications 6 years of college  
9 and board exams to get a license to dispense medicine  
10 in the Commonwealth, but this bill says in effect,  
11 forget the training and the board exams and the  
12 regulations; anyone over 18 without a felony drug  
13 charge can grow marijuana and distribute it to  
14 patients.

15           This bill provides that a caregiver may  
16 possess up to six marijuana plants and 1 ounce of  
17 useable marijuana. Potentially, an 18-year-old that  
18 is still in high school will be growing pot in his  
19 backyard for a patient and then come into the house  
20 and try to explain to his little brother or sister  
21 who has just come home from a school prevention  
22 program why it is okay to grow and distribute  
23 marijuana.

24           Who will ensure that the patients do not  
25 overmedicate themselves? Every medication from the

1 pharmacy comes with instructions on the label bottle  
2 of how to take it, how much, how often, important  
3 notes, warnings, what it's used for, how it's used,  
4 side effects, precautions, and drug interactions.  
5 This comes with every bottle of medication, the list  
6 of what you need to look out for.

7           What procedure will we put in place to  
8 duplicate that that every pharmacy takes care across  
9 Pennsylvania to provide patients?

10           The debilitating medical conditions listed  
11 in this bill are very broad and do not outline how to  
12 determine if a patient has a specific disease that is  
13 best treated with marijuana.

14           The House Bill is not limited to the  
15 terminally ill patients. It covers a variety of  
16 conditions that can also be treated with FDA-approved  
17 medications or other therapies.

18           Who is going to train all the physicians in  
19 the Commonwealth on this issue? Who will oversee,  
20 monitor the physicians who are writing prescriptions  
21 for marijuana, to assure that they have a bona fide  
22 physician/patient relationship and they are not just  
23 writing prescriptions to anyone who complains of  
24 pain? The bill easily permits fraud.

25           Again, we are unclear as to why you need

1 caregivers who can carry and grow marijuana for six  
2 people as well as Compassion Centers to dispense it  
3 for medical purposes. With more marijuana  
4 distribution and distributors available and no  
5 regulatory oversight, this opens a Pandora's box of  
6 fraud.

7           Where is the money going to come from for  
8 this cost? We ask this question: Has there been a  
9 fiscal analysis done of this bill?

10           An expensive bureaucracy will have to be  
11 created in the Department of Health and Human  
12 Services. A new complicated and expensive  
13 bureaucracy to regulate the medical marijuana  
14 physicians, patients, and caregivers will need to be  
15 in place.

16           Again, has a fiscal cost analysis of this  
17 bill been done? We are facing one of the toughest  
18 economical times in our State, and this is not the  
19 time to create another bureaucracy.

20           It has been proven to be difficult and  
21 expensive to regulate marijuana in the other medical  
22 marijuana States, and the amount of additional costs  
23 due to fraud, crime, and other costs will be  
24 phenomenal.

25           The medical basis for marijuana as medicine

1 has not been proved. It is not FDA approved. No  
2 reliable medical studies or clinical trials that  
3 establish the safety and effectiveness of marijuana  
4 as medicine have been specified in this bill.

5 The appropriate quantity to be administered  
6 or the most effective method of administration for  
7 the medical conditions have not been specified.

8 And as you can see in this poster of my  
9 daughter -- this is my daughter, Angela -- when has  
10 smoking anything been good for your health? There is  
11 no provision for monitoring the use of marijuana to  
12 ensure that the drug is used properly and only by  
13 qualified patients. There is no mechanism for  
14 assessing the effectiveness of the use of marijuana  
15 in relieving pain and other symptoms.

16 House Bill 1393 ignores the fact that  
17 marijuana is an illegal drug with no scientific  
18 recognized medical value. The Food and Drug  
19 Administration does not approve of the use of smoked  
20 marijuana for so-called medical purposes, and its use  
21 is therefore unregulated.

22 This has significant implications for  
23 patients since there are too many health risks  
24 associated with such use.

25 My own son is a perfect example of mixing



1 marijuana with a mental health disorder, and the  
2 recipe is not a healthier child; it's a recipe for  
3 disaster.

4           You would only need to walk a mile in my  
5 shoes to understand how dangerous this so-called  
6 medicine is to a mentally ill patient. How many  
7 people who have undiagnosed mental health issues will  
8 have their mental health aggravated by smoking pot?

9           There are literally dozens of FDA-approved  
10 medications that can effectively deal with the  
11 symptoms associated with the different medical  
12 conditions specified in this proposed bill.

13           Proponents of such legislation look at  
14 recent policy statements from the American Medical  
15 Association in which the AMA requests that marijuana  
16 be classified to a Schedule II drug in order to  
17 facilitate clinical research into the development of  
18 cannabinoid-based medications.

19           The policy statement does not mean that they  
20 approve of smoked marijuana as medicine. In fact,  
21 the policy statement goes on to state that "this  
22 should not be viewed as an endorsement of state-based  
23 medical cannabis programs, the legalization of  
24 marijuana, or that scientific evidence on the  
25 therapeutic use of cannabis meets the current

1 standards for a prescription drug product."

2 In other words, the AMA simply calls for  
3 marijuana to go through the same clinical standards  
4 as all other prescribed medicines and adhere to the  
5 process.

6 Finally, one needs to ask who will really be  
7 smoking under the guise of medicine? Proponents of  
8 the medical marijuana want you to believe that it is  
9 only the debilitating medical conditions who have  
10 unsuccessfully sought out other effective, approved  
11 treatments who will qualify for "medical" marijuana.  
12 This is not true. One only needs to look at the  
13 numbers from the other States that have passed such  
14 legislation and see how widely the programs are being  
15 abused.

16 The use, distribution, and trafficking of  
17 marijuana continues to be illegal according to the  
18 Federal laws, and I have included in your packet a  
19 copy from Gil Kerlikowske from ONDCP, the Office of  
20 National Drug Control Policy, on this issue. This  
21 statement comes from the White House:

22 "Marijuana legalization, for any purpose,  
23 remains a non-starter in the Obama Administration."

24 I have also been asked to report to you a  
25 message from Dr. Tom McLellan, who is the Deputy

1 Director of ONDCP and a longtime resident of  
2 Pennsylvania. He wants you to know that he  
3 categorically is against so-called "medical  
4 marijuana" in our State.

5 Prevention has been a major focus of our  
6 drug control policy. Parents, teachers, lawmakers,  
7 law enforcement officers, Judges, probation officers,  
8 and many more have all worked diligently for years  
9 throughout Pennsylvania educating youth on the  
10 dangers of marijuana use, and now we are seriously  
11 thinking of calling it medicine? Do you really feel  
12 qualified to make a call as to what is medicine and  
13 what isn't?

14 With all due respect, you as Legislators  
15 should not and must not be responsible for  
16 determining what is and is not medicine. You are not  
17 medical doctors and scientists; you are lawmakers.  
18 This medicinal decision belongs in the hands of the  
19 science and medical experts. As a nation, we have  
20 developed an entity of experts, and it is called the  
21 FDA.

22 Yes, you will hear from patients today, I am  
23 sure, who are in favor of the legalization of  
24 marijuana, but I am here today to give a voice to the  
25 tens of thousands of parents and family members

1 across this State who have dealt with a child's  
2 addiction: some, like me, who have lost a child;  
3 some, like me, still struggling to save a child.  
4 Then there are some who, like my son, suffer the side  
5 effects that marijuana produces on someone with a  
6 mental illness.

7           As I have seen in my own child, marijuana's  
8 effects are anything but medicinal. I may be one  
9 voice at this time, but I am representing tens of  
10 thousands of families across this State who may all  
11 not get their voice heard today but who will  
12 certainly have their voices heard when it comes  
13 time to pull that lever at the ballot box if they  
14 have to remember who in the Legislature decided  
15 what was medicine and turn Pennsylvania into the  
16 East Coast California with pot dispensaries in  
17 abundance.

18           Please continue to protect my family, my  
19 community, and the citizens of Pennsylvania by not  
20 legalizing marijuana for any purpose. Let the  
21 medical experts make this decision, not the  
22 Legislature.

23           Thank you.

24           CHAIRMAN OLIVER: Thank you very much.

25           The Chair recognizes Representative Payton

1 for a question.

2 REPRESENTATIVE PAYTON: Thank you,  
3 Mr. Chairman.

4 Thank you for your testimony. Your story  
5 certainly is compelling.

6 I just have a quick question. Do you think  
7 that we should outlaw OxyContin, Percocet, Xanax? Do  
8 you think those things should be outlawed as well?

9 MS. SMITH: Well, as you already know, we  
10 have a problem not only in our State but across the  
11 country with abuse of prescription drugs, and I think  
12 the legalization of marijuana is just going to add to  
13 that.

14 Do I think that they should be outlawed? I  
15 think that that needs to be determined between the  
16 doctor and his patient, and they are already  
17 FDA-approved drugs.

18 REPRESENTATIVE PAYTON: So is that a yes or  
19 a no?

20 MS. SMITH: All right. Do I think that it  
21 should be---

22 REPRESENTATIVE PAYTON: Is that a yes or a  
23 no?

24 MS. SMITH: That it should be illegal?

25 REPRESENTATIVE PAYTON: Yes. Is that a yes

1 or a no?

2 MS. SMITH: No; no, it should not be illegal  
3 because it is an FDA drug.

4 REPRESENTATIVE PAYTON: Okay. Thank you.

5 Mr. Chairman, there are all sorts of  
6 information on both sides of this issue, and the last  
7 time I checked, the sky has not fallen in Colorado,  
8 Arizona, New Mexico, Connecticut, California, or  
9 Maine.

10 And, you know, there are many people that  
11 are suffering from debilitating diseases such as MS  
12 and dealing with glaucoma that they think it's  
13 helpful, that they think it's helpful, and many  
14 medical professionals do as well. So I'm happy to  
15 support this bill.

16 Thank you, Mr. Chairman.

17 CHAIRMAN OLIVER: Representative DiGirolamo.

18 REPRESENTATIVE DIGIROLAMO: Thank you,  
19 Mr. Chairman.

20 Good morning, Sharon.

21 MS. SMITH: Hi.

22 REPRESENTATIVE DIGIROLAMO: Sharon, would  
23 you mind recognizing or identifying the two people  
24 that are with you, the two moms that are with you  
25 today?

1 MS. SMITH: Absolutely.

2 This is Lisa Stalnaker. She lost her  
3 brother to a drug overdose, and she has been working  
4 tirelessly with Families of Addiction.

5 And this is Martha King, and her daughter is  
6 presently incarcerated. And she is also with the  
7 Families of Addiction.

8 REPRESENTATIVE DiGIROLAMO: Okay. Well,  
9 thanks for your testimony.

10 For the record, I would just like to state  
11 that I know Sharon and I know the good work that she  
12 has been doing for the past 10 years with the group  
13 that she started.

14 And, Sharon, just one real quick question.  
15 The prime sponsor of the bill in his opening  
16 testimony stated, and he said we are going to hear  
17 later today, that there is even doubt from certified  
18 addiction counselors that marijuana is a gateway drug  
19 for those who get it through the illegal system.

20 I mean, what would you say; would you agree  
21 with that statement from the work that you have been  
22 doing and from the people that you talked to across  
23 the State of Pennsylvania?

24 MS. SMITH: I can speak from my own  
25 experience with my children that marijuana definitely

1 was, because that is where it all started.

2 Yes, I can hear people yelling "cigarettes."  
3 I can hear you. Yes, that is where you learn to  
4 inhale, but then when you begin smoking marijuana,  
5 the progression, from every parent that I have heard  
6 of, that is where it has started.

7 What concerns me is, yes, there are two  
8 sides to this, but to just look at the ill patients  
9 on one side and the ill patients on the other side,  
10 what marijuana does to them, if you haven't lived it,  
11 you have no clue.

12 And we are going to be putting people at  
13 jeopardy that have mental health issues at the very  
14 least, and those people need to be considered as  
15 well.

16 REPRESENTATIVE DIGIROLAMO: Okay.

17 Sharon, thank you very much, and I really  
18 appreciate your courage of being up here and  
19 testifying. Thank you.

20 MS. SMITH: Thank you.

21 CHAIRMAN OLIVER: Representative  
22 Benninghoff.

23 REPRESENTATIVE BENNINGHOFF: Thank you,  
24 Mr. Chairman.

25 And I want to thank the panelists for taking



1 time to join us today.

2 As it was previously stated by other  
3 members, there are people on many sides of this  
4 discussion, and therefore, it is worth having. But I  
5 am somewhat dismayed that if you look at the panel of  
6 members on the agenda, there is no one really  
7 represented from the medical community or law  
8 enforcement. And I think if we are going to have a  
9 true, honest debate, it is important that we have  
10 those people who may at one time have to be  
11 administering this.

12 More importantly, I would be interested in  
13 whether or not our physicians in Pennsylvania are  
14 even comfortable with this, feel that they have the  
15 knowledge, and I think we need to do that for future  
16 meetings.

17 I wanted to ask the panelists if they are  
18 aware, do you have any history, from other States  
19 that may have done this, of the impact on their  
20 neighboring States?

21 One of the concerns that I would have as a  
22 Legislator and probably a resident here in  
23 Pennsylvania, do we end up drawing people in from  
24 neighboring States who find physicians who may be  
25 less than punctual about their duty and be willing to

1 write scripts out?

2 I think that is a significant concern as a  
3 Commonwealth, that we would be drawing people in to  
4 ascertain access. Whether we like it or not, every  
5 profession has those who sometimes go wayward, and we  
6 have had physicians who are willing to write  
7 prescriptions out, whether it is prescription drugs  
8 or not.

9 Do you have any knowledge of that kind of  
10 thing occurring in neighboring States?

11 MS. SMITH: And again, I'm a parent, so to  
12 know the legal things---

13 REPRESENTATIVE BENNINGHOFF: I know that,  
14 and that's a tough question.

15 MS. SMITH: But what I have seen, and I  
16 think it has been available for anybody to see on  
17 some of the, like, I don't know if it was 20/20 or  
18 MSNBC, one of those programs, where they went in  
19 undercover, and yes, you know, them setting up the  
20 doctors' shops where there are prosecutions for  
21 doctors who are just writing prescriptions. You go  
22 in and say, oh, my shoulder hurts, and here's your  
23 prescription. That has happened.

24 The other thing that concerns us, for the  
25 elderly people as well, you know, who can't afford to

1 go into one of these dispensaries, that there is  
2 somebody on the corner that is very willing to take  
3 their business.

4           So the whole idea of having this unregulated  
5 and not really keeping track of it with the  
6 dispensaries and all and who is coming into this  
7 State, that is a big cause for concern, because you  
8 would have people coming in from other States who  
9 haven't legalized this as medicine getting  
10 prescriptions to be able to use it.

11           REPRESENTATIVE BENNINGHOFF: Thank you.

12           Mr. Chairman, just in closing and then a  
13 comment, I think we do have to, if we are going to  
14 continue this kind of debate, expand a panel, because  
15 there are going to be impacts on neighborhoods.

16           Whether or not we think we are unregulating  
17 this, there are some controls written within that  
18 legislation, which, in my belief, if you will be mass  
19 producing marijuana more than it is currently, you  
20 are going to have those people who are going to be  
21 raiding it, stealing it off other people's property,  
22 and starting their own underground market.

23           So there are law enforcement implications.  
24 There are implications to our neighbors and to our  
25 families that need to be taken under consideration.

1 Thank you, Mr. Chairman.

2 CHAIRMAN OLIVER: Thank you very much.

3 Thank you very much, Ms. Smith, for your  
4 testimony.

5 The next person to testify today will be  
6 Robert Capecchi. You may proceed.

7 MR. CAPECCHI: Thank you, Mr. Chairman.

8 Members of the committee, good morning.  
9 Thank you for allowing me to testify in front of you  
10 today.

11 My name is Robert Capecchi. I'm a  
12 Legislative Analyst with the Marijuana Policy Project  
13 based out of Washington, DC.

14 The Marijuana Policy Project was founded in  
15 1995 to advocate on both the State and Federal level  
16 for sensible marijuana policy.

17 We were heavily involved in drafting and  
18 passing medical marijuana laws in Vermont in 2004,  
19 Montana in 2004, Rhode Island in 2006, and Michigan  
20 in 2006.

21 I'm going to begin by going over a brief  
22 overview on how State-level medical marijuana laws  
23 have been working to date.

24 So far, there are 13 States that allow  
25 doctors to recommend the medical use of marijuana for

1 patients with debilitating and serious illnesses.  
2 Those States are Alaska, California, Colorado,  
3 Hawaii, Maine, Michigan, Montana, Nevada, New Mexico,  
4 Oregon, Rhode Island, Vermont, and Washington.

5 As you can see, this is a diverse group of  
6 States in both geographic size and location that  
7 range from the Northeast, Midwest, Northwest, and  
8 Southwest.

9 Furthermore, many of Pennsylvania's  
10 neighbors, including New York, Delaware, and  
11 Maryland, are all considering medical marijuana  
12 legislation currently, and we fully expect that  
13 New Jersey will pass a medical marijuana bill this  
14 month.

15 I am going to also address some of the  
16 issues concerned with, I guess you could call  
17 them sham doctors. A lot of those issues come out  
18 of California. California is perceived to be a  
19 State with many loopholes in their medical marijuana  
20 law.

21 California was the first State to enact a  
22 modern, effective medical marijuana law. That  
23 happened in 1996 by a proposition, Proposition 215,  
24 which passed by popular vote. Its laws are the most  
25 vague of all the medical marijuana laws, and it is

1 frequently the most criticized.

2 California's law does not have a limit on  
3 the amount of marijuana that a patient is allowed to  
4 possess and still retain the absolute protection from  
5 arrest and prosecution, nor does it specifically list  
6 specific conditions for which marijuana can be  
7 recommended.

8 California law does allow dispensaries but  
9 provides for no State regulation or registration of  
10 those dispensaries. However, despite all of these  
11 concerns, there is still significant statewide  
12 popular support for the law at 3 to 1.

13 The newer medical marijuana laws which have  
14 been passed, including Michigan, Rhode Island, and  
15 Maine and New Mexico, are highly regulated and  
16 require ID cards for the individuals who are  
17 recommended medical marijuana by their treating  
18 physician.

19 These ID cards are very important, and  
20 Pennsylvania's bill contains this as well, in that  
21 they aid law enforcement in deciding who is and who  
22 is not in legal possession of marijuana at the time  
23 of an arrest.

24 Furthermore, New Mexico, Rhode Island, and  
25 Maine allow for well-regulated and State

1 dispensaries. Some of those States, as Pennsylvania  
2 hopefully will do, put sales tax on the transfer of  
3 marijuana.

4 Another issue, another criticism of  
5 State-level medical marijuana laws is Federal  
6 interference with those laws.

7 Although the States are free to decide their  
8 own policy on the legality of marijuana for medicinal  
9 purposes, the Federal Government does still classify  
10 marijuana as a Schedule I narcotic, meaning doctors  
11 are prohibited from prescribing it. That is why in  
12 the bill it comes with a physician recommendation as  
13 opposed to a prescription.

14 However, doctors do have the First Amendment  
15 right to recommend medical marijuana to their  
16 patients. This right was guaranteed to them in the  
17 case of *Conant v. Walters*, which is a Ninth Circuit  
18 Court of Appeals case which found the First Amendment  
19 right to discuss treatment plans, specifically  
20 recommending medical marijuana use.

21 The Supreme Court of the United States  
22 denied granting certiorari in this case, allowing the  
23 Ninth Circuit Court of Appeals decision to stand.

24 Under the Bush Administration, the DOJ  
25 raided dispensaries in medical marijuana States and

1 prosecuted their operators and occasionally seized  
2 patients' medicine.

3           However, recently, Attorney General  
4 Eric Holder, under the direction of President Obama,  
5 instructed the U.S. Attorneys in States with medical  
6 marijuana laws to discontinue prosecution of  
7 individuals who are in clear and unambiguous  
8 compliance with State law.

9           This memo has created more space for States  
10 to allow well-regulated and licensed dispensaries.  
11 Since Obama has taken office, New Mexico became the  
12 first State with State-licensed dispensaries and have  
13 no problem with the Federal Government.

14           Maine and Rhode Island have also expanded  
15 their laws to allow State-regulated dispensing.

16           House Bill 1393 is a well written and highly  
17 regulated piece of legislation. It will protect  
18 registered, qualified patients from arrest and  
19 prosecution so long as they are in current possession  
20 or use of under six plants or less than 1 ounce of  
21 usable marijuana, which is significantly lower than  
22 many of the States that currently have effective  
23 medical marijuana laws.

24           "Qualifying patient" is specifically defined  
25 in the bill and has a list of illnesses and symptoms



1 from conditions that would qualify for a  
2 recommendation, as is a "bona fide physician-patient  
3 relationship."

4 House Bill 1393 also allows Pennsylvania to  
5 establish their own State-licensed Compassion  
6 Centers. Compassion Centers are quite important,  
7 because it allows patients who come down with an  
8 illness to immediately access medicine. Also, some  
9 patients cannot physically grow their own medical  
10 marijuana due to physical conditions.

11 The bill also establishes a registry system  
12 with qualified patients' caregivers.

13 I mentioned the ID cards and why those are  
14 important already.

15 House Bill 1393 is well-crafted medical  
16 marijuana legislation. It will protect the  
17 Commonwealth's most vulnerable patients from arrest  
18 and the threat of prosecution.

19 Critics in the past have complained that  
20 allowing the use of medical marijuana will increase  
21 teen recreational use. However, this is not true.

22 Surveys have shown that in States with  
23 medical marijuana laws, teen use does not increase;  
24 in fact, it decreases.

25 I have with me copies of a teen-use report

1 that the Marijuana Policy Project conducted which  
2 shows that in each State that did comparisons of  
3 before and after teen use of medical marijuana  
4 legislation, teen use decreased in some States,  
5 including California, as much as 50 percent in some  
6 age groups.

7           Furthermore, protecting medical marijuana  
8 patients finds strong support in the medical and  
9 legal communities. Respected medical communities  
10 such as the American Nurses Association, the Leukemia  
11 & Lymphoma Society, and the American Academy of HIV  
12 Medicine all support medical marijuana, as does the  
13 American Bar Association.

14           The previous witness mentioned the policy  
15 shift on the part of the AMA. The Marijuana Policy  
16 Project in no way states that the AMA endorses the  
17 use of medical marijuana. However, what they did do  
18 is change their policy stating that it is and should  
19 be a Schedule I narcotic, and they want to allow  
20 research to look into reclassifying the scheduling.

21           Finally, and on some levels most importantly  
22 for you all, is the political support that is found  
23 for medical marijuana, both nationwide and statewide.

24           A CNN/Time Magazine poll published in 2002  
25 found 80 percent support for legal access to medical

1 marijuana, and that is nationwide.

2 A 2006 Keystone poll in the State of  
3 Pennsylvania found 76 percent support or somewhat  
4 support for, quote, unquote, "allowing adults to  
5 legally use marijuana for a medical purpose if a  
6 doctor recommends it."

7 I urge you to listen to the science, your  
8 constituents, and your heart to support HB 1393,  
9 which is a compassionate bill.

10 And one final note. It was mentioned that  
11 there are no physicians on the list. I know that  
12 JSPAN, who is testifying after me, has a physician,  
13 Dr. Swidler, with them, and he is here to speak to  
14 the efficacy of marijuana for specific treatment  
15 plans.

16 I will entertain any questions you have.  
17 Thank you again for allowing me to testify before  
18 you.

19 CHAIRMAN OLIVER: Thank you very much.

20 Are there any questions?

21 Representative Boyle. You may proceed.

22 REPRESENTATIVE BOYLE: Thank you for your  
23 testimony.

24 I'm just curious; I was going to ask this  
25 question to the prime sponsor, Representative

1 Cohen.

2 He mentioned in his testimony that the  
3 proposed legislation for Pennsylvania would differ in  
4 some ways to what already exists in California. Are  
5 you able to speak to that, in what ways would they  
6 differ?

7 MR. CAPECCHI: In many ways the proposed  
8 legislation in Pennsylvania is different than the  
9 current legislation in California.

10 Proposition 215, which established medical  
11 marijuana in California, was an eight-sentence  
12 initiative on the ballot. This created a lot of  
13 vague understanding of the law, and California is  
14 still dealing with that on both the State level and  
15 its municipality and county levels as well.

16 The medical marijuana bill, HB 1393 in front  
17 of you all today, is highly regulated. It spells out  
18 a lot of the concerns that are addressed with  
19 California's legislation, including which conditions  
20 and symptoms medical marijuana may be recommended for  
21 by a physician in a bona fide physician/patient  
22 relationship.

23 It also allows for dispensaries that are  
24 State regulated and taxed and identification cards,  
25 which in California they do have identification

1 cards, but they are not mandatory. Pennsylvania's  
2 bill would be mandatory identification cards, as well  
3 as the registry system.

4 REPRESENTATIVE BOYLE: Okay. Thank you.

5 So if California is not the apt analogy, is  
6 there another State which you could say that this  
7 legislation is modeled after?

8 MR. CAPECCHI: Rhode Island's legislation  
9 would probably be more closely aligned with the  
10 legislation in front of you today.

11 Rhode Island just added dispensaries to  
12 their legislation and have set up their rules and  
13 regulations through their Department of Health to get  
14 those going.

15 REPRESENTATIVE BOYLE: So that would be a  
16 better analogy if we are trying to look and just try  
17 to learn from the best practices and also the  
18 mistakes from other States?

19 MR. CAPECCHI. Right; right. I would  
20 recommend that you look at---

21 REPRESENTATIVE BOYLE: It's better to look  
22 at Rhode Island---

23 MR. CAPECCHI: ---New Mexico, States like  
24 that. Yes.

25 REPRESENTATIVE BOYLE: Okay. Great.

1 MR. CAPECCHI: Thank you for your question.

2 REPRESENTATIVE BOYLE: Thank you.

3 CHAIRMAN OLIVER: And I would like to point  
4 out to you, we will have additional hearings on this  
5 bill, which will include the medical community as  
6 well as law enforcement.

7 MR. CAPECCHI: Excellent. Fantastic.

8 CHAIRMAN OLIVER: Representative  
9 Benninghoff.

10 REPRESENTATIVE BENNINGHOFF: Thank you,  
11 Mr. Chairman.

12 Thank you for that clarification also.

13 Two quick questions. You seem to be pretty  
14 well versed on this. We appreciate you sharing your  
15 information.

16 In reference to the photo ID, I was trying  
17 to breeze through the bill -- pardon me; the ID  
18 cards. Do you think, does that tend to include photo  
19 identification with that card?

20 MR. CAPECCHI: I believe the bill does state  
21 that there will be photo identification on the bill.  
22 It also has name, address, and I believe any primary  
23 caregiver that they are associated with.

24 REPRESENTATIVE BENNINGHOFF: Has that been  
25 the history in other States, to have the photo

1 included?

2 MR. CAPECCHI: I believe some States have  
3 them and some do not.

4 Some States don't include name and address  
5 for privacy reasons. They will just have a random  
6 number that the law enforcement can then call the  
7 registry and verify that that number is valid.

8 REPRESENTATIVE BENNINGHOFF: But you would  
9 support having a photo ID?

10 MR. CAPECCHI: Yes.

11 REPRESENTATIVE BENNINGHOFF: It has been a  
12 problem in Pennsylvania, even with our State-issued  
13 ACCESS cards, and I think that is important.

14 The last question is, on the "bona fide  
15 physician" in the bill, I read that a physician would  
16 have to complete a full assessment of the patient's  
17 medical history and current medical condition,  
18 including a personal physical examination.

19 Do you know if that also includes a  
20 psychological evaluation? I think there have been  
21 some concerns about what implications marijuana could  
22 have on somebody's psychological health.

23 MR. CAPECCHI: Well, legislatively, it does  
24 not include a psychological evaluation. However, I  
25 believe that in the physician/patient relationship --

1 and Dr. Swidler could testify more accurately to this  
2 -- that would be one thing to take into account when  
3 recommending medical marijuana, as it would when  
4 prescribing any other drug that would be used in  
5 treatment for any serious illness.

6 REPRESENTATIVE BENNINGHOFF: Thank you for  
7 the answers.

8 Thank you, Mr. Chairman.

9 CHAIRMAN OLIVER: Thank you very much for  
10 your testimony today.

11 MR. CAPECCHI: You're welcome. Thank you  
12 for having me.

13 CHAIRMAN OLIVER: Representative Baker. I'm  
14 very sorry.

15 Representative Baker.

16 REPRESENTATIVE BAKER: Thank you, Chairman  
17 Oliver.

18 You had mentioned that in California, that  
19 the utilization of marijuana had potentially  
20 decreased in some regard, and the data that I have  
21 indicates that perhaps one of the reasons for that is  
22 the public outrage that exists in California over  
23 their medical marijuana law.

24 In fact, the documentation that I have seems  
25 to suggest that this is attributed to related



1 marijuana crime, noise, abuse, that medical marijuana  
2 dispensaries bring to neighborhoods.

3 In fact, my documentation seems to suggest  
4 that since California passed its medical marijuana  
5 law, more than 90 cities and counties in the State  
6 have had to pass moratoriums or bans on the  
7 distribution of marijuana in their communities.

8 So I know one of the other previous members  
9 seemed to suggest the sky is not falling, but in some  
10 of these communities in California, they may beg to  
11 differ.

12 And you mentioned the creation of  
13 Proposition 215. Rev. Scott Imler, cofounder of  
14 Proposition 215, has now publicly lamented the  
15 passage of the law, stating that, quote, "We created  
16 Prop. 215 so that patients would not have to deal  
17 with black market profiteers. But today it is all  
18 about the money. Most of the dispensaries operating  
19 in California are little more than dope dealers with  
20 store fronts," end of quote.

21 Sir, this legislation, what is in this  
22 legislation that would prevent this same end result?

23 MR. CAPECCHI: Representative Baker, thank  
24 you for your question.

25 Pennsylvania's legislation includes

1 provisions to set up licensed State dispensaries.  
2 California's proposition did not include that  
3 information. That is how, quote, unquote, the  
4 dispensary system kind of "ran wild" or the sky was  
5 falling, as you stated.

6           The State Department of Health would be in  
7 charge of promulgating rules and regulations to  
8 effectuate the purposes of the bill, which would  
9 include setting up dispensaries.

10           State municipalities would still have zoning  
11 ordinance control over where dispensaries are  
12 located, and the State can regulate how many  
13 dispensaries can exist in the State and in what  
14 areas, to one extent.

15           As far as the price is concerned, many  
16 States use, for patients, a sliding scale based on --  
17 for registration cards especially -- based on income  
18 and/or financial means.

19           A lot of States have that a card, a  
20 registration card, shall cost no less than \$50 based  
21 on a sliding scale, so people could pay more if they  
22 are financially able to or \$50 if not.

23           REPRESENTATIVE BAKER: Just to finish.

24           It's my understanding that as a result of  
25 the concerns in California, only 24 out of

1 California's 58 counties now issue marijuana ID  
2 cards.

3 MR. CAPECCHI: Right. It's not mandatory in  
4 California to issue the identification cards.  
5 However, Pennsylvania's bill does make it mandatory  
6 to issue those cards.

7 REPRESENTATIVE BAKER: Thank you very much.

8 MR. CAPECCHI: You're welcome.

9 CHAIRMAN OLIVER: Thank you very much for  
10 your testimony today.

11 MR. CAPECCHI: You're more than welcome.

12 CHAIRMAN OLIVER: The next person to testify  
13 will be Brian Gralnick.

14 You may proceed, and I'm also going to ask  
15 you to be as brief as possible for time's sake.

16 MR. GRALNICK: Yes, sir.

17 Thank you, Mr. Chairman and the committee,  
18 for allowing the Jewish Social Policy Action Network  
19 to present our testimony.

20 I have asked the Honorable Ruth Damsker, one  
21 of our Board Members, Rabbi Cytryn of Temple Beth El  
22 of central Pennsylvania, and Dr. Swidler of Bethlehem  
23 to present our organization's brief testimony.

24 MS. DAMSKER: I'm checking the time. Good  
25 afternoon. I was going to say "good morning"

1 originally.

2           Good afternoon. My name is Ruth Damsker,  
3 and I'm a member of the Jewish Social Policy Action  
4 Network, JSPAN, Board of Directors; a former two-term  
5 commissioner of Montgomery County; and a former  
6 three-term tax collector of Cheltenham Township,  
7 Montgomery County.

8           On behalf of JSPAN, we thank the Chair and  
9 committee for the opportunity to present today.

10           The Jewish Social Action Policy Network is  
11 an organization of over 2,000 members throughout the  
12 Commonwealth.

13           Our board consists of Rabbis from several  
14 branches of Judaism, several past Presidents of the  
15 Philadelphia Area Jewish Community Relations Council,  
16 aging and education advocates, and other public  
17 servants.

18           We are a faith-based policy advocacy  
19 organization that is driven by our cultural and  
20 religious conscience.

21           We have previously testified before the  
22 Pennsylvania State Senate during the debate to raise  
23 the minimum wage in 2005 and have written a number of  
24 amicus curiae or friend of the court briefs for  
25 ourselves and other faith-based organizations on

1 issues ranging from education, to immigration, to  
2 condemnation proceedings, to the separation of church  
3 and state, including two briefs to the U.S. Supreme  
4 Court.

5           While our member, Rabbi Cytryn, who is  
6 sitting here to my left, will elaborate on the  
7 religious principles that guide our endorsement of  
8 House Bill 1393, I have included in our written  
9 testimony a recent Post-Gazette op-ed column written  
10 by JSPAN President Brian Gralnick, coauthored with  
11 Arthur Caplan, who is the Director of the Center for  
12 Bioethics of the University of Pennsylvania.

13           While this bill has few cosponsors, it has  
14 widespread support from many communities. Among  
15 religious communities, JSPAN joins other religious  
16 organizations that include the United Methodist  
17 Church, Presbyterian Church, Episcopal Church, the  
18 Unitarian Universalist Association, the Union for  
19 Reform Judaism, the United Church of Christ, and the  
20 Progressive National Baptist Convention.

21           Editorial boards in our State that are  
22 calling for the passage of medical marijuana include  
23 the Pittsburgh Post-Gazette, the Philadelphia  
24 Inquirer, the Delaware County Daily Times, the Pocono  
25 Record, the Scranton Times, the Daily Review, the

1 Pittsburgh Tribune-Review, and the Daily Collegian.

2 I want to address the common myth that  
3 opponents of medical marijuana put forth: that this  
4 is a ruse for a broader goal of legalizing marijuana.  
5 Unlike Glenn Beck or the Pittsburgh Tribune-Review,  
6 our organization has not taken a position in favor of  
7 making marijuana available for all adults, nor has it  
8 ever been mentioned or proposed.

9 This bill is about people like my late  
10 husband, Dr. Jeffrey Damsker, who could have  
11 benefited from medical marijuana while undergoing  
12 chemotherapy for a malignant brain tumor. This bill  
13 is about a better quality of life for Pennsylvania's  
14 patients. It's about compassion, and it's about  
15 science.

16 I was married to a radiation oncologist for  
17 35 years, and I never dreamt that I would be a  
18 caregiver for my husband with terminal cancer also  
19 9 years ago.

20 When his neurologist recommended the use of  
21 marijuana for relief of nausea during chemotherapy,  
22 and because it was illegal, my husband felt  
23 uncomfortable. He was deprived of using an  
24 alternative therapy to relieve his suffering.

25 I am proud that our son, Jason, followed in

1 his late father's footsteps and is a medical  
2 oncologist in Montgomery County, Pennsylvania.

3 There is a lot of debate swirling around  
4 health care, but the fact is that Pennsylvania  
5 doctors do not have the freedom to recommend what  
6 they deem most medically appropriate to people  
7 suffering from cancer, multiple sclerosis, glaucoma,  
8 and other chronic illnesses.

9 Dr. Swidler, who is sitting here to my left,  
10 will elaborate during his testimony.

11 Finally, I want to speak to you as a Jewish  
12 mother of four and grandmother of five. Like every  
13 mother, I worry about the dangers that both legal and  
14 illegal drugs might have on children, but I am not  
15 concerned that passing a medical marijuana bill will  
16 make this problem worse.

17 Right now on our street corners, in our  
18 schools, kids can buy marijuana fairly easily.  
19 Providing their grandmothers or grandparents or ill  
20 individuals access to medical marijuana will not  
21 exacerbate this problem.

22 On the contrary, treating marijuana as a  
23 powerful medicinal drug for limited purposes will  
24 raise awareness that this is a serious drug and not  
25 something to be taken for recreation.

1           This isn't just speculation on my part. In  
2 fact, surveys of students in States that have passed  
3 medical marijuana have consistently reported  
4 declines in teen marijuana use since those laws were  
5 passed.

6           So if you want to protect our kids from  
7 marijuana and help alleviate pain suffering from your  
8 family members, your neighbors, your constituents,  
9 you will report favorably on this compassionate bill.

10           Again, I want to thank you and the committee  
11 for allowing JSPAN to testify on this important  
12 issue.

13           And now I am pleased to introduce JSPAN's  
14 next presenter, Rabbi Eric Cytryn of Beth El Temple  
15 in Harrisburg.

16           RABBI CYTRYN: I thank the Chair and the  
17 committee for the opportunity to present testimony  
18 today.

19           My name is Eric Cytryn. I'm a Rabbi at  
20 Beth El Temple here in Harrisburg.

21           I'm a member of the Jewish faith's  
22 conservative movement, and I belong to the Rabbinical  
23 Assembly of America. I'm also a member of JSPAN.

24           I'm here to state that Jewish values and  
25 ethics unequivocally support passage of House Bill



1 1393.

2           From its earliest sources, Judaism has both  
3 permitted and required us to act as God's agents in  
4 bringing healing, and in failing that, in reducing  
5 pain.

6           In Judaism, there is no positive value to  
7 pain and suffering. Great Sages in our Talmud are  
8 quoted as saying that they would rather live without  
9 the suffering of this world, even if it meant living  
10 without the promise of reward in the world to come.

11           Alas, that is no one's choice to make. So  
12 when someone is suffering, we do what we can to  
13 alleviate that pain.

14           To the extent that marijuana proves  
15 effective as a narcotic that quells pain, Judaism  
16 supports its use medicinally.

17           Judaism also supports the use of medical  
18 marijuana in providing relief from symptoms,  
19 conditions, and treatment side effects of glaucoma,  
20 wasting syndrome associated with HIV/AIDS, nausea  
21 associated with chemotherapy, and spasms that  
22 accompany multiple sclerosis and chronic pain.

23           While I give testimony as a conservative  
24 Rabbi, both to my religious left and right Jewish  
25 legal experts have voiced their support for the

1 legalization of medical marijuana.

2           The Union of Reform Judaism supports  
3 legalization of medical marijuana, Orthodox Rabbis  
4 have written in support of the legalization of  
5 medical marijuana, and in Israel, the Jewish State,  
6 medical marijuana is already legal.

7           Because God commands us to be compassionate  
8 and merciful, we have a responsibility to respond  
9 actively, and not only prayerfully-spiritually, to  
10 our neighbor's distress. And because we believe that  
11 our bodies are owned by God and because we believe  
12 that medicine is a good thing that God gave us to  
13 show our love and concern for our fellow creatures by  
14 striving to alleviate pain and heal disease, Judaism  
15 unequivocally supports the use of marijuana in  
16 medically-indicated situations.

17           The Jewish community urges the House to  
18 respond favorably to House Bill 1393. Thank you.

19           DR. SWIDLER: Good afternoon, Mr. Chairman,  
20 members of the committee. I thank you for giving me  
21 the chance to speak today.

22           My name is Howard J. Swidler, M.D. I'm a  
23 practicing emergency physician with over 30 years'  
24 experience, including 25 as the Chief of Medicine in  
25 my hospital, Chief of Emergency Medicine in my

1 hospital. I'm also a member of JSPAN.

2 My premedical school education was in  
3 pharmacy, and as such, I have additional training in  
4 pharmaceutical chemistry, pharmacology, and  
5 toxicology.

6 I maintain dual board certification by the  
7 American Board of Emergency Medicine and the American  
8 Board of Family Medicine.

9 I'm here to support the compassionate use of  
10 medical marijuana bill that is currently before you.  
11 Such a bill is vital to many patients who could see  
12 considerable benefits and have few reasonable  
13 alternatives.

14 Aside from the vast number of anecdotal  
15 reports on both the safety and efficacy of medical  
16 marijuana, there is also now a fairly large body of  
17 evidence of formal research attesting to the efficacy  
18 of medical marijuana for a number of conditions.

19 It is shameful that we have allowed politics  
20 to interfere with the natural progress of science in  
21 this area, and as a result, have likely denied very  
22 beneficial treatment to many patients.

23 Absent the legal implications, the risks  
24 associated with medical use of marijuana are  
25 astoundingly low. The current proven alternatives,

1 if they exist at all, are often potentially  
2 dangerous, have substantial side effects, and are  
3 often addictive.

4 As a medical doctor, it is very troubling  
5 that we have this isolated issue regarding medication  
6 treatment and research that has been removed from the  
7 objective scientific realm and placed in the  
8 political system.

9 The consideration of marijuana as a, quote,  
10 "narcotic" and/or "dangerous drug" is irrational, and  
11 it is divorced from reality and science. Both the  
12 chemical structure and pharmacology are far removed  
13 from those of other narcotics, tranquilizers, and  
14 related compounds.

15 Marijuana is nonaddicting. There is no  
16 physical dependence or physical withdrawal symptom  
17 associated with its use.

18 From a practical standpoint, it is also  
19 nontoxic. Marijuana is safer by some measures than  
20 almost any other drug that we have. This includes  
21 prescription drugs, over-the-counter drugs, alcohol,  
22 and nicotine.

23 In toxicology, there is something that we  
24 call the LD50. The LD50 is the dose or drug level  
25 that will kill 50 percent of individuals exposed to

1 that compound. Marijuana is only one of a handful of  
2 compounds that has no defined LD50. There is simply  
3 no known quantity of marijuana capable of killing a  
4 person.

5 The other relatively important concept in  
6 pharmacology is one we call therapeutic index. This  
7 is the ratio of a drug dose that will cause a  
8 therapeutic effect to that which is toxic.

9 We have many drugs that are routinely used  
10 where taking twice the appropriate dose can cause  
11 substantial harm. This includes narcotics as well as  
12 most of the other drugs used for pain and most of the  
13 drugs used for nausea.

14 Even many of the "benign" over-the-counter  
15 drugs -- and I quote "benign" -- have marginal  
16 indexes. Taking a single dose equal to 10 to 15  
17 times of the approved dose of acetaminophen -- that  
18 is Tylenol -- aspirin or ibuprofen -- that is Advil  
19 -- can cause serious toxicity or even death. Taking  
20 twice the dose over a prolonged period of time of any  
21 of these drugs can also have serious medical  
22 consequences.

23 With no known toxic dose, marijuana's safety  
24 profile far exceeds even those of "benign" drugs.

25 Marijuana also has no known significant drug

1 interactions to be concerned about. All of the  
2 narcotics, tranquilizers, antidepressants, and all of  
3 the drugs used for nausea are potentially very  
4 dangerous when mixed together or when they are mixed  
5 with alcohol.

6 In my 30 years practicing emergency  
7 medicine, I have never seen a single overdose of  
8 marijuana; never seen a patient whose primary  
9 complaint was related to the use of marijuana, either  
10 acutely or from chronic use; never admitted a patient  
11 for detox or rehab from marijuana; never treated a  
12 patient who was withdrawing from or having difficulty  
13 decreasing its usage.

14 Essentially, all the alternative drugs for  
15 appropriate conditions are addictive. Most cause not  
16 just unpleasant but medically dangerous withdrawal  
17 symptoms. In addition, they essentially all have  
18 substantial side effects, limiting their usage  
19 considerably.

20 I have a couple of examples that are  
21 specific to what we are talking about that I would  
22 like to just go over with you.

23 Probably the two largest groups of patients  
24 that might benefit are those suffering from chronic  
25 pain syndromes and those suffering from severe nausea

1 and vomiting associated with chemotherapy for cancer  
2 or HIV.

3           When simple over-the-counter analgesics are  
4 inadequate, those with chronic pain now have only  
5 narcotics like Morphine, Codeine, Oxycodone, and  
6 Methadone and the like to use. These are often  
7 supplemented with major or minor tranquilizers and/or  
8 antidepressants.

9           All of these medications are habit-forming,  
10 lose potency with extended use, and have considerable  
11 side effects. Having a nonnarcotic alternative would  
12 be a real benefit.

13           There are two options for treating nausea  
14 and vomiting, and although I heard earlier it said  
15 that we have lots of alternatives, there are really  
16 only two.

17           One is a fairly large group of older drugs  
18 called phenothiazines. These drugs cause significant  
19 sedation. They lower resistance to seizures and are  
20 not applicable in all patients. They cause a  
21 general, what we call dysphoria, just generally not  
22 feeling well, and they impair mental functions  
23 significantly.

24           They also have a very limited dosage range.  
25 As little as twice the standard dose of one of these

1 drugs for nausea can be associated with severe  
2 reactions, known as dystonic reactions, which cause  
3 severe involuntary and painful muscle spasms.

4 This is a condition that I have seen  
5 regularly over my career, even for patients who come  
6 to the emergency department complaining of nausea  
7 associated with the flu and go home with one of these  
8 medications.

9 We also have a newer medication. Now, this  
10 has been a big benefit, but unfortunately, it's very  
11 expensive and it's not effective in all patients. So  
12 we have some leeway there, but it is still not for  
13 everybody.

14 Neither of these medications are helpful  
15 really in treating the problems with appetite and  
16 wasting that are associated with some of these  
17 patients, often causing them to lose 50 percent of  
18 their body weight. That is not something that is  
19 unheard of.

20 This is, without a doubt, very important  
21 legislation. For a select group of patients, it may  
22 literally be lifesaving. For others, substantial  
23 improvements in overall quality of life may be  
24 realized.

25 Physicians will benefit from a new addition



1 to their pharmacopoeia and also by being able to  
2 honestly discuss alternatives and risks and benefits.  
3 This means our patients get real information instead  
4 of information off the street.

5 Patients will be more likely to get good  
6 information about marijuana use from their  
7 physicians, knowing that they will be able to speak  
8 freely, so I urge you to move forward quickly on this  
9 bill.

10 And I would offer to take any questions at  
11 this point. Thank you.

12 CHAIRMAN OLIVER: Thank you very much.

13 Representative Reichley.

14 REPRESENTATIVE REICHLEY: Thank you,  
15 Mr. Chairman.

16 And Doctor, I'm going to address this  
17 question to you since you seem to be the one with the  
18 medical background that we've heard from so far. We  
19 need to try to move through the hearing as quickly as  
20 possible.

21 I was a prosecutor for 12 years. I did some  
22 criminal defense work, so I come at this from,  
23 hopefully, an open-minded situation.

24 But as I understand your testimony, the  
25 ostensible benefit from medical marijuana is to treat

1 -- what was it? -- the effects of chemotherapy and,  
2 what was it?

3 DR. SWIDLER: Chronic pain.

4 REPRESENTATIVE REICHLEY: Chronic pain.

5 DR. SWIDLER: Those would be the two big  
6 areas I would see.

7 REPRESENTATIVE REICHLEY: Okay.

8 DR. SWIDLER: There are others, but those  
9 are the two big ones.

10 REPRESENTATIVE REICHLEY: Based upon your  
11 medical experience and training, is there a period of  
12 time during which the medical marijuana has an effect  
13 on the individual?

14 DR. SWIDLER: Are you talking short-term  
15 duration or over a longer period of time?

16 REPRESENTATIVE REICHLEY: Well, if the  
17 person has utilized the medical marijuana to relieve  
18 the aftereffects of the chemotherapy, for instance,  
19 how long does that have an effect on the individual?

20 DR. SWIDLER: Acutely, I think you can  
21 expect several hours.

22 Chronically, I don't think there is anything  
23 to suggest that its effect diminishes over time.  
24 Almost all of the other drugs that we are speaking of  
25 -- narcotics, tranquilizers -- diminish efficacy with

1 time.

2 Some of them, the tranquilizers, are  
3 literally only authorized, theoretically, for use for  
4 periods of short term, up to 2 weeks, although they  
5 are often prescribed for much longer periods.

6 REPRESENTATIVE REICHLEY: And do I  
7 understand that you said, based upon your medical  
8 experience and training, that there is no necessarily  
9 side effect in a medical setting from the marijuana  
10 when it's not used in combination with alcohol or  
11 other drugs? Is that correct?

12 DR. SWIDLER: Used by itself, there are no  
13 significant medical side effects.

14 Now, the social implications of all of this,  
15 I am trying to steer clear of those. I would like to  
16 just stick to science, if I can.

17 REPRESENTATIVE REICHLEY: Okay. And that's  
18 in a controlled setting where you are guaranteeing a  
19 person is not using alcohol or other prescription  
20 drugs, and you are talking about medical side effects  
21 much less if they decide to go drive a car, engage in  
22 other activity.

23 DR. SWIDLER: I think that all of those are  
24 reasonable concerns that we have as physicians. The  
25 problem is that our patients don't get the

1 information from us when you take it out of the  
2 medical field; they take their information off the  
3 street.

4           And I think that one of the big advantages  
5 as a physician that I see to this whole process is we  
6 could move that process into the physician's office  
7 so that a patient wouldn't hear from his neighbor  
8 that maybe this will help you, but actually have a  
9 legitimate discussion with his physician about the  
10 risks and benefits and precautions to use with this  
11 drug or any other drug, for that matter.

12           REPRESENTATIVE REICHLEY: Okay. And really  
13 to get to the nub of what I want to ask you, since  
14 you have said that the emphasize is to have this done  
15 in a physician's office, then I take it you would not  
16 object that if in fact this was legalized, you would  
17 require the patient to stay in the medical facility  
18 until the effects of the medical marijuana have been  
19 medically cleared from that patient, if in fact this  
20 is the emphasis here, to treat---

21           DR. SWIDLER: No; hold on.

22           REPRESENTATIVE REICHLEY: Let me just  
23 finish.

24           It is to treat the physical side effects of  
25 certain health treatments, and in the spirit of

1 reasonableness, allow for a criminal penalty of, say,  
2 10 years in prison if you are caught with the  
3 possession of marijuana outside of a medical setting.

4 DR. SWIDLER: Well, I would suggest to you  
5 that that is far removed from the medical model for  
6 all the other drugs that we use.

7 I mean, certainly when somebody comes into  
8 the emergency department and they have nausea, what  
9 we do is we give them some medication for it and we  
10 send them home. If we were to keep them in the  
11 hospital -- and the drugs that you would be comparing  
12 them to---

13 REPRESENTATIVE REICHLEY: Yes.

14 DR. SWIDLER: ---would probably be on the  
15 order of 8 hours of efficacy. Which means that every  
16 patient who came in for nausea or vomiting in the  
17 emergency department, who had nausea or vomiting,  
18 most of whom do get treated; we don't just let them  
19 see what they are going to do---

20 REPRESENTATIVE REICHLEY: But those people  
21 haven't already gone through chemotherapy coming into  
22 the hospital.

23 DR. SWIDLER: No. For some of them, that is  
24 the reason that they are there.

25 What I am saying is that when we use the

1 alternative medications to marijuana for treating  
2 vomiting, whether it be associated with chemotherapy  
3 or the flu, those patients go home. They don't sit  
4 in the ER for 8 hours waiting for that medicine to  
5 stop working.

6 And in fact we give them prescriptions for  
7 some of it to go home, although hopefully very  
8 limited amounts because they are so toxic.

9 REPRESENTATIVE REICHLEY: Well, I would only  
10 suggest, Mr. Chairman, that if the advocates of this  
11 legislation are true to their word, that this is  
12 truly for medical benefits, then there should be an  
13 attempt to find that this is limited to the medical  
14 setting and not allow it to be utilized outside of  
15 that strict confidence.

16 Thank you.

17 CHAIRMAN OLIVER: Representative Beyer.

18 REPRESENTATIVE BEYER: Thank you,  
19 Mr. Chairman.

20 Just two very quick questions.

21 Doctor, I hope you don't mind; I'm just  
22 going to be asking you these questions, but thank you  
23 all for being here.

24 DR. SWIDLER: Sure.

25 REPRESENTATIVE BEYER: Can you tell me, in

1 your opinion, in your expert medical opinion, what is  
2 the bigger gateway or more popular gateway drug; is  
3 it marijuana or alcohol?

4 DR. SWIDLER: Well, first of all, you know,  
5 trying to steer clear of too much of the politics of  
6 this, I would have difficulty in the concept of the  
7 gateway drug being a lot of different things.

8 I think really the problem with our  
9 "gateway" is the black market. That's my personal  
10 opinion. I think that kids will recreate, as will  
11 adults, and when we force them to recreate within the  
12 black market, then we expose them to all of the  
13 downsides of the black market, and those would  
14 include all of those other drugs.

15 REPRESENTATIVE BEYER: Okay.

16 DR. SWIDLER: I'm not really sure if I can  
17 go beyond that.

18 REPRESENTATIVE BEYER: Okay. My final  
19 question.

20 Can you tell me if there is any research  
21 that compares the side effects of the use of opiates  
22 in terminal cancer patients versus the use of medical  
23 marijuana in the alleviation of pain and suffering?

24 DR. SWIDLER: I can certainly speak to the  
25 huge body of evidence of side effects and untoward

1 effective narcotics in virtually all patients,  
2 including the ones you are speaking about.

3 I think one of the issues that goes forward,  
4 as we look at this policy socially, is that not only  
5 have we made marijuana illegal for use but we have  
6 pushed it out of the research area.

7 I find it very troubling that the research  
8 that needs to be done in this area has not because of  
9 the Federal prohibition, and I think that it will  
10 take many States exercising their rights, their  
11 State rights, and moving this into a more public  
12 domain before the Federal Government will follow  
13 suit and allow, on a more national basis, the  
14 research and funding for that research that needs to  
15 take place.

16 Right now, a lot of the research head to  
17 head is just not there. Unfortunately what that  
18 means is that as providers, what we do is we have  
19 some known stuff on one side, and then we have to use  
20 conclusions drawn from research that wasn't  
21 specifically targeted for that purpose and anecdotal  
22 reports from patients that we know use it, as well as  
23 longitudinal studies in patients or people who we  
24 know have used the drug for a long period of time to  
25 try and gain insight into some of those more complex



1 questions.

2           But I think that it is also very clear that  
3 the side-effect profile of the alternative drugs is  
4 horrendous, and as a physician, just the ability to  
5 have some other alternative rather than just  
6 continually prescribing narcotics and tranquilizers  
7 and all these drugs that are really heavily abused on  
8 the other side would be a great benefit to us,  
9 especially in emergency medicine, because we are a  
10 target for that sort of stuff.

11           REPRESENTATIVE BEYER: Thank you very much,  
12 Mr. Chairman.

13           Thank you.

14           CHAIRMAN OLIVER: Representative True.

15           REPRESENTATIVE TRUE: Thank you,  
16 Mr. Chairman.

17           Just a quick question, Doctor, and I'm glad  
18 to have a doctor here to ask this.

19           One of the problems, particularly if you  
20 have been doing this for a long time, is always the  
21 research and where you get it, you know, who do you  
22 believe, which scientist is saying what, and I'm  
23 looking through my pile of information here.

24           Do you have, and you don't have to give it  
25 to me now, but do you have sites and so forth -- you

1 personally, since you are in the emergency room -- of  
2 where the information comes from as far as the  
3 information which scientists are saying what? Who do  
4 they work for? Where do they come from?

5 DR. SWIDLER: That is a great question.

6 You know, you always have to look where the  
7 information is coming from and whether it's a  
8 preponderance of evidence or whether it's a well  
9 researched study. And a lot of the studies that I  
10 would like to see there are not there; I will say  
11 that.

12 There is a lot of information, and I would  
13 certainly offer my expertise and assistance to this  
14 committee in putting that information together,  
15 helping you interpret it, looking for those  
16 underlying sources of funding or prejudice that may  
17 interfere in some of these studies.

18 But do I have them at my, you know, beck and  
19 call here? No.

20 In terms of the toxicology, though, I think  
21 there is a much better database. Virtually all  
22 States these days have what we call poison lines, and  
23 they are well funded toxicology centers and they put  
24 together large databases.

25 So when somebody comes into the emergency

1 department, for instance, and, you know, "We found  
2 these pills." Okay? "I don't know what they are."  
3 You know, "My 4-year-old took 12 of them; what should  
4 I do?" And so we begin a process that first tries to  
5 identify them, and then, once it identifies them,  
6 looks to the drug databases that we have to see what  
7 their toxicity might be.

8           And those databases are pretty clear about  
9 the nontoxic effects of marijuana. I mean, there is  
10 no LD50. We can look at the dosage ranges that are  
11 very specific and say what are, you know, likely to  
12 cause serious medical harm and what aren't.

13           So those are pretty reliable databases.  
14 They have been researched. The research has been  
15 gathered. The experts have commented. They have  
16 been put together in, you know, a cohesive format  
17 that is easily understood. And so those are, I  
18 think, reliable databases in terms of toxicology and  
19 side effects and those sorts of things.

20           In terms of the kinds of studies we were  
21 just talking about with head-to-head comparisons  
22 between narcotics and marijuana, those are going to  
23 be much harder to come by. But there certainly are  
24 sites that have been compiling that sort of  
25 information.

1           REPRESENTATIVE TRUE:  Are you familiar with  
2  Dr. Gabriel Nahas's work?

3           DR. SWIDLER:  No, I'm not.

4           REPRESENTATIVE TRUE:  Okay.

5           I just want to throw that in, particularly  
6  to put it on the record, because, and again, I freely  
7  admit I have been in drug prevention for a long time,  
8  back to 1979.  And Dr. Nahas and others, he was an  
9  anesthesiologist at Columbia University.  He did a  
10 lot of this, and he doesn't necessarily agree with  
11 your point of view.  And that was scientific  
12 research, you know, and that is what I kind of came  
13 up with.

14           So I'm always interested in what research  
15 you are referring to, who is doing it and so forth  
16 and so on, and I would appreciate seeing, you know,  
17 where you are coming from on that.

18           DR. SWIDLER:  Sure.

19           REPRESENTATIVE TRUE:  And I would just like  
20 to respond one second to the gateway question.

21           And I believe your remarks, ma'am, were you  
22 are not interested, and maybe you all aren't -- I  
23 mean, I'm not going to get into that -- as far as  
24 having people use marijuana, you know, that you don't  
25 want to do medical marijuana because it is a foot in

1 the door for legalization of marijuana.

2 Where a lot of that feeling comes from for  
3 many of us that have done this is from NORML itself.  
4 Now, a long time ago, so maybe they have changed  
5 their position, but we have videotapes of NORML  
6 conferences where they say the foot in the door is  
7 medical marijuana.

8 This is my problem, because I'm old enough;  
9 I sat in some of those NORML conferences, under an  
10 assumed name, I have to admit that, but many years  
11 ago I did go and I did listen to the Directors --  
12 Richard Cowan is one of them -- where he clearly says  
13 the answer to legalization of all drugs is the  
14 medical issue.

15 So that reflects on some of the work that I  
16 have done with kids and so forth. So anything that  
17 you have to offer contrary to that and Websites or  
18 links, I would appreciate.

19 DR. SWIDLER: Yes.

20 REPRESENTATIVE TRUE: And thank you,  
21 Mr. Chairman, for allowing me to give my remarks.

22 CHAIRMAN OLIVER: Representative Seip.

23 REPRESENTATIVE SEIP: Thank you,  
24 Mr. Chairman.

25 And as has been mentioned, there is a

1 multitude of conflicting information on this topic.  
2 So I thank the Chairman for scheduling this hearing,  
3 and I certainly want to thank the testifiers for  
4 trying to provide the committee with your insights on  
5 this important issue as we attempt to identify the  
6 best way to proceed legislatively.

7           Earlier there was a question about  
8 psychiatric patients or people suffering from a  
9 psychiatric condition. So I wanted to ask the doctor  
10 here if during the course of a typical exam or the  
11 establishment of that patient/physician relationship,  
12 would it be able to be ascertained whether that  
13 patient was suffering from a psychiatric condition  
14 that may contraindicate medical marijuana?

15           DR. SWIDLER: Well, I would say, first of  
16 all, that a legitimate relationship between a  
17 physician and a patient and a bona fide medical  
18 physical exam would include at least some evaluation  
19 of that. Let me just start with that.

20           The second question is a little more  
21 difficult. Now, if you are talking about a bona fide  
22 psychiatric diagnosis, what we call major diagnoses,  
23 things like schizophrenia, bipolar disease, these are  
24 major diagnoses, and those are often more  
25 discernable, if you will, than somebody who comes in

1 and is depressed. Somebody who is depressed and  
2 comes into my office may be able to easily cover that  
3 because they just don't want to talk about it.

4 But for the most part, we do make an attempt  
5 to uncover those things, and I think one of the  
6 reasons that this bill is as important as it is is  
7 because it means that a physician does get a chance  
8 to make that recommendation and discuss the risks and  
9 benefits, and does so after examining the patient in  
10 a medical setting as opposed to what currently  
11 happens, which is, if there is any discussion at all,  
12 it is kind of off the books.

13 A patient may say, you know, "I smoked some  
14 pot" kind of thing, but you really don't want to put  
15 that in the record and you really don't want to have  
16 a formal discussion about it. And then all of the  
17 information that he gets and the amount that he uses  
18 and the way that he uses it and the drugs that he  
19 mixes it with are guided by his friends, and that is  
20 just not a good thing.

21 I think that we need to be especially  
22 proponents of keeping medicine within physicians'  
23 offices between physicians and patients, and this  
24 bill would go a long way to do that, I think.

25 REPRESENTATIVE SEIP: I think we want to do

1 all we can certainly to prevent any kind of  
2 unintended consequences from whatever we do here  
3 legislatively. So thank you for your input today.

4 Thank you, Mr. Chairman.

5 CHAIRMAN OLIVER: Representative Drucker.  
6 He waives.

7 Representative Baker.

8 REPRESENTATIVE BAKER: Thank you, Chairman  
9 Oliver.

10 Doctor, I'm a bit surprised by some of your  
11 testimony, but I appreciate your courage for coming  
12 forward as a member of the medical profession. I  
13 have great respect for doctors and emergency  
14 physicians.

15 Doctor, I have some information that seems  
16 to seriously contradict your conclusions, and the  
17 first one is from Dr. Robert DuPont, former Director  
18 of the National Institute on Drug Abuse, and he was  
19 also the Drug Policy Advisor under Presidents Carter,  
20 Ford and Nixon.

21 And I will quote him by saying -- and this  
22 legislation does permit smoking of marijuana, and he  
23 clearly indicates, quote, "Marijuana smoke is known  
24 to contain harmful chemicals which adversely affect  
25 ALL body systems -- the brain and the immune system



1 to the lungs and the reproductive system."

2 In addition, I have documentation as a part  
3 of the record that it may actually make sick people  
4 sicker and healthy people sick. It may cause  
5 Carpose Sarcoma in people with AIDS, and it has  
6 nearly 500 potentially harmful chemicals when  
7 smoked.

8 And every paper I have read about smoking  
9 marijuana seems to contradict your conclusionary  
10 remarks as a physician in that inhaled, marijuana is  
11 associated with higher concentrations of tar, carbon  
12 monoxide, and carcinogens than even cigarette smoke;  
13 adversely impairs the aspects of lung function,  
14 causes abnormalities in the cells lining the airways  
15 of the upper and lower respiratory tract and in the  
16 air spaces deep within the lung, and it causes  
17 cancer.

18 Cellular abnormalities and consequences:  
19 contaminants of marijuana smoke are also known to  
20 include certain forms of bacteria and fungi, and that  
21 makes one susceptible to more infectious diseases.

22 Also, again, and I'm reading from the  
23 medical community, "Smoking marijuana can cause  
24 intoxication, precipitation of anxiety or acute  
25 psychotic reactions, orthostatic hypotension and

1 bronchial inflammation."

2 I could go on and on. I'll just finish very  
3 quickly that marijuana smoke has ammonia levels  
4 20 times higher than tobacco smoke. Marijuana has  
5 hydrogen cyanide, nitric oxide, and aromatic amines  
6 at three to five times higher than tobacco smoke.

7 And we all know that tobacco smoke can kill,  
8 and if the medical community is saying that this has  
9 many more times higher those chemicals, how can you  
10 say and reach the conclusion that you have on smoking  
11 marijuana?

12 DR. SWIDLER: Okay. There's quite a bit in  
13 there for me to answer. I'll try and sort of---

14 CHAIRMAN OLIVER: You will have to be as  
15 brief as possible.

16 DR. SWIDLER: Brief; okay.

17 First of all, the first part of your  
18 comments came from the political realm, and just as  
19 we talked a moment ago about you need to look at  
20 where the sources came from, that is a political  
21 statement. And I would, you know, I would hesitate  
22 to---

23 REPRESENTATIVE BAKER: Dr. DuPont is a  
24 Harvard M.D.

25 DR. SWIDLER: Yes, functioning in a

1 political realm where -- and the reason I say that is  
2 because a lot of the things that he said are simply  
3 untrue.

4           You know, there are now probably 40 years, I  
5 would say, of people who have been smoking marijuana  
6 probably pretty regularly that we can look at, and  
7 there is nothing to suggest that they have a higher  
8 rate of cancer. There is nothing to suggest that any  
9 of the things that you have quoted -- okay? -- are  
10 significant clinical concerns.

11           And in terms of, well, you know, you talk  
12 about these substances which, by the fact that they  
13 are grouped together as hundreds of compounds, shows  
14 how little we know about them, and to suggest that  
15 you know what the effects of those are, either  
16 singularly or together, is absent any science. There  
17 is no science in that.

18           And most of the people who make the  
19 statements about deleterious effects are speaking  
20 anecdotally. They are speaking from populations  
21 that are not the populations that we are dealing  
22 with.

23           Again, there is a fair amount of research  
24 that has looked fairly carefully at this stuff, and  
25 what they do is they bring up questions but not

1 conclusions: It is possible that this effect may be  
2 present; it is possible that these things are  
3 present. It is possible this and it is possible  
4 that, but the research isn't there.

5           And in fact on a clinical standpoint, and  
6 you will see this over and over again with many drugs  
7 that physicians use, is that there will be concerns  
8 or things that are brought up -- I mean, take any  
9 drug insert from any drug and you will see a list of  
10 potential side effects that are this long. Well, if  
11 those were the predominant effects of those drugs, we  
12 wouldn't prescribe any prescriptions for anything  
13 ever.

14           The fact is that these are theoretical  
15 concerns for most patients, and what they require is  
16 physician oversight, careful weighing of risks and  
17 benefits -- what are the risks here? what are the  
18 benefits here? I have a patient here who is wasting  
19 anyway, you can't eat anything, and I say, you know,  
20 maybe marijuana would help you, and you want to talk  
21 about the potential effect of some respiratory  
22 difficulty of 20 years of smoking over the next  
23 20 years of his life? I don't think that's a  
24 legitimate risk benefit ratio, okay? And those are  
25 the things that are ignored in the statements that

1 you make.

2 We are making acute risk benefit decisions  
3 on each and every patient. And while each of those  
4 things may be a concern to us, that somebody who has  
5 emphysema and lung disease, smoking anything may be a  
6 bad thing for them and I may tell them to stay away  
7 from chemical fumes and things that are irritating to  
8 the respiratory tract in all phases, that doesn't  
9 apply to everybody. And there are alternative means  
10 of taking medical marijuana besides smoking it that  
11 may be applicable for those people.

12 And again what I'm asking here is that you  
13 consider this bill so that we can move this out of  
14 politics and into science, because I think physicians  
15 in general are smart enough to weigh those risks and  
16 benefits in each and every case and make reasonable  
17 recommendations, and that is simply not happening  
18 today.

19 We have people going on the streets and  
20 dealing with the black market, subjecting themselves  
21 to legal issues, and not getting good medical  
22 information from it, and I believe that is what this  
23 bill is about.

24 Thank you.

25 CHAIRMAN OLIVER: Doctor, I want to thank

1 you so much for your testimony today.

2 The next person to testify will be  
3 Thomas Helsel. And at this point I am again saying  
4 be as brief as possible. I do not want to have to  
5 cut you off. But for the sake of time, we are  
6 supposed to be out of here by 1:30.

7 You may proceed.

8 MR. HELSEL: Chairman Oliver, Chairman  
9 Baker, distinguished members of the House Health and  
10 Human Services Committee, good morning -- or I should  
11 say good afternoon.

12 My name is Tom Helsel, and I am the  
13 Secretary of the Pennsylvania Association of  
14 Nationally Chartered Organizations.

15 PANCO is comprised of fraternal and veterans  
16 organizations that are chartered on a national basis.  
17 One of our member organizations is the Pennsylvania  
18 Elks State Association, and consequently, its  
19 subordinate lodges throughout our great Commonwealth.

20 Not only do I serve as Secretary of PANCO,  
21 but I serve as the Government Relations Chairman for  
22 the Pennsylvania Elks State Association. It is in  
23 that capacity that I sit here before you today.

24 PESA was founded in 1906 and exists to  
25 promote the programs of the State Association and the

1 Grand Lodge of the Benevolent and Protective Order of  
2 Elks.

3 The Elks were founded in 1868 and  
4 constituted their first lodge in Pennsylvania in  
5 1871, which was Philadelphia Lodge No. 2.

6 Since 1871, hundreds of thousands of  
7 Pennsylvanians have belonged to our honorable  
8 fraternity, and today, Pennsylvania boasts 101 lodges  
9 throughout our Commonwealth.

10 The B.P.O.E. established the Elks National  
11 Drug Awareness Program in 1982. The Elks Drug  
12 Awareness Program strives to teach all children and  
13 parents about the dangers of illegal drug use and  
14 prevent the abuse of legalized and prescription  
15 drugs.

16 As the largest volunteer drug awareness  
17 program in the United States, the program relies on  
18 State, district, and lodge volunteers to promote a  
19 drug-free lifestyle.

20 The Elks have developed an effective  
21 community-based drug prevention program by partnering  
22 with Federal agencies, including the Drug Enforcement  
23 Agency, Office of National Drug Control Policy,  
24 Substance Abuse and Mental Health Services  
25 Administration, and national organizations such as

1 PRIDE Youth Programs.

2           These partnerships ensure the Elks Drug  
3 Awareness Program addresses the leading drug abuse  
4 issues facing our communities today. With that said,  
5 it would be remiss of our fraternity to allow such a  
6 controversial issue as presented by House Bill 1393  
7 to go unnoticed.

8           I'm here today to state our opposition to  
9 that legislation.

10           With me today is Glenn Foster of Hanover  
11 Elks Lodge No. 763. Mr. Foster is the Pennsylvania  
12 Elks State Association's Drug Awareness Chairman.

13           With your permission, Mr. Chairman, I would  
14 like to turn the balance of my presentation over to  
15 Mr. Foster.

16           MR. FOSTER: Thank you, Mr. Chairman, for  
17 allowing Mr. Helsel and myself to present testimony  
18 before your committee this afternoon.

19           I am Glenn Foster, and I am the Pennsylvania  
20 Elks State Association Drug Awareness Chairman. The  
21 Benevolent and Protective Order of Elks Drug  
22 Awareness Program is dedicated to preventing the use  
23 of alcohol, tobacco, and other illicit drugs by the  
24 youth of our country.

25           Elks, with the assistance of our committed



1 partners, are able to actively educate students and  
2 adults while assisting scholastic institutions with  
3 scientific-based prevention programs and drug  
4 information.

5           It is my job to oversee and help implement  
6 these programs developed by and through the Elks Drug  
7 Awareness Program in the Commonwealth of  
8 Pennsylvania. To that end, I oversee 10 districts  
9 statewide that are comprised of 101 lodges.

10           I am here to voice my opposition today to  
11 House Bill 1393. Our belief is that by legalizing  
12 marijuana in the context provided under this  
13 legislation, it brings it one step closer to  
14 legalizing the use of marijuana by the public as a  
15 whole.

16           Proponents will say that only those who are  
17 truly in need and meet the definitions under the act  
18 will be prescribed this drug. They will say that the  
19 State will set forth strict guidelines for its  
20 prescriptions to prevent illicit use. But rather  
21 what we as a State will be offering is a new and easy  
22 source of procuring marijuana for its unlawful  
23 purposes.

24           We believe that since the United States Food  
25 and Drug Administration has not approved marijuana

1 for medicinal use, it would not be prudent for our  
2 Commonwealth to do so.

3           The American Medical Association in a  
4 June 2001 Policy Statement questioned the efficacy  
5 and the application of marijuana for the treatment of  
6 disease due to a lack of adequate and well-controlled  
7 studies. The AMA "recommends that marijuana be  
8 retained in Schedule I of the Controlled Substances  
9 Act pending the outcome of such studies."

10           At greater risk is the gateway effect on our  
11 youth that allowing prescription marijuana will  
12 bring. The abuse of prescription drugs is prevalent  
13 in today's society. Not a day passes without a news  
14 article detailing abuse of OxyContin, Valium,  
15 Vicodin, and other prescription drugs.

16           Articles appear on the abuse of  
17 over-the-counter pharmaceuticals being subverted into  
18 methamphetamines and other highly addictive illegal  
19 drugs. We are gravely concerned that by allowing for  
20 the prescribed use of marijuana, it will only open  
21 this gate wider. There is no safe way to control the  
22 prescribed use of marijuana.

23           As we have seen through continued abuses of  
24 other prescription drugs, the ability for marijuana  
25 to get into the hands of our children will only

1 increase.

2           The fact that it would now be considered a  
3 legitimate prescription drug will only increase this  
4 demand. Children and young adults will see this as  
5 paving the way to full legitimacy.

6           I would further question the wisdom of  
7 allowing prescribed users the ability to grow their  
8 own marijuana.

9           In the 13 States that allow for medical  
10 marijuana, all allow users to cultivate their own.  
11 The number of plants varies from 6 to 24 and the  
12 usable amount from 1 ounce to 24 ounces. There is no  
13 consensus as to what is allowable.

14           Given this and the opening of a medical  
15 marijuana café in Portland, Oregon, I question how we  
16 keep medical marijuana from the hands of our youth.

17           In a survey conducted by the National Center  
18 on Addiction and Substance Use, 40 percent of teens  
19 -- about 10 million -- say that they can get  
20 marijuana within a day, and about 25 percent --  
21 5.7 million teens -- say they can find marijuana  
22 within an hour. They also indicated that it was  
23 easier to purchase marijuana than it was cigarettes  
24 or beer.

25           Couple these facts with the abuses of

1 illegally prescribed drugs and we could only see a  
2 greater rise in marijuana and other substance  
3 abuse.

4           Marijuana is used solely for its  
5 intoxicating effects. It is used to obtain a  
6 drug-induced high and serves no other purpose.

7           Legalizing through medicinal use and/or  
8 liberalizing through decriminalization will only  
9 result in an increase in public intoxication, an  
10 increase in crime, and place a greater burden on our  
11 civic resources and be a harmful detriment to our  
12 greatest precious asset -- our children.

13           The Pennsylvania Elks Association opposes  
14 House Bill 1393, and I respectfully ask for you to  
15 oppose it as well.

16           Thank you.

17           REPRESENTATIVE BAKER: Thank you very much  
18 for your testimony, sirs. We do have a couple of  
19 questions for you.

20           I recognize Gene DiGirolamo.

21           REPRESENTATIVE DiGIROLAMO: Thank you,  
22 Mr. Chairman.

23           And Tom and Glenn, I appreciate your  
24 testimony here today.

25           Glenn, any idea of the number of kids that

1 you have helped through your organization here in the  
2 State of Pennsylvania? I know that's probably just a  
3 general question, but---

4 MR. FOSTER: I have before me a list of our  
5 various programs, but I can give you the bottom line,  
6 if you so wish.

7 We reach roughly 112,500 kids.

8 REPRESENTATIVE DIGIROLAMO: That's quite a  
9 number, really. And really I appreciate your good  
10 work on this.

11 You know, as someone who has worked really  
12 hard up here in Harrisburg -- I have been up here for  
13 15 years -- and maybe just kind of getting away from  
14 the general idea of medical marijuana, the problem of  
15 addiction here in the State of Pennsylvania.

16 Our Department of Health here in  
17 Pennsylvania has to certify every year to the Federal  
18 Government the number of unmet treatment needs in the  
19 State of Pennsylvania. And I believe last year, that  
20 number was well over 700,000 Pennsylvanians who have  
21 an unmet treatment need.

22 As far as I'm concerned, it is the problem  
23 of addiction, not only here in Pennsylvania but  
24 across Pennsylvania, as the number one problem that  
25 we have as a society here in the United States of

1 America -- by far, by far the number one problem that  
2 we have to deal with.

3 And again, not so much concentrating on the  
4 bill, but I really appreciate your passion and your  
5 good work on this issue. It is so much needed. It  
6 really is.

7 I actually have a bill -- and you might be  
8 aware of it -- that is in the committee, this  
9 committee right now, that would create a department  
10 of drug and alcohol programs and would put a  
11 Secretary on top of that. Much like you have a  
12 Secretary of Transportation or a Secretary of Health,  
13 you would have a Secretary that would concentrate on  
14 the problem of addiction, the problem of prevention,  
15 the problem with treatment here in the State of  
16 Pennsylvania. And I'm really hopeful in the very  
17 near future that the Chairman will consider bringing  
18 that bill up for debate and a vote.

19 And again, thanks for being with us today,  
20 and again, I really appreciate your passion on this  
21 issue. Thank you.

22 MR. FOSTER: Thank you.

23 REPRESENTATIVE BAKER: Thank you, Gene.

24 Representative Tim Seip.

25 REPRESENTATIVE SEIP: Thank you,

1 Mr. Chairman.

2 Thank you for being here today, gentlemen.  
3 I know the Elks have always been quite active in the  
4 community and have done a lot of things to try to  
5 improve communities and people's lives.

6 And one of the interactions I have had with  
7 the Elks is with the Elks Nurse in my county, and I  
8 know that I have made referrals to her and we have  
9 engaged her on some community programs that I was  
10 doing back when I did casework in Schuylkill County.

11 If there was some way that we could assure  
12 or try and prevent these negative unintended  
13 consequences -- I mean, I'm sure you guys deal with,  
14 and especially the Elks Nurses deal with a population  
15 of homebound people, people with terrible  
16 debilitating diseases, you know, if there is some way  
17 that we could keep this as a medical process.

18 One of the amendments that I have had a  
19 very, very brief discussion with the prime sponsor  
20 here on is having medical marijuana dispensed at a  
21 clinic. Much like you would go to a dialysis clinic  
22 if you had a kidney disorder or difficulty, you would  
23 go there and get the treatment and then return to  
24 your home.

25 Is that something that would make this bill

1 better or more likely to gain your support?

2 MR. FOSTER: I understand full well what you  
3 are asking. I am a small cog on a big wheel, if you  
4 will.

5 Our National Director is in Iowa, and before  
6 I go on record as saying I would accept a compromise,  
7 if you will, I will certainly have to speak with him  
8 before I go on record for the Elks to say yea to  
9 that.

10 REPRESENTATIVE SEIP: Okay. I appreciate  
11 that. I don't want you to misspeak.

12 I do appreciate your testimony today, and  
13 maybe that is something you can take back to the  
14 organization and see if that would help them support  
15 the legislation.

16 And again, I'm not sure what will happen  
17 after today's hearing. There will probably be more  
18 amendments that are offered and different approaches  
19 that people may come up with after all of the  
20 testimony that we have today. And I have heard that  
21 we may have additional hearings.

22 So I am sure the process will move forward,  
23 so thank you for being part of it.

24 MR. FOSTER: Thank you for having me.

25 REPRESENTATIVE BAKER: Thank you very much.



1           Seeing no other questions, we thank you  
2 gentlemen for your testimony.

3           MR. HELSEL: Thank you very much.

4           REPRESENTATIVE BAKER: Oh, pardon me.

5           Mr. Payton.

6           REPRESENTATIVE PAYTON: I'm sorry.

7           It's not necessarily a question, but, you  
8 know, I appreciate your testimony and your honesty,  
9 you know, with regard to Representative Seip's  
10 question.

11           And it just seems to me that sort of what  
12 was testified to sounds like everything we did in the  
13 eighties. And, you know, it's sort of arguable, you  
14 know, we can argue about whether or not it was  
15 effective or whether or not it works, and it just  
16 seems to me that we need some outside-the-box  
17 thinking as to how to get this accomplished, because  
18 there is a real issue with people that are ailing,  
19 and this issue is appealing to them because it makes  
20 them feel better.

21           But at the same time, it seems as if you  
22 have the culture war, if you will, with images from  
23 the seventies associated with marijuana. And I think  
24 that, you know, that is what it is, but there is a  
25 legitimate issue here for people that are suffering

1 and ailing. I think that we can all agree to that  
2 and work from that premise.

3           So I hope that we could, you know, put some  
4 of the culture war stuff aside and work from the  
5 medical issue here.

6           Thanks.

7           REPRESENTATIVE BAKER: Thank you.

8           Anyone else? Representative True.

9           REPRESENTATIVE TRUE: Thank you,  
10 Mr. Chairman.

11           I just feel it has to go on the record, I  
12 understand what the gentleman is saying about a  
13 culture war, but what these folks are talking about  
14 and what many of us have worked very hard on is  
15 children and the message for children.

16           And maybe perhaps, of course in these times,  
17 you know, we don't get to go on trips to visit, but I  
18 think it would be interesting probably to go to some  
19 of these places and look and just, when you are  
20 talking about culture wars, go actually into the  
21 towns and talk to some of the folks and see what goes  
22 on.

23           But the bottom line: many, many of us worry  
24 about our children and what message we are going to  
25 send, and for some of us, that is extremely

1 important, too.

2 I want to thank you also for your work. I  
3 don't think children have anything to do with a  
4 culture war.

5 Thank you, Mr. Chairman.

6 REPRESENTATIVE BAKER: Thank you,  
7 Representative True.

8 Seeing no other questions, thank you,  
9 gentlemen.

10 MR. FOSTER: Thank you.

11 MR. HELSEL: Yes. Thank you.

12 REPRESENTATIVE BAKER: The next person to  
13 testify is Edward A. Pane.

14 And in keeping with Chairman Oliver's  
15 earlier remarks, to the degree possible, since we  
16 have a long ways to go yet and our time is almost up,  
17 to the degree possible, if you could summarize your  
18 remarks, it would be very helpful.

19 MR. PANE: I will. My remarks are  
20 relatively brief so we have time left for questions.

21 But let me first say, Representative  
22 DiGirolamo, thank you for the work to bring a  
23 department of drug and alcohol programs and to bring  
24 Licensing and the Bureau of Drug and Alcohol Programs  
25 together in a coherent unit. I am being licensed

1 right now. But I think that is going to bring a  
2 great deal of coherency, and I certainly want to  
3 thank you for that.

4 Good afternoon. My name is Edward Pane. I  
5 am from Luzerne County.

6 I want to also begin with brief thanks to  
7 the Elks for all that they have done for drug  
8 prevention and children. They are a remarkable  
9 organization who have devoted themselves to this.

10 And also to MOMSTELL for carrying this  
11 message of drug prevention. While I realize we have  
12 different recommendations here, I think we are one  
13 mind where drug prevention and children and their  
14 futures are concerned. There is nothing so sad as  
15 the loss of a future.

16 Thank you for the opportunity to present  
17 this testimony. I am the President and Chief  
18 Executive Officer of Serento Gardens Alcoholism and  
19 Drug Services in Hazleton.

20 We are a comprehensive community-based  
21 drug and alcohol treatment facility and education  
22 facility that offers both substance abuse and  
23 prevention care.

24 I have been with the agency for 31 years.  
25 I have been its Director for the past 27. I have

1 37 years' experience in social services.

2 I am a certified addictions counselor with  
3 the Pennsylvania Certification Board. I sat on the  
4 board of the Pennsylvania Certification Board.

5 I am on the faculty of the University of  
6 Scranton, where I teach addiction studies.

7 I am on the staff of Hazleton General  
8 Hospital, where I do consultations regarding  
9 addiction-related cases.

10 It has been my honor to represent the  
11 United States Department of State overseas in both  
12 Iceland and Cyprus, where I conducted community  
13 seminars and university lectures on the topic of  
14 cooperation in substance abuse prevention.

15 With me today, by the way, is  
16 Dr. Denis Petro, who I am going to ask -- Dr. Petro  
17 is a board-certified neurologist who has joined us  
18 today. And I'm going to keep my questions brief,  
19 because I anticipate there will be a few questions,  
20 but I think what we have to say from the neurological  
21 end is extremely important.

22 For the sake of today's testimony, I am a  
23 staunch advocate for the use of marijuana for medical  
24 purposes.

25 It might seem odd to you that a substance

1 abuse professional should advocate for such a cause.  
2 However, I assure you that I am not without people  
3 who join me in this within my own field.

4 I have broad knowledge of the drug itself,  
5 but I am going to limit my testimony to my expertise  
6 as a counselor, educator, and program director.

7 I must also emphasize that this testimony  
8 does not relate to the recreational use of a drug,  
9 any drug, including marijuana, something I vehemently  
10 oppose.

11 There is a vast difference between a drug  
12 used for recreational purposes and medicinal  
13 purposes. Many drugs with legitimate use, and we  
14 have heard it, have psychoactive effects. Among  
15 those, of course, are painkillers, anti-anxiety  
16 agents, even over-the-counter medications.

17 All drugs in these families have the  
18 potential to create drug-induced euphoria. Some have  
19 the capacity to cause physical dependence.  
20 Nonetheless, these are all legitimate medications in  
21 the arsenal of pain and disease management. To  
22 remove any because it can be abused would be to  
23 remove virtually all drugs.

24 Marijuana needs to be listed in that  
25 category so that its benefits can be enjoyed by those

1 who need them.

2           There is a sharp, sharp difference between  
3 addiction and physical dependence.

4           Marijuana, while it even has a very low  
5 potential for creating physical dependence, I know  
6 the concern of this committee. Physical dependence  
7 is caused by some prescribed drugs and has created a  
8 concern for some of my clients as well, and I want to  
9 give you just one brief vignette.

10           A woman and her husband came to see me for a  
11 consultation. She had been on longtime pain  
12 management for a chronic condition, and she took  
13 medications as prescribed. They were narcotics, all  
14 opiates.

15           She was aware she had become physically  
16 dependent upon them. Attempts on her part to cease  
17 the use of those drugs related in sweating, nausea,  
18 abdominal cramps, deep muscle and bone pain, and  
19 diarrhea, all indicative of narcotic withdraw, and  
20 she was physically hooked.

21           The medicines worked as they hoped. They  
22 eased intractable pain. They made her life  
23 manageable.

24           The knowledge that she was physically  
25 dependent caused her great distress. I gently

1 explained the difference between being physically  
2 addicted and being a drug addict and that she was not  
3 an addict in the accepted use of the term.

4           The American Academy of Pain Management in  
5 2001, in conjunction with the American Society of  
6 Addiction Medicine, jointly published a consensus  
7 document addressing the distinction between being a  
8 drug addict and being dependent on a drug.

9           Physical dependence, tolerance, and  
10 addiction are discreet, different phenomena, and they  
11 made these distinctions:

12           Addiction is a primary, chronic,  
13 neurobiologic disease with genetic, psychosocial, and  
14 environmental factors influencing its development and  
15 manifestations. It is characterized by behaviors  
16 that include one or more of the following: impaired  
17 control, overuse of the drug, compulsive use,  
18 continued use despite harm, and cravings.

19           Physical dependence is a state of adaptation  
20 that is manifested by a drug class's specific  
21 withdrawal syndrome and can be produced by abrupt  
22 cessation.

23           Tolerance is any state of adaptation when  
24 you need more of a drug in order to achieve the  
25 desired effect, and I have given you that



1 citation.

2           The use of a drug with addiction potential  
3 hence does not make one a drug addict. This is far  
4 less a concern regarding marijuana.

5           In 1994, physician Dr. J. E. Henningfield  
6 with the National Institute on Drug Abuse and  
7 Dr. Benowitz from the University of California ranked  
8 six drugs in terms of their physical dependence  
9 properties. You have that as an article from the  
10 New York Times. The back page of it lists their  
11 research in summary form.

12           In rank order from the most to the least  
13 addictive, those were heroin, alcohol, cocaine,  
14 nicotine, caffeine, and marijuana.

15           The study dealt with drugs in a nonmedical  
16 context; in other words, as they were used in the  
17 streets, not medicinally prescribed. Concerns that  
18 medical-use marijuana will spur individuals into the  
19 world of chemical dependency are baseless. No  
20 medical, psychological, or scholarly research  
21 supports that conclusion.

22           There are those who believe that the use of  
23 medical marijuana sends a bad message to children and  
24 that marijuana is a gateway drug.

25           In 2000, I conducted the first research

1 study among Pennsylvania certified addiction  
2 counselors. It was done in conjunction with the  
3 Pennsylvania Certification Board. The results were  
4 published in a quarterly journal.

5 Sixty-nine professional substance abuse  
6 counselors responded to the questionnaire.  
7 Eighty-seven percent had more than 5 years' work in  
8 the field; 20 percent had more than 20 years.

9 Asked whether they believed marijuana had  
10 legitimate medical use, 78 percent said yes, that  
11 they believed it did. When asked if it would hinder  
12 drug prevention efforts, 62 percent felt it would  
13 not.

14 They were asked whether or not physicians  
15 should be allowed to recommend it to their patients:  
16 74 percent, yes.

17 And finally, 87 percent of the addictions  
18 professionals said there was a stark difference  
19 between the use of medical marijuana and illegal use  
20 of the drug recreationally. And I have given you  
21 that citation as well.

22 I have just begun a new study on it with a  
23 more scientific basis. The early results are about  
24 90 percent in favor among my drug-counseling  
25 colleagues for support of medical marijuana, and I

1 will publish that report hopefully next year.

2           The "gateway" theory was dismissed by the  
3 Federal Government in its 1999 Institute of Medicine  
4 study -- we have cited that several times here --  
5 *Assessing the Science Base*.

6           This study was commissioned and basically  
7 said no one is recommending marijuana for children  
8 anymore than they are recommending that they play  
9 with narcotics. But the fact is that not everyone  
10 who uses -- while most heroin addicts may have used  
11 marijuana in their past, not everyone who has used  
12 marijuana has progressed on to heroin.

13           I have done a brief study, we conducted a  
14 study of 300 diagnosed drug and alcohol addicts in  
15 Luzerne County. The gateway drug was alcohol, not  
16 marijuana. While marijuana was part of the profile,  
17 about 80 percent, their first gateway drug was to  
18 alcohol.

19           If they were using alcohol and smoking  
20 cigarettes before the age of 13, of this  
21 subpopulation who were all diagnosed, the chance was  
22 now 40 percent they were now using heroin.

23           In this brief testimony, because I'm about  
24 to wrap my part of this up, I have attempted to  
25 establish several things.

1           First, it is my hope that I have legitimized  
2 myself as qualified to render an opinion on this as a  
3 substance abuse counselor.

4           Secondly, I have addressed the difference  
5 between drug use as an addictive potential and a  
6 lifestyle.

7           Addiction is a relationship. It is not just  
8 the use of the drug. It's the best friend. It's a  
9 married partner. It's a lover. It's everything when  
10 someone is an addict.

11           I presented representative samples of other  
12 substances. The testimony has also addressed the  
13 frequency that you have raised, the fear that  
14 marijuana would be a gateway to harder drugs.

15           I have included in your packets something  
16 published in 2008 from the *International Journal of*  
17 *Drug Policy*. It was a scholarly research-based,  
18 statistically-based thing that has found that there  
19 has been substantially no change whatever in States  
20 that use marijuana legally for medicine and those  
21 that do not.

22           Again, peer review journals have to be  
23 submitted, reviewed by a board of directors,  
24 resubmitted if necessary, before published.

25           The danger -- and you have all fought for

1 this and so I can say this with thanks to all of you  
2 -- the danger to our children are the funding cuts  
3 that you have had to contend with from Washington.  
4 Every penny of every dollar for Safe and Drug-Free  
5 Schools has been wiped out from the Federal  
6 Government. Your State's portion is gone.

7           We lost 15 percent of our prevention  
8 education money to go into schools this past year.  
9 We are going to get another cut this year because you  
10 got cut again.

11           At the same time we have the highest prison  
12 population on earth, where most people are there for  
13 drugs, you are being hamstrung by not being able to  
14 actually get kid messages to kids.

15           That is what is the danger to our children.  
16 Thank God there are groups like the Elks and MOMSTELL  
17 that go out there and do this on a volunteer basis.  
18 But that is where our danger is. That is where I  
19 know you have all fought and what I thank you for  
20 fighting for.

21           You know, we have kept marijuana out of the  
22 hands of doctors; we have not yet kept it out of the  
23 hands of 12-year-olds.

24           I would like to concede whatever time I have  
25 left to Dr. Petro, please.

1 DR. PETRO: Yes. Good morning.

2 REPRESENTATIVE BAKER: Doctor, do we have  
3 your testimony?

4 DR. PETRO: I think it was submitted.

5 REPRESENTATIVE BAKER: Okay. Thank you.

6 DR. PETRO: It is two pages -- short, sweet.

7 Good afternoon, Chairmen Oliver and Baker,  
8 the members of the committee.

9 My name is Dr. Denis Petro. I'm actually  
10 speaking in support of the bill, the Compassionate  
11 Use Medical Marijuana Act.

12 I'm a resident of Pennsylvania, living  
13 in the beautiful Lehigh Valley in eastern  
14 Pennsylvania.

15 I'm a board-certified neurologist with  
16 approximately 30 years of experience in neurology,  
17 clinical pharmacology, and marijuana research.

18 And I'm recognized as the first clinical  
19 researcher to do a trial, a double-blind,  
20 placebo-controlled trial, of a cannabis derivative,  
21 namely THC, in patients with spasticity associated  
22 with multiple sclerosis. This double-blind,  
23 placebo-controlled trial was published in the  
24 *Journal of Clinical Pharmacology*, a peer review  
25 journal in 1981.

1           Because of that work, I attempted to do  
2 further research using any of the cannabinoids  
3 available through the government, and because of the  
4 government's position on research with marijuana, I  
5 was unsuccessful in obtaining any cannabinoids.

6           I did, however, testify in 1987 at the  
7 previously mentioned DEA rescheduling hearing in  
8 Washington, DC. Just to briefly state what  
9 Dr. Francis Young had said in his opinion, he said it  
10 would be unreasonable, arbitrary, and capricious for  
11 the DEA to continue to stand between sufferers and  
12 the benefits of the substance marijuana.

13           His opinion actually was almost verbatim  
14 from some of my affidavit and direct testimony at the  
15 time of that DEA hearing in 1987. Unfortunately, I  
16 missed the Shafer Commission in 1972.

17           But in any event, I did testify also  
18 at the IOM, at the Institute of Medicine  
19 White House-sponsored meetings with regard to  
20 therapeutic cannabis.

21           And also I have been essentially certified  
22 as an expert in a number of cases worldwide involving  
23 drug development, drug toxicity, clinical syndromes  
24 in neurology, and have, to the best of my knowledge,  
25 never been disallowed from testifying based on my

1 record.

2           And also I have participated in the  
3 development of a number of major drugs in the  
4 United States and worldwide, including three of the  
5 most prominent antidepressants sold worldwide. In  
6 two of those cases, I wrote for the companies  
7 reviews of the drugs with respect to drug-toxicity  
8 issues.

9           Marijuana is recognized by the medical  
10 community as safe and effective in the treatment of  
11 pain and muscle spasm associated with multiple  
12 sclerosis, spinal cord injury, and CNS injury.

13           This is particularly important in patients  
14 who have not received relief with conventional  
15 therapy. And believe me, a lot of patients do have  
16 difficulty treating these complicated syndromes.

17           Conventional therapy has the possibility of  
18 fatal overdose and addiction liability, seen both  
19 with opiates and with drug combinations.

20           I don't base my opinion on any irrational  
21 reefer-madness concepts, but I do base it on  
22 peer-reviewed journal articles originating with my  
23 research published in 1981, and incidentally,  
24 conducted at the Hershey Medical Center in Hershey,  
25 Pennsylvania. This research was confirmed by eight



1 subsequent clinical trials.

2           Finally, in the year 2000, in the journal  
3 *Nature*, an article was published and received  
4 worldwide publicity called "Cannabinoids control  
5 spasticity and tremor in a multiple sclerosis  
6 model."

7           Now, the critics had scratched their heads  
8 when this study came out wondering how the mice  
9 enrolled in the study were able to distinguish  
10 between, quote, "active" and "placebo" drug. But  
11 this study provided a rational basis for patients for  
12 the therapeutic potential of cannabis in the control  
13 of symptoms associated with multiple sclerosis.

14           Based on this research and other research,  
15 the government of the country of Canada approved a  
16 cannabis extract called Sativex for the indication  
17 "adjunctive treatment for the symptomatic relief of  
18 neuropathic pain in multiple sclerosis" in the  
19 year 2005. Later, they also approved it for cancer  
20 pain.

21           The neuropathic pain in MS is similar to  
22 pain seen in other neurologic injuries. When  
23 compared to potent opioid analgesics such as Vicodin,  
24 et cetera, marijuana is incredibly safer and it is  
25 certainly effective in treating patients.

1 I would remind the committee that every  
2 year, patients die from either inappropriate use or  
3 overdose from opioid analgesics.

4 In preparation for today, I just looked at  
5 one of the drugs, Methadone. In the United States in  
6 the year 2007, over 4,000 patients died from  
7 Methadone overdose.

8 I would challenge the committee to find one  
9 reported death from marijuana overdose in the entire  
10 medical literature.

11 Finally, I would like to remind the  
12 committee also of a patent submission from the  
13 Nobel Prize winner Julius Axelrod at the NIH. I have  
14 in my submission the patent number. It's 6,630,507.  
15 This is a patent for cannabis useful in the  
16 prevention and treatment of age-related inflammatory  
17 and autoimmune diseases and nervous system disorders  
18 such as Parkinson's disease, Alzheimer's disease, and  
19 HIV dementia.

20 I would remind the committee that this is a  
21 patent applied by the National Institutes of Health  
22 by a Nobel Prize winner.

23 Also, I would also remind the committee that  
24 in the IOM report, they talked about the chronic  
25 toxicity issue of inhaled marijuana.

1           I would remind the committee that there is a  
2 gentleman who recently received his 115,000th  
3 cannabis cigarette to treat his chronic pain  
4 syndrome. He has taken cannabis daily for 28 years  
5 by government-approved Mississippi plantation  
6 marijuana. He is still receiving this drug daily.  
7 No pulmonary problems; no psychosis; treatment of his  
8 pain syndrome.

9           So I would like to end by saying that I  
10 support the passage of this bill in recognition of  
11 the many patients I have seen over the years,  
12 including Cheryl Miller, a patient in New Jersey of  
13 mine who died in 2003, and also the gentleman,  
14 Mr. Wilson, who is in the room, who is not allowed  
15 to even mention his MS in his upcoming trial in  
16 New Jersey.

17           Thank you for your attention.

18           CHAIRMAN OLIVER: Representative Seip.

19           REPRESENTATIVE SEIP: Thank you,

20 Mr. Chairman. I will be brief.

21           Just very quickly, for Dr. Petro.

22           DR. PETRO: Petro; yes.

23           REPRESENTATIVE SEIP: Petro. I'm sorry.

24           If you could just explain to me maybe the  
25 difference between a patient getting a THC capsule as

1 opposed to smoking marijuana. Is there any  
2 difference in the benefit that the patient would  
3 receive from that?

4 DR. PETRO: Yes.

5 Actually, when I had submitted my proposed  
6 study to the FDA -- at the time, I was even an FDA  
7 employee in the middle 1970s and working also at the  
8 Hershey Medical Center -- I planned to use cannabis  
9 rather than THC. But the government stated that this  
10 essentially would be the sine qua non to prove  
11 whether marijuana worked.

12 In other words, if the most, quote,  
13 "dangerous toxic component" of cannabis worked, then  
14 you would suggest that marijuana works. So this was  
15 in fact the drug that was used.

16 This is much less effective than inhaled  
17 cannabis. I'll just give you briefly two sentences.

18 If you are a patient that has the nausea of  
19 cancer chemotherapy or intractable muscle spasms, you  
20 need immediate relief. If you inhale marijuana, the  
21 marijuana is in the brain and these receptors, not in  
22 the area that is the dangerous part of the brain but  
23 in the pain-sensitive areas, within one circulation  
24 time. That is 17 seconds. You reach the maximum  
25 drug level in the brain within 7 minutes after

1 inhaled marijuana.

2           With this, it is between 1 and 2 hours. So  
3 it's much more effective in certain pain syndromes  
4 where there is this sudden onset of what we call  
5 lightning pains to have a treatment that is fast and  
6 effective.

7           And I also might remind you that in  
8 comparison to the opioids, the opioids reach peak  
9 level in periods of a half an hour to 2 hours.

10           In fact, in Europe right now there is a  
11 major concern because of the passive euthanasia  
12 problem. Sick patients with cancer and ALS and other  
13 neurologic diseases are actually sequestering, they  
14 are secreting drugs like Vicodin, et cetera, to use  
15 to commit suicide. There is no way you can commit  
16 suicide by inhaling marijuana.

17           REPRESENTATIVE SEIP: Thank you for your  
18 testimony. Thank you, Doctor.

19           Thank you, Mr. Chairman.

20           REPRESENTATIVE BAKER: Representative  
21 DiGirolamo.

22           REPRESENTATIVE DiGIROLAMO: Thank you,  
23 Mr. Chairman. I'll be quick.

24           And thank you, gentlemen, for being here  
25 today.

1           Ed, just real quick. I'm curious about your  
2 report back in 2000. Is there any way you could  
3 submit that report to the committee?

4           MR. PANE: Yes, I can.

5           And I think you might find the other one on  
6 the 300 diagnosed, because we used a Ph.D.  
7 statistician and physicians et al. on that committee  
8 for that. It is distressing in that we see that it  
9 was good for prevention when we were looking at  
10 barriers.

11           But I will submit both to you, sir.

12           REPRESENTATIVE DIGIROLAMO: Yes; I would  
13 really appreciate that.

14           MR. PANE: My pleasure.

15           REPRESENTATIVE DIGIROLAMO: And I notice  
16 that you had 69 professionals who responded to your  
17 questionnaire.

18           MR. PANE: It's not a good sample. It's not  
19 for me a good sample.

20           REPRESENTATIVE DIGIROLAMO: Okay.

21           MR. PANE: But that is why I'm hoping now  
22 with the use of the Internet -- the last one went out  
23 as part of a newsletter with a link written on the  
24 bottom. It was an electronic newsletter, a lot of  
25 which just got deleted.

1           The 25 that did respond right away were in  
2 favor, but I want to get the full mailing list and  
3 pay PCB to put this out again and have a  
4 400-respondent database, because that would be --  
5 there are about 400, maybe 500 of those out there. I  
6 want about an 80-percent response to do legitimate  
7 research.

8           REPRESENTATIVE DiGIROLAMO: Okay. Thank  
9 you. And thanks again for your good work.

10          MR. PANE: Thank you.

11          REPRESENTATIVE BAKER: Representative  
12 Benninghoff.

13          REPRESENTATIVE BENNINGHOFF: Thank you,  
14 Mr. Chairman.

15           And I thank both of you gentlemen for taking  
16 time to share your insight and your experience.

17           This is specific to Dr. Petro.

18           Just in case I'm missing something, are you  
19 currently a practicing physician in Pennsylvania?

20          DR. PETRO: No. My last practice was in  
21 Washington, DC. I moved to Pennsylvania for personal  
22 family reasons and have limited my work to consulting  
23 with people interested in drug development.

24          REPRESENTATIVE BENNINGHOFF: Okay. Mine  
25 only went to 2002-2003, and I thought maybe I was

1 missing a page because some of them were upside down.  
2 I just wanted to clarify that.

3 DR. PETRO: Yes.

4 REPRESENTATIVE BENNINGHOFF: And the reason  
5 I asked that is---

6 DR. PETRO: Actually, I had applied for a  
7 license in Pennsylvania, and to be honest with you,  
8 it was not financially -- it is not viable because of  
9 the malpractice issue in this State, but that's a  
10 different issue.

11 REPRESENTATIVE BENNINGHOFF: Yes, and that's  
12 a discussion we could have for a long, long time, one  
13 that we would like to address, some of us anyhow.

14 Actually, the reason I asked that is one of  
15 the concerns I have in any of these types of  
16 discussions is generalizations, and your comment in  
17 paragraph two, you state "Marijuana is recognized by  
18 the medical community as safe and effective in the  
19 treatment of the pain,..." and I'm just interested in  
20 you qualifying who that medical community is, because  
21 that's a very broad term.

22 DR. PETRO: Actually, at a meeting in  
23 Toronto, Canada, of the American Academy of Neurology  
24 probably 20-some years ago, there were maybe 500 to  
25 600 neurologists in the room, and I gave my essential



1 review presentation, obviously a scientific  
2 presentation. And at the end of it, just out of  
3 curiosity, I had a show of hands especially oriented  
4 to those that didn't agree with the position that in  
5 fact there was a role for cannabis.

6 Out of the 500, there might have been a  
7 dozen docs who raised their hand objecting to my  
8 contention -- again, maybe a dozen out of 500.

9 Now, that is not a sample. Just to give you  
10 an example of the widespread use of cannabis among  
11 MS patients, there are 350,000 MS patients in the  
12 United States. People have done surveys to look at  
13 numbers of patients who are using cannabis today.  
14 It's probably somewhere between 10 and 20 percent, so  
15 it's 70,000 patients every day are using cannabis to  
16 treat the severe spasticity or muscle spasms or other  
17 symptoms associated with it.

18 But in terms of getting direct evidence  
19 about that, it's difficult because of the legal  
20 conundrum.

21 REPRESENTATIVE BENNINGHOFF: Sure.

22 DR. PETRO: It's the catch-22.

23 I have a slide normally that shows that  
24 paragraph, that catch-22 where Joseph Heller  
25 describes, you know, flying over Germany and

1 essentially how you can get out of flying these  
2 raids, and it is essentially to say that you can  
3 study delta-9-THC to death as a Schedule III drug,  
4 yet marijuana, which is by any estimation safer, is  
5 in Schedule I. It just doesn't make sense.

6 And remember, it's 2009. Marijuana still  
7 isn't Schedule III. Marinol -- marijuana is in  
8 Schedule I, Marinol is in Schedule III. It makes  
9 absolutely no sense.

10 REPRESENTATIVE BENNINGHOFF: I won't argue  
11 that, but I just want to clarify again that the  
12 statement "recognized by the medical community" comes  
13 from that conference that you're in in Toronto, in  
14 what year?

15 DR. PETRO: Well, again, the basic science  
16 and the clinical science support it. An animal study  
17 supports the fact that it is effective.

18 Like I said, how can you get the animals to  
19 fake efficacy?

20 REPRESENTATIVE BENNINGHOFF: Okay, but I  
21 want a definition -- I don't mean to give you a hard  
22 time, but just for my lack of knowledge because I'm  
23 not a physician -- of who you are defining as a  
24 "medical community," because that's a pretty bold  
25 statement.

1 DR. PETRO: This would be -- okay.  
2 Obviously this would be neurologists, oncologists who  
3 treat the nausea of cancer chemotherapy, et cetera.

4 Now, there was a survey; I don't have the  
5 citation. Sixty-some percent of oncologists  
6 recognized cannabis as a viable alternative to  
7 conventional drugs for the nausea of cancer  
8 chemotherapy.

9 Well, that is at least a majority. You win  
10 on election with 60 percent of the votes. Certainly  
11 it's well over 50 percent as far as the neurologic  
12 community.

13 But since, again -- I will give you a final  
14 look at this. I have presented this evidence maybe  
15 100 times over the last number of years. I have yet  
16 to find a credible neurologist, a real doctor, to  
17 take the alternative point of view.

18 Occasionally I'll have people who are  
19 involved with the criminal justice system who will do  
20 the reefer-madness story about how in fact it is  
21 destroying America's youth, but I never get anybody  
22 to argue the science.

23 REPRESENTATIVE BENNINGHOFF: Well, we could  
24 debate this on and on, and I'm not sure if we're  
25 really getting to the point of my question.

1           But I think it is important that we do  
2     qualify these generalized terms as "medical  
3     community" whether it is this year or 5 years ago or,  
4     you know, 20 years ago when you gave a presentation.  
5     Because reality is, and I heard an earlier physician  
6     say, whether or not he only wants to talk about the  
7     medical aspect of this, the legislation, should it  
8     move or not move, is going to be done in the  
9     political realm.

10           DR. PETRO:    Sure.

11           REPRESENTATIVE BENNINGHOFF:   And I think  
12     until we have science to back it up or disprove some  
13     of these things, it's going to be very difficult for  
14     many members of the community and those people that  
15     we represent to necessarily come out and endorse  
16     these types of things.

17           So I think it's important that we don't talk  
18     in vague terms or about some conference I may have  
19     spoke about in years past, and I appreciate your  
20     candor on that.

21           DR. PETRO:    Absolutely.

22           REPRESENTATIVE BAKER:   The Chair thanks the  
23     gentlemen.   We appreciate your testimony.

24           And if we can group the next two individuals  
25     together.   Since they come from the same

1 organization, they may approach the table together --  
2 Derek Rosenzweig and Patrick Nightingale.

3 You may proceed when you're ready.

4 MR. ROSENZWEIG: Thank you.

5 Chairmen Oliver and Baker, members of the  
6 committee, hello and thank you for the opportunity to  
7 be heard regarding the Pennsylvania House's decision  
8 to repeal the prohibition of marijuana as medicine in  
9 the Commonwealth of Pennsylvania.

10 My name is Derek Rosenzweig, and I am a  
11 26-year-old software engineer from Philadelphia. I'm  
12 also the Secretary, previously Co-Chairman, of the  
13 Board of Directors of the Philadelphia Chapter of  
14 NORML, the National Organization---

15 REPRESENTATIVE BAKER: Derek, excuse me. I  
16 apologize.

17 We are already 10 minutes, 15 minutes past  
18 our deadline.

19 MR. ROSENZWEIG: I'll try to be as brief as  
20 possible.

21 REPRESENTATIVE BAKER: If at all possible,  
22 to the extent possible, if you could summarize your  
23 remarks.

24 We are losing members and there are not many  
25 left, and I think that is going to get worse as time

1 goes on. So if you could summarize, we would  
2 appreciate it. Thank you.

3 MR. ROSENZWEIG: Sure.

4 In 2005, I and another AIDS activist started  
5 Pennsylvanians for Medical Marijuana in an effort to  
6 raise awareness on the topic and bring legislation  
7 here so that we could have this issue debated.

8 The debate for taxation and regulation has  
9 taken place nationwide, and many see it as the only  
10 viable replacement system for the failure of  
11 prohibition.

12 But patients here in Pennsylvania do not  
13 have the luxury of waiting for the complete repeal of  
14 marijuana prohibition. They need their medicine now,  
15 and they need protection from the law now.

16 Now, while we as a nation discuss the end of  
17 marijuana prohibition, let's at least ensure that  
18 those who really need marijuana as medicine can get  
19 it legally and without fear of arrest.

20 If there is one thing that scientists,  
21 lawyers, police, doctors, patients, politicians,  
22 hippies, and the U.S. public can agree on is that  
23 marijuana is medicine, but jail is not.

24 A little bit about marijuana now. Marijuana  
25 is a plant that produces cannabinoids such as THC,

1   cannabinol, and cannabidiol. People use marijuana by  
2   smoking, vaporizing, or cooking into food and drink  
3   in its variously processed forms.

4           These forms include simply the dried, cured  
5   buds of the plant, of the female plant, the processed  
6   buds, which can make hash, kef, hash oil, and other  
7   tinctures, which had been previously available before  
8   marijuana was made illegal in 1937.

9           Humans have used marijuana for religious,  
10   industrial, cultural, social, medical, and  
11   recreational purposes for over 5,000 years.

12           Cannabis acts upon the human body using a  
13   system known as the endocannabinoid system. Just  
14   like the human body contains opiate receptors, it  
15   also contains receptors which the various  
16   cannabinoids in marijuana bind to, either activating  
17   it or blocking it.

18           Cannabinoids are the chemicals in marijuana  
19   which mimic functions of chemicals that our bodies  
20   produce normally. THC is an analogue of Anandamide  
21   and is the only psychoactive ingredient in any  
22   quantity to have a direct effect. CBN and CBD are  
23   non-psychoactive, but they do play roles.

24           As was previously mentioned -- I'll skip  
25   over this part since it was already talked about --

1 there is no record in the extensive medical  
2 literature describing a proven, documented  
3 cannabis-induced fatality, and the same cannot be  
4 said of other drugs.

5 Let me see. In 1988, the DEA responded to a  
6 petition to remove marijuana from Schedule I and  
7 place it into Schedule II where, by definition, it  
8 has "medical value."

9 DEA Administrative Law Judge Francis Young  
10 concluded in his landmark ruling:

11 "At present it is estimated that marijuana's  
12 LD-50 is around" a ratio of "1:20,000 or 1:40,000.  
13 In layman terms this means that in order to induce  
14 death a marijuana smoker would have to consume  
15 20,000-40,000 times as much marijuana as is contained  
16 in one marijuana cigarette. NIDA-supplied marijuana  
17 cigarettes weigh approximately .9 grams. A smoker  
18 would theoretically have to consume nearly 1,500  
19 pounds of marijuana within about fifteen minutes to  
20 induce a lethal response."

21 "...[Marijuana] has a currently accepted  
22 medical use in treatment in the United States for  
23 spasticity resulting from multiple sclerosis and  
24 other causes. It would be unreasonable, arbitrary  
25 and capricious to find otherwise."



1           Unfortunately, his ruling was not binding,  
2 and marijuana was not rescheduled as Judge Young  
3 ruled. It was this ruling that forced activists and  
4 patients to go the route of State-sanctioned medical  
5 marijuana laws, either through ballot initiative or  
6 legislative action.

7           Starting with California in 1996, we now  
8 have 13 States currently running medical marijuana  
9 programs; 6 States which have medical marijuana bills  
10 that are still alive, including this one here in PA;  
11 and 4 States which held votes to expand their medical  
12 marijuana programs.

13           Over 25 million Americans now live in a  
14 State where marijuana is available to them as  
15 medicine. Something we can all agree on is that we  
16 do not want our children and teenagers using drugs  
17 unless prescribed or recommended by their physician.

18           Advocates of prohibiting marijuana's use as  
19 medicine frequently bring up arguments meant to scare  
20 you such as "legalizing marijuana sends the wrong  
21 message to children" or "legalizing medical marijuana  
22 will make marijuana more available to children."

23           Let's make something clear: Children and  
24 teenagers do not look at the sick and debilitated  
25 patients using medical marijuana and think, gee, I

1 want to be like that.

2 As Bob from MPP pointed out, according to a  
3 report compiled by the Marijuana Policy Project and  
4 updated in June 2008, marijuana use by teenagers has  
5 gone down in every State which has instituted a  
6 medical marijuana law. All States have reported  
7 overall decreases, exceeding 50 percent in some age  
8 groups.

9 MPP's report is included with this testimony  
10 for your consideration. Marijuana use becomes  
11 de-glamorized in the eyes of young people because of  
12 its new context.

13 So we have established that marijuana is a  
14 safe and effective medicine. However, the FDA has  
15 not approved it for medical use, and it remains in  
16 Schedule I of the Controlled Substances Act --  
17 unfortunately.

18 As was mentioned before, there is a program  
19 called the Investigational New Drug Program which was  
20 created specifically to deal with the marijuana  
21 issue.

22 And originally 17 patients were allowed  
23 entrance into the program. They applied; they gained  
24 acceptance into the program. And once a lot of  
25 patients realized that they could go the same route

1 to obtain medical marijuana, the Federal Government  
2 under the Bush Administration closed applications to  
3 this.

4           Currently, there are four patients still  
5 alive who are grandfathered into this program. And  
6 each of these patients receives a can of roughly  
7 300 pre-rolled joints per month paid for by everyone  
8 in this room, our Federal tax dollars at work, grown  
9 in Mississippi and shipped to them, to their  
10 pharmacists, where they pick it up.

11           Clearly the Federal Government knows,  
12 whether they publicly acknowledge it or not, that  
13 marijuana has medical value, and they have known this  
14 for some time.

15           In addition -- well, I'll skip this Marinol  
16 part since that has been talked about.

17           Let's see. Okay; about smoking marijuana.

18           As was mentioned before, the IOM has come  
19 out saying that long-term smoking of marijuana for  
20 medical use is not recommended. However, they do say  
21 that in the short term, the short term -- sorry; let  
22 me see where I have that -- "except for the harms  
23 associated with smoking, the adverse effects of  
24 marijuana use are within the range of effects  
25 tolerated for other medications," and that "the

1 short-term immunosuppressive effects...are not  
2 likely great enough to preclude a legitimate medical  
3 use."

4           President Clinton's Administration  
5 unfortunately did not act on this report, and  
6 marijuana has remained Schedule I to this day.  
7 Research continues, including lines recommended by  
8 the IOM report. For specifics on the latest clinical  
9 research, please refer to the booklet entitled  
10 *Emerging Clinical Applications* which has been  
11 provided to you.

12           On the topic of smoking. One has to realize  
13 that with the advent of vaporization, the problems  
14 associated with smoking vanish.

15           In comparison, vaporization offers a number  
16 of advantages. Most important is the lack of  
17 combustion gases such as carbon monoxide. Just as  
18 important is the fact that it is just as effective as  
19 smoking.

20           According to a study conducted by Dr. Donald  
21 Abrams of California:

22           "Vaporization of marijuana does not result  
23 in exposure to combustion gases, and therefore is  
24 expected to be much safer than smoking marijuana  
25 cigarettes. The vaporizer was well tolerated and

1 preferred by most subjects compared to marijuana  
2 cigarettes."

3           And the Volcano, which is a specific type of  
4 vaporizer, "...is an effective and apparently safe  
5 vehicle for THC delivery, and warrants further  
6 investigation in clinical trials of cannabis for  
7 medicinal purposes."

8           In addition, just as with smoking, patients  
9 are able to control their dose via titration,  
10 stopping once they feel the desired effect. This  
11 ability to directly control how much of an effect you  
12 want is something that pill medications such as  
13 Marinol sorely lack.

14           Now, briefly, I would like to go over the  
15 personal reasons why I'm here, bringing this to your  
16 attention.

17           I personally know in my family alone at  
18 least three people who could receive benefit from  
19 medical marijuana.

20           For instance, my grandmother of 83 years has  
21 rheumatoid arthritis in her knees and knows that  
22 medical marijuana is effective at easing her aches  
23 and pains.

24           More telling and more heartbreakingly is my  
25 father. He was diagnosed with Reflex Sympathetic

1 Dystrophy, also known as Complex Regional Pain  
2 Syndrome, in 2003.

3 RSD is an ailment characterized by severe  
4 burning pain, pathological changes in bone and skin,  
5 excessive sweating, tissue swelling, and extreme  
6 sensitivity to touch. This leaves him in almost  
7 endless and random pain. Neurological signals get  
8 crossed, and regular touch can feel like agonizing,  
9 burning pain.

10 He has been prescribed every painkilling  
11 narcotic under the sun, going so far as to undergo a  
12 5-day experimental Ketamine drip treatment in Cooper  
13 Hospital in Camden.

14 This treatment required a year to work  
15 through the red tape simply to get approval,  
16 including requiring trying other treatments first,  
17 and in the end, it didn't even work as expected or as  
18 hoped.

19 My father has not been able to leave the  
20 house and visit me in my apartment since 2004 because  
21 the drive affects his condition too much. He can't  
22 get out to the movies, family functions, or anything  
23 else that he used to do.

24 The narcotics that he is still prescribed  
25 now leave him extremely tired, constipated, and loopy

1 and create problems of their own.

2 He has one of the worst cases of RSD known  
3 to his doctors, and his history of treatment includes  
4 the following:

5 In 2002, he had physical therapy, cervical  
6 epidurals, and acupuncture.

7 He had, in 2003, nerve root injection and  
8 carpal tunnel injection, and the carpal tunnel is the  
9 condition that led to his RSD condition.

10 He had sympathetic nerve blocks, which are  
11 devices meant to block nerve signals from reaching  
12 the brain. That didn't work.

13 He had stellate ganglion block. I'm not  
14 even sure what that is.

15 In 2003, he had quantitative sensory  
16 testing, where they do a serious test of all physical  
17 responses.

18 He had inpatient stay intrapleural catheter  
19 with Bupivacaine for 3 days.

20 In 2004, he had an IV with Lidocaine in the  
21 Hickman catheter for 4 days.

22 In 2005, he had the inpatient stay for  
23 4 days with an IV drip of Ketamine, which was an  
24 extremely bad experience, and all the other  
25 procedures did not help at all.

1           At many points during his treatment, it was  
2 at times impossible for him to hold a conversation  
3 with me or my family without these horrible  
4 pharmaceuticals affecting his memory, speech, and  
5 ability to stay awake.

6           His history of prescribed medicines includes  
7 the following: Pamelor, 10 milligrams, didn't help;  
8 Neurontin, 300 milligrams, made him spaced out;  
9 Percodan and then Percocet, both made him tired and  
10 constipated and only helped a little; Paxil,  
11 10 milligrams, didn't help; a Fentanyl patch, which  
12 is probably the strongest narcotic pharmaceutical you  
13 can even get, didn't help and caused an allergic  
14 reaction; OxyContin, Ultram, Pamelor, and Neurontin  
15 at the same time; Colace for constipation; MS Contin,  
16 which is morphine, didn't help, and larger doses than  
17 15 milligrams caused reactions; Zanaflex; Lexapro for  
18 depression; Oxycodone; Valium; Wellbutrin and Zoloft  
19 for depression, which, as you may know, can result  
20 from serious conditions; Lyrica, 50 milligrams, made  
21 him tired; and eventually he switched over from the  
22 morphine to Opana.

23           I find it incredibly hard to believe that  
24 marijuana should continue to be prohibited when all  
25 these other medicines did almost nothing good.



1           When I did some research, I found that  
2 marijuana could seriously raise his quality of life.  
3 After trying it a few times in various forms, he  
4 noted that it does help him.

5           Other RSD patients I have spoken with have  
6 been able to wean off of the heavier narcotics after  
7 using medical marijuana as part of their regular  
8 regimen.

9           My father, on the other hand, does not want  
10 to break the law and risk going to jail. It is  
11 simply not an option for him to go to jail for  
12 someone in his condition, and he refuses to use  
13 medical marijuana as part of his medical regimen  
14 until it's legalized, even though it could  
15 significantly raise his quality of life now.

16           He doesn't want his family members to risk  
17 breaking the law to help him either, not with the  
18 insane penalties associated with possessing marijuana  
19 under prohibition.

20           Worse yet, if he were to use medical  
21 marijuana anyway, he could lose access to his pain  
22 management doctor if he were to test positive on a  
23 drug test. And as you may know, cannabinoid  
24 metabolites can last in the bloodstream for up to  
25 30 days -- for up to a week after a single use, up to

1 30 days after repeated use.

2 Insurance companies and doctors who work  
3 with him don't cover people who use marijuana, even  
4 if they use it as medicine. It's a catch-22 that is  
5 simply unacceptable.

6 At this time, I would like to introduce  
7 another patient, Mrs. Sandra Crue, who, like John Ray  
8 Wilson of New Jersey, is suffering from multiple  
9 sclerosis. She would like to tell you of her  
10 experience battling this condition and how cannabis  
11 has helped her.

12 MRS. CRUE: Good afternoon.

13 My name is Sandra Crue. I live in  
14 Seven Valleys.

15 I'm a 41-year-old woman, and I do have  
16 progressive MS., also the effects of that, not just  
17 for the patient, for the families and their children.  
18 I have sat there and watched my kids and my husband  
19 both deal with watching me in pain that there was  
20 nothing they could do.

21 A lot of the medications that I have had  
22 have done damage to my heart. There are medications  
23 that don't help the pain, and marijuana has been  
24 proven that it will help with the muscle spasms, with  
25 the pain, and with the skin. You know, when someone

1 touches you, sometimes the nerve endings are  
2 absolutely unbelievable what it feels like.

3 House Bill 1393 does need to be passed in  
4 Pennsylvania.

5 I'm going to try to make this as brief as  
6 possible, because I do know everyone does have a copy  
7 of this.

8 MS also is genetic. There's a very good  
9 chance my children will have MS. It's kind of a roll  
10 of the dice. I'm not just fighting for me; I'm  
11 fighting for other MS patients that, you know, could  
12 have progressive, which the outcome is not very good.  
13 You know, you could die from complications from MS.  
14 If the MS won't kill you, the complications will.  
15 I'm also fighting for my kids.

16 I just think it's really, really unfair, the  
17 people that do use it for medical purposes, the way  
18 they are being treated.

19 I know one of the big concerns seems to be,  
20 oh, the kids getting ahold of it. I have got so many  
21 drugs in my house right now prescribed from a  
22 neurologist, cardiologist. I also am smart enough to  
23 know, I have a safe in my house; it is locked. My  
24 teenage son, my teenage daughter, and also my adult  
25 daughter, they have no idea where it is at and they

1 have no idea where the keys are. And this is going  
2 back, again, patient responsibility.

3 And I guess in ending, I also would like to  
4 ask everyone to look at the person next to you. Do  
5 you want them to make any decisions for your medical  
6 treatment? I don't. I like to go to my neurologist  
7 and my cardiologist and have them decide what is the  
8 best for me, not anyone else.

9 Thank you.

10 MR. ROSENZWEIG: Briefly, I wanted to bring  
11 one thing up real quick. There's not enough time to  
12 go into it, because I know everyone is trying to get  
13 out of here.

14 However, I have introduced an idea for an  
15 amendment to HB 1393. The current plant and  
16 possession limits are incredibly low, and  
17 unfortunately it's not a useful measure to go by  
18 plant count in this case.

19 There is a booklet called *Cannabis Yields*  
20 *and Dosage*, which should have been provided with  
21 this testimony, which was created by a man named  
22 Chris Conrad. He is the Director of Safe Access Now,  
23 author of *Hemp: Lifeline to the Future* and *Hemp for*  
24 *Health*, and curator of the Hash-Marijuana-Hemp Museum  
25 in Amsterdam.

1           He wrote this book; it is a guide to the  
2 production and use of medical marijuana, and his  
3 recommendations state that instead of using a plant  
4 limit, you switch it to something a little more  
5 reasonable for both patients and law enforcement,  
6 which is canopy area.

7           Instead of law enforcement having to know  
8 the specifics of how to cultivate marijuana, what  
9 types of grows could qualify, et cetera, all they  
10 have to know is how to use a tape measurer to  
11 determine whether or not a grow is within State law.

12           There is more information in my testimony,  
13 my written testimony, which you can read, and there  
14 is much more information on how these numbers were  
15 produced in Chris Conrad's book.

16           Marijuana is medicine, but jail is not.

17           At this time, I would like to introduce  
18 Pat Nightingale. He is the Executive Director of  
19 Pittsburgh NORML, and he will be talking about the  
20 legal aspects.

21           Thank you.

22           REPRESENTATIVE BAKER: You're welcome.

23           MR. NIGHTINGALE: Good afternoon,  
24 Representative Baker and remaining members of the  
25 committee.

1           My name is Patrick Nightingale. I'm the  
2 Executive Director of Pittsburgh NORML and a member  
3 of the board of Pennsylvanians for Medical Marijuana.

4           Professionally, I'm a criminal defense  
5 attorney, practicing in both State and Federal  
6 courts, and a former member of the Allegheny County  
7 District Attorney's Office, where I served as a  
8 prosecutor for 6 years.

9           Since becoming actively involved with  
10 NORML's Legal Committee and Pennsylvanians for  
11 Medical Marijuana, I have had the opportunity to meet  
12 with and offer advice to a number of individuals who  
13 have been arrested for possession with intent to  
14 deliver. Please allow me to share a few of their  
15 stories.

16           David P:

17           David suffers from temporomandibular joint  
18 disorder, also known as TMJ. He suffers from severe  
19 chronic pain on a daily basis and is prescribed  
20 morphine, Oxycodone, Valium, and Lidocaine patches  
21 for migraines. Yet despite this medication, he  
22 continues to suffer severe spasms and tremors in his  
23 face, rendering him unable to eat.

24           Some months ago, he noticed that someone was  
25 growing marijuana on his property located in rural

1 Beaver County. He had heard that ingesting marijuana  
2 with food could alleviate the spasms and tremors, so  
3 he decided to grow the plants he had found in his  
4 house.

5 He harvested a small crop of approximately  
6 6 ounces. He baked three cakes, yellow cakes, with  
7 an ounce of marijuana baked into each cake. He began  
8 to eat those cakes, and within a relatively short  
9 period of time, he found that his tremors and spasms  
10 had receded.

11 Unfortunately, he had a medical emergency  
12 necessitating a call to 9-1-1. When the State  
13 Troopers arrived, they saw a small amount of  
14 marijuana and returned with a search warrant. When  
15 they returned with the search warrant, they  
16 ultimately recovered 24 plants in varying states of  
17 maturity.

18 Pursuant to the mandatory minimum sentencing  
19 provision of Title 18, section 7508, possession with  
20 the intent to deliver 21 plants or more is a 3-year  
21 mandatory minimum sentence here in the Commonwealth  
22 of Pennsylvania.

23 David has never been arrested before. While  
24 I am optimistic that the prosecutor will ultimately  
25 waive the mandatory minimum sentence, David may

1 likely be forced to plead guilty to a felony and  
2 placed on a period of probation.

3 Jim and Allison H:

4 Allison has suffered from depression, PTSD,  
5 and anxiety for years. Her psychiatrist at one point  
6 had her on multiple prescription medications that  
7 rendered her practically unable to function, sleeping  
8 hours and hours during the day and having no energy  
9 or motivation to leave the house.

10 Jim heard that certain strains of marijuana  
11 may be effective in alleviating certain of Allison's  
12 conditions, so he decided to purchase some seeds  
13 online and try his hand at growing.

14 He was successful and, in turn, was able to  
15 provide Allison with some real relief. She weaned  
16 herself off of her prescription medications and told  
17 me that she felt like she had come to life again.

18 Their trouble came when a cooperating  
19 witness, also known in the trade as a snitch, told  
20 law enforcement that he knew of a grow operation.

21 A search warrant put an end to the grow  
22 operation and to the first effective treatment that  
23 Allison had had for a long time. They refused to go  
24 to a drug dealer and enter into a drug distribution  
25 arrangement.



1           Because they had approximately 30 plants,  
2 they are both also facing a 3-year mandatory minimum  
3 sentence.

4           John L:

5           John was one of many individuals who called  
6 me for a second opinion. John was growing marijuana  
7 to address seizure disorder associated with his  
8 multiple sclerosis.

9           He, too, was arrested and charged with  
10 possession with intent to deliver and was facing a  
11 mandatory minimum sentence. His lawyer worked out a  
12 plea bargain with the prosecution whereby he would  
13 plead guilty to felony possession with  
14 intent-to-deliver charges and the prosecutor would  
15 waive the mandatory minimum sentence and agree to a  
16 period of probation.

17           John wanted to explore a medical-use defense  
18 and was disappointed when I told him that no such  
19 defense existed in Pennsylvania. Even if we tried a  
20 medical-necessity defense, the Judge could rule that  
21 we were not entitled to use it and a jury would  
22 literally have to disregard the law in order to  
23 acquit.

24           We may have been successful arguing that  
25 marijuana was not possessed with the intent to

1 deliver, but when John, a father, is faced with a  
2 potential 3-year sentence if he loses, the decision  
3 for him was easy.

4           These are a few of the people and stories  
5 that I have come across since becoming involved with  
6 NORML and Pennsylvanians for Medical Marijuana. I am  
7 certainly not suggesting that all growers are  
8 benevolent, medicinal users, as I represent many  
9 legitimate drug dealers whose grow operations were  
10 discovered by law enforcement.

11           However, I met numerous law-abiding,  
12 hardworking people who have unwittingly subjected  
13 themselves to mandatory minimum sentences and felony  
14 convictions because they believed it better to try  
15 and grow marijuana at home instead of entering the  
16 world of drug dealers and drug trafficking.

17           A felony narcotics conviction in  
18 Pennsylvania will deprive one of the right to vote,  
19 serve on a jury, and possess firearms. Inasmuch as  
20 hunting is woven into the fabric of western  
21 Pennsylvania, losing the right to own a firearm can  
22 be especially devastating.

23           Any drug conviction, misdemeanor or a  
24 felony, also brings with it the loss of one's  
25 operating privileges. For people who must be able to

1 drive in order to work, this collateral consequence  
2 can be especially devastating.

3 It is on behalf of people like David, Jim  
4 and Allison, and John that I am before you today. In  
5 each case, they assumed that simply growing some  
6 plants was far preferable to trying to find a drug  
7 dealer and necessarily engaging in the world of drug  
8 trafficking.

9 My purpose today is to share with you some  
10 of the harsh criminal consequences facing individuals  
11 who attempt to find effective treatment for their  
12 various medical conditions.

13 From a law enforcement and criminal defense  
14 perspective, it would be far better for these  
15 individuals to go out and buy an ounce of marijuana  
16 from a drug dealer than attempt to grow an ounce of  
17 marijuana at home.

18 Accordingly, I urge you to fully support  
19 House Bill 1393. Thank you.

20 MR. ROSENZWEIG: At this time, we can open  
21 it up to any questions you may have.

22 REPRESENTATIVE SEIP: Representative  
23 Benninghoff.

24 REPRESENTATIVE BENNINGHOFF: Thank you.

25 And this is addressed to the two

1 representatives from the eastern and western NORML  
2 agencies.

3 I'm just curious how legalizing this State  
4 by State protects people from arrest if it has  
5 already been stated today that the current Federal  
6 Administration does not support this.

7 MR. NIGHTINGALE: Well, as it stands in  
8 Pennsylvania today, if you grow any amount of  
9 marijuana on your own property and you are arrested  
10 and charged with a crime, you will be charged with  
11 possession with intent to deliver, and that is  
12 because of a presumption among law enforcement that  
13 if you are growing a number of plants, you are doing  
14 it for one and only one reason.

15 If we have compassionate use, with passage  
16 of the bill, individuals who may be permitted -- and,  
17 you know, depending on what the ultimate form of the  
18 bill turns out to be, if individuals are permitted to  
19 grow their own marijuana for medicinal purposes, they  
20 are no longer going to be subject to arrest and  
21 prosecution for possession with intent to deliver and  
22 its attendant mandatory minimum sentences.

23 But that, you know, of course is only  
24 speaking towards legitimate medicinal use.

25 MR. ROSENZWEIG: And also I would like to

1 make a point that 99 percent of arrests for marijuana  
2 possession and cultivation are done by the State  
3 Government. They are done by State Police, not by  
4 the Federal Government.

5 So by telling police or by legalizing  
6 medical marijuana in Pennsylvania, the police will  
7 not be able to arrest someone if they are complying  
8 with State law.

9 REPRESENTATIVE BENNINGHOFF: But that  
10 doesn't prohibit the DEA agent from arresting them.

11 MR. ROSENZWEIG: But as you just stated, the  
12 Federal Government has decided, for now at the very  
13 least, that medical marijuana, legitimate medical  
14 marijuana possession and cultivation, is not going to  
15 be their priority. They are going to go after people  
16 who are violating, who are severely violating State  
17 and/or Federal law in this instance.

18 So by passing this, you will be protecting  
19 citizens of Pennsylvania from arrest by the police of  
20 Pennsylvania, and you will be keeping them out of our  
21 criminal justice system and allowing them to use  
22 medicine that has been recommended by their doctor.

23 REPRESENTATIVE BENNINGHOFF: Is reducing  
24 people's possibility of having criminal actions  
25 against them or arrest a greater concern for you?

1 MR. ROSENZWEIG: It is a big concern.

2 I mean, the biggest concern is keeping them  
3 out of jail simply because when they're in jail, we  
4 would have to pay for their medicine, and most of the  
5 time their medicines that they are allowed to get in  
6 prison are these insane narcotics and pharmaceuticals  
7 which just don't work in many of these cases.

8 So why would you ask a patient to go to jail  
9 and use worse drugs if they are caught with marijuana  
10 instead of simply saying, okay, this is legitimate;  
11 you don't have to go to jail because you are using it  
12 for a legitimate reason.

13 MR. NIGHTINGALE: And from my perspective,  
14 addressing the Federal law enforcement issue, I  
15 practice in the Western District of Pennsylvania, and  
16 Federal resources are geared entirely, from what I  
17 have been able to tell so far, towards prosecuting  
18 large cocaine and heroin distribution rings. And the  
19 Federal sentencing guidelines for marijuana  
20 distribution are actually far less harsh than  
21 Pennsylvania's own Sentencing Code.

22 So there is a general sense among Federal  
23 prosecutors and DEA agents and task force agents that  
24 I have known through my experience both as a  
25 prosecutor and a defense attorney that federally

1 speaking, marijuana interdiction is really not that  
2 much of a priority.

3 Now, if it is collateral to investigating a  
4 cocaine or heroin distribution ring, well, of course  
5 the Feds are going to prosecute that and not kick it  
6 back to the State. But I have seen no Federal  
7 prosecution of marijuana distribution. It has all  
8 come on the State level.

9 REPRESENTATIVE BENNINGHOFF: Would they not  
10 get involved if Pennsylvania legalizes it, but then  
11 you have people coming from other States that have  
12 not legalized marijuana.

13 MR. NIGHTINGALE: See, I think that State  
14 law enforcement is still going to be in a better  
15 position to address that, to address the remaining  
16 illegal purchasing or distribution of marijuana  
17 because they are already doing it. They are already  
18 in their communities. They are already working and  
19 they already know who the players are, who the  
20 individuals are.

21 So I think that practically speaking for law  
22 enforcement, your local law enforcement is going to  
23 be in a much better position to monitor the use of  
24 strangers coming in and being attracted to what  
25 appears to be a drug distribution house using

1 traditional law enforcement techniques, which  
2 generally are very effective.

3 REPRESENTATIVE BENNINGHOFF: Thank you, and  
4 I appreciate your answers.

5 MR. NIGHTINGALE: Thank you.

6 MR. ROSENZWEIG: Thank you.

7 REPRESENTATIVE BAKER: Thank you very much  
8 for your testimony.

9 MR. ROSENZWEIG: Thank you for the  
10 opportunity to be heard.

11 REPRESENTATIVE BAKER: We have two more  
12 testifiers.

13 Charles Rocha, welcome.

14 MR. ROCHA: How is everyone today?

15 I would just like to bring up quickly,  
16 before I get into the testimony, for the families who  
17 have lost kids to drug overdoses, I'm terribly sorry  
18 for your loss.

19 And something that I think everybody should  
20 think about is what was brought up in an earlier  
21 testimony: How many drug overdoses are caused by  
22 marijuana? I don't think there is any documentation  
23 of that in the world.

24 And I sympathize with you, because my  
25 brother is a heroin addict, and I would say that he



1 was introduced to drugs not through marijuana but  
2 probably at an earlier age through nicotine and  
3 caffeine and drugs of that sort.

4 But with that, I would like to submit this  
5 testimony to urge the passage of the Compassionate  
6 Use Act of 2009, House Bill 1393, by this committee  
7 and the General Assembly.

8 In January of this year, 2009, my mother,  
9 Sally Naylor, died after a long battle with cancer.  
10 This was the single biggest event in my life, and it  
11 really has been a tough year, to say the least.

12 The cancer began to attack in her breast  
13 over 10 years ago, where it was removed, but it  
14 slowly and painfully grew back and moved to her other  
15 breast, where it was removed once again with her  
16 breast.

17 She underwent many treatments of radiation  
18 and chemotherapy, all of which have horrifying side  
19 effects, as anybody who has a family member who has  
20 gone through cancer knows, such as vomiting, nausea,  
21 dizziness, sleepiness.

22 In her last 3 years of life, the cancer  
23 redeveloped and moved into her bones -- some say this  
24 is the most painful form of cancer -- and it  
25 eventually moved to her spinal fluid, where the

1 cancer cells were able to grow floating tumors in her  
2 brain.

3 By 2008, my mother was in bed almost all  
4 day. She would try hard to get out of bed and spend  
5 time with the family, but we could all see how  
6 difficult this had become. Most of the time we spent  
7 with her in this last year was by her bedside.

8 At this point, while the cancer was  
9 developing in her bones, she was prescribed  
10 treatments of Aredia, which is a drug that helps slow  
11 down the cancer's breaking down of the bone. She was  
12 going through excruciating pain.

13 She talked to her doctor about a medication  
14 that could relieve this pain, and my mother and her  
15 physician never spoke about marijuana as a treatment.  
16 Instead, the doctor wrote my mother a prescription  
17 for a powerful, highly-addictive painkiller patch  
18 called Fentanyl.

19 My mother had always steered clear of  
20 opiate-based medication, as she thought she had an  
21 allergy and she said that it made her feel worse than  
22 the symptoms she was trying to alleviate. She would  
23 feel nauseous and throw up if given too much  
24 opiate-based pharmaceutical treatment.

25 My mother and I had a very close

1 relationship. When I was a teenager, she encouraged  
2 me not to smoke pot. But I could talk to her about  
3 anything, and I never hid from her the fact that I  
4 found relief from anxiety, depression, and loneliness  
5 in high school by smoking marijuana.

6 While she did not condone my use, she  
7 understood my feelings and was open with me about her  
8 occasional use of marijuana when she was my age. She  
9 urged me to stop, though, and wait until I was older  
10 to make decisions like this about my health and  
11 wellness.

12 My mother also urged me not to take my  
13 Ritalin when the private school that I was attending  
14 told me, quote, that "I needed it." And as the  
15 private school administrators watched over me at the  
16 water fountain, I never did swallow my Ritalin pills,  
17 as my mom had told me.

18 I was confident in my mother's  
19 decisionmaking years later when reports came out  
20 about the aftermath of widespread use of Ritalin and  
21 the high addiction to stimulant drugs for Ritalin  
22 users in their future. This was a drug that was  
23 approved by the FDA.

24 She was a smart, thoughtful mother, and I  
25 miss her every day. She taught me many things.

1           About a year before my mother passed away,  
2 we went to the beach with my brother to watch a full  
3 moon rise out of the sea in Fort Lauderdale, Florida,  
4 where she lived at the time.

5           While we were waiting for my brother on the  
6 beach, my mother admitted to me that one of her  
7 friends, also a cancer patient, had given her a joint  
8 to relieve some of her pain and nausea from the chemo  
9 treatments that they were both receiving.

10           I hardly looked at my mother or her  
11 cancer-patient friend as if they were criminals,  
12 although in this country, their possession of the  
13 plant rolled in a paper was a Federal crime.

14           My mother felt silly and wrong for bringing  
15 it up to me. I told her not to feel that way and  
16 that the power of the medicine would someday be used  
17 to help cure and relieve people who were going  
18 through the same thing that she was.

19           And with that, we lit up the marijuana  
20 cigarette and we had a toke on the beach, our first  
21 time smoking together. She was 52 and I was 24.

22           It was a beautiful, spiritual connection  
23 that we had that night, and I will never forget it.  
24 We laughed and shared memories and held each other on  
25 the sand and enjoyed the moment.

1           We were not criminals. We were a mother and  
2 her son, and we were finding relief from the horror  
3 of disease and cancer. We both knew that time was  
4 running out, but on that night, we laughed and  
5 watched the moon rise in awe of the power of nature  
6 -- the beach, the ocean, the moon, and that plant.

7           Why does our government define us as  
8 "criminals"? You are the Committee on Health and  
9 Human Services, and I ask you, are we humans or are  
10 we criminals? You have the power to make that  
11 decision.

12           In the last months of her life, I watched my  
13 mom become highly addicted to her  
14 pharmaceutically created need to relieve pain. Her  
15 bones were breaking down, and she was prescribed  
16 high-powered Fentanyl patches and she was sucking  
17 down Fentanyl lollipops as well.

18           With the lollipops, she could take little  
19 bits of medication at a time, which she preferred,  
20 whereas the patches would stick to her skin for  
21 3 days straight and give her a constant supply of  
22 Fentanyl, the opiate-based drug she had pleaded with  
23 her doctor not to be given.

24           Now she was addicted. She was taking so  
25 much Fentanyl that there was no way to regulate it.

1 The doctors threw their hands up in the air and told  
2 her to take whatever she wants whenever she wants and  
3 to eat whatever she wants. It seemed as though  
4 everyone had given up and my mother was going to die  
5 soon.

6 The true horror in watching this happen to  
7 my mother came when she would run out of her  
8 prescription lollipops. She was prescribed 30 for a  
9 month, 1 per day, except the months that had 31 days,  
10 of course.

11 Sometimes she would run out of her lollipops  
12 early, say on the 25th or the 26th day of the month.  
13 We would make calls to the pharmacy and they would  
14 say, "Well, we have your mother's medication, but we  
15 cannot release it for another 5 or 6 days because the  
16 insurance company doesn't want to pay for it yet."

17 So my mother would lie in bed in brutal pain  
18 with cancer, bones falling apart, waiting for the  
19 insurance company to lift the gate so she could get  
20 her painkiller, which was sitting on a shelf down the  
21 road with her name on it.

22 I would wake up in the room next to my  
23 mother's at 4 in the morning and she would be  
24 screaming in agony for her medicine, screaming that  
25 her body hurts and that her bones were falling apart.

1           I wonder what this stress and pain did for  
2 the acceleration of the cancer cells, as it strives  
3 on stress.

4           My grandfather would have enough, and he  
5 would go to the pharmacy and pay for the medicine out  
6 of his pocket. For 30 little lollipops of Fentanyl,  
7 it cost my grandfather \$1,000. You see, he didn't  
8 get the insurance discount rate of \$500 per 30  
9 because he wasn't buying in bulk.

10           My grandmother, a conservative 79-year-old  
11 British girl, even asked my mother, do you think  
12 marijuana will help your pain?

13           My grandmother never took a drug in her  
14 life, and for her to be asking questions like these  
15 means that ordinary people know exactly what  
16 Big Pharma has been trying to hide from us about  
17 marijuana.

18           It's not a pharmaceutical solution; it's a  
19 biological one. The marijuana plant has medicinal  
20 uses and can help alleviate pain in patients without  
21 the addictive and debilitating side effects of  
22 opiate-based painkillers. That seems to be the  
23 problem for Big Pharma and their friends in the  
24 Federal Government.

25           Why were there not other medicines available

1 to my mother? She pleaded not to be put on opiates,  
2 but it seemed as though that was all the  
3 pharmaceutical industry had to offer.

4 Because of this negligence by Big Pharma,  
5 the Federal Government, and the insurance companies,  
6 my mother had to die in this painful manner. Can we  
7 not all come to our senses and say that if a person  
8 is dying in excruciating pain and they want  
9 marijuana, let them have their marijuana?

10 The marijuana plant should be legal for  
11 medicinal use, and in fact the plant should be used  
12 industrially as well. It has many benefits.

13 My mother spent the last week of her life in  
14 a hospice bed. She could not speak, and I never got  
15 to hear her say goodbye.

16 She was given a constant dose of Dilaudid,  
17 which, again, she asked not to be given previously in  
18 hospital stays. Dilaudid is another painkilling  
19 pharmaceutical concoction which can slow down  
20 respiratory systems.

21 This drug kept her drowsy and asleep in her  
22 final days on earth. She stopped breathing on  
23 January 25, 2009.

24 My questions for this committee are as  
25 follows:



1           What role did marijuana play in my mother's  
2 disease and/or treatment? Could it have played a  
3 more important role?

4           Could my mother's wishes have been  
5 accommodated a little bit more by the medical/  
6 pharmaceutical/insurance industry if medical  
7 marijuana were an option?

8           What role did government play in the quality  
9 of life my mother was offered in her final days on  
10 earth?

11           What role does government play in all of  
12 these decisions affecting people's health on the  
13 issue of medical marijuana?

14           And should my government have the authority  
15 to outlaw a plant of nature with proven medicinal  
16 benefits?

17           I think these are all good questions.

18           I'm eager to hear your response to these  
19 questions, and I just want to finish by reminding the  
20 members of the committee that in fact the Declaration  
21 of Independence and also the Constitution were  
22 drafted on hemp paper made from the cannabis plant.

23           REPRESENTATIVE BAKER: Thank you, Charles,  
24 for your time and your testimony.

25           MR. ROCHA: Okay. Thank you. Any

1 questions?

2 REPRESENTATIVE BAKER: No further questions?

3 Any questions? Excuse me.

4 Sorry to keep you. We are finished. Thank  
5 you.

6 MR. ROCHA: Okay. Sure.

7 REPRESENTATIVE BAKER: Our last testifier,  
8 and I really do want to thank the members that are  
9 remaining here. There are only four of us left,  
10 along with staffers. It has been at least 3 hours or  
11 more, and I appreciate their due diligence and  
12 patience and interest in this topic.

13 Andy Hoover, Legislative Director for the  
14 ACLU of Pennsylvania. Last up. Welcome, Andy.

15 MR. HOOVER: Thank you.

16 Thank you, Mr. Chairman and members of the  
17 committee. Thank you for the opportunity to be here  
18 today. I assure you that I will be brief.

19 I am here today on behalf of the 16,000  
20 members of the ACLU of Pennsylvania.

21 The ACLU of Pennsylvania does support  
22 House Bill 1393. There are few things that are more  
23 private or personal than a person's choices about  
24 their medical treatment and what substances they put  
25 in their bodies.

1           Those decisions are best left to doctors and  
2 patients rather than the government, and the  
3 government's best response, a policy response, should  
4 be health and education based, not arrest and  
5 prosecution, and House Bill 1393 ensures that those  
6 decisions are left to patients and doctors.

7           You have heard a bit today about how this  
8 issue has been moving in recent years and how this  
9 has become a mainstream issue.

10           I want to point out a number of the groups  
11 that have come out in support of authorizing the use  
12 of marijuana for medicinal purposes. They include  
13 the Institute of Medicine, the American College of  
14 Physicians, the American Academy of Family  
15 Physicians, the American Bar Association, the  
16 American Public Health Association, Kaiser  
17 Permanente, Lymphoma Foundation of America, the  
18 National Association of Attorneys General, the  
19 National Nurses Society on Addictions, and the  
20 New England Journal of Medicine.

21           You have also heard today about States that  
22 have in recent years passed laws allowing the use of  
23 marijuana for medical purposes. I want to point out  
24 that most of those States, a majority of them, did  
25 so through ballot initiative. It was the popular

1 vote. It was the people voting in favor of these  
2 laws.

3 In fact, in several States, the ballot  
4 initiatives won more than 60 percent of the vote. In  
5 Nevada and Arizona, 65 percent of voters favored the  
6 initiative. Other States that passed their ballot  
7 questions with more than 60-percent support include  
8 Michigan at 63 percent, Montana at 62, and Maine at  
9 61 percent.

10 You have also heard today about some of the  
11 polling that is out there showing that the American  
12 people and people in Pennsylvania support this  
13 initiative.

14 I would also like to point out a 2004 poll  
15 from AARP, which they asked the question of Americans  
16 45 and older, and that poll showed that 72 percent of  
17 respondents support this initiative. That included  
18 79-percent support in the northeast and support among  
19 Americans 70 and older at 72 percent.

20 It is increasingly clear that the proposal  
21 in HB 1393 is a mainstream issue. House Bill 1393  
22 provides a humane and respectful means of expanding  
23 options for treating Pennsylvanians suffering from  
24 cancer, HIV, AIDS, and other serious and debilitating  
25 illnesses.

1           Thank you for the opportunity to be here  
2 today, and I look forward to working with the  
3 committee further on this issue.

4           REPRESENTATIVE BAKER: Thank you very much,  
5 Andy.

6           Andy, you had recited some organizations  
7 that support permitting the use of marijuana as  
8 medicine, and I have some information to the  
9 contrary.

10           So while it may be convenient sometimes to  
11 recite organizations that support it, I would like to  
12 see the actual evidence. If you could provide that  
13 to me.

14           I have statements from at least two of these  
15 organizations that have very clearly, unequivocally  
16 stated that this should not be viewed as endorsement  
17 or support for the legalization of marijuana.

18           MR. HOOVER: Sure.

19           REPRESENTATIVE BAKER: So if you could  
20 provide that documentation, I would appreciate it  
21 very much.

22           MR. HOOVER: Sure. I came up with that list  
23 from, the National ACLU has a Drug Law Reform  
24 Project, and that came from a fact sheet that they  
25 gave me. So I can certainly go back and check with

1 them about the sources.

2 REPRESENTATIVE BAKER: Thank you very much.

3 MR. HOOVER: Sure.

4 REPRESENTATIVE BAKER: Any questions,  
5 members?

6 Thank you very much, Andy.

7 MR. HOOVER: Sure. You're welcome.

8 REPRESENTATIVE BAKER: And thank you,  
9 everyone present, for your interest and due diligence  
10 and passion and compassion.

11 There are a lot of emotions here, as  
12 Chairman Oliver had indicated earlier, and I just  
13 want to applaud you all for your interest in either  
14 support or opposition.

15 I would also like it to be a part of the  
16 record that though we did not have testimony or time  
17 to hear everyone, proffered in this record are many,  
18 many organizations, groups, and individuals in  
19 opposition to this legislation, and I will just name  
20 a few.

21 The Attorney General, Tom Corbett, is in  
22 opposition. The Pennsylvania District Attorneys  
23 Association is in opposition.

24 Many individuals: the Awareness Group of  
25 Hanover, Lisa Stalnaker, Shirlee Tanner, Save Our

1 Society from Drugs, Dr. DuPont, the Chemical People,  
2 the Bridge to Hope Family Support Group, and  
3 Remembering Adam -- just a few that have proffered  
4 documentation and information in strong opposition to  
5 this legislation.

6 Once again, thank you. Thank you,  
7 stenographer, for your patience as well.

8 This hearing is adjourned.

9

10 (The hearing concluded at 2:30 p.m.)

11

12 **SUBMITTED WRITTEN TESTIMONY**

13

\* \* \*

14

DURAN ALLEN-BROWN, resident of  
15 Gilbertsville, PA, submitted the following written  
16 testimony:

17

18 Good morning, Chairmen Oliver and Baker,  
19 and Members of the Committee. My name is  
20 Duran Allen-Brown, from Gilbertsville, PA.

21

I am a HIV positive man living with this  
22 virus since 2004. I was a healthy college student  
23 when I was diagnosed with HIV and my life was quite  
24 different. I was on the dean's list and going to the  
25 gym three times a week. When I was first diagnosed

1 I began having panic attacks that ultimately led to  
2 my hospitalization. In addition to the panic  
3 attacks, I also began to experience severe night  
4 sweats and a lack of appetite that led to not only  
5 feeling sick and disgusting on the inside, but now my  
6 physical appearance was also changing because of this  
7 loss of appetite.

8 All of this was before I ever had to start  
9 the medications, which I have a love/hate  
10 relationship with. I love the medications because  
11 they keep the virus from spreading and killing me, I  
12 hate the medications because of their side effects.  
13 In these early days I was on a combination of Sustiva  
14 and Reyataz, which in the morning when I took it made  
15 me to feel nauseous for 1-2 hours after I took it.  
16 In the evening when I laid down to sleep I would have  
17 the craziest dreams that often woke me and kept me in  
18 a constant restless state. I had no time to forget  
19 what I was sentenced to live with even for a day.  
20 There was always a general yucky feeling associated  
21 with waking up and going to sleep to the degree that  
22 life felt like a pointless cycle of torture.

23 I became depressed, agitated, and angry; and  
24 if it weren't for marijuana I probably wouldn't be  
25 here today. Living with HIV is a constant battle.



1 Besides going to visit my doctor once every 2 months  
2 to get blood drawn, I also went to acupuncture once a  
3 week. I complained to my doctor frequently about the  
4 drug combination but his reasons for leaving me on it  
5 were that if I switched that would be one less drug  
6 that I could possibly use later on, due to a possible  
7 resistance being built because of the switch. This  
8 is what I was told, even though I suspect that my  
9 insurance probably had something to do with this.

10 One day, a sympathetic friend brought over  
11 some marijuana and told me that it would make me feel  
12 better if I smoked it. I trust him, so I did. I  
13 remember just having almost instant relief from the  
14 side effects. My friend happened to have some really  
15 great pot, which was a cannabis indica strain of  
16 medicinal grade. It put me in such a comfortable  
17 place, I was able to relax, eat, laugh, and sleep.  
18 No more nightmares, nights filled with retching over  
19 the toilet, gagging up an empty stomach and later  
20 suffering from abdominal cramps. My friend left a  
21 little bit of cannabis for me for the morning and  
22 wished me the best.

23 I smoked the rest of the pot in the morning  
24 and once I realized that it cured my nausea I was on  
25 a mission. If it seemed that I had to take those

1 pills to live and the pills made me sick, but the  
2 pot cured me of the sick feeling, there was nothing  
3 more to think about. I used my friend to procure as  
4 much marijuana as I could afford from a mystery  
5 location, and of a quality I couldn't really ever be  
6 sure of.

7           One day however my friend's connection got  
8 busted and I was left with nothing. Instead of going  
9 without my necessary medicine, I took my search to  
10 the streets of center city Philadelphia, where I  
11 eventually did find a stranger selling dime bags on  
12 the street in a section of town I was always on guard  
13 while walking through.

14           I used this connection for years, always  
15 getting horrible quality marijuana from a guy that  
16 got it from who knows where, and did who knows what  
17 to it in order to turn a small shady profit. I was  
18 scared each time I smoked it, but this was the  
19 easiest way for me to start to live a normal life. I  
20 felt in control again, I felt happy again and I felt  
21 great about the idea of taking a natural substance to  
22 relieve my problems. Out of all of the medications I  
23 put into my body, cannabis is the only one I feel  
24 confident in taking, but only when I know what is in  
25 there, and I know what the effects are going to be.

1 Prohibition removes any chance of that. HB 1393 is  
2 necessary for this simple fact alone.

3 This plant, which is actually quite  
4 beautiful can help so many people. I know this in my  
5 heart, and I can't see any reason why it should be  
6 illegal to grow and smoke when you are just trying to  
7 live with a condition that could be made easier to  
8 live with.

9 Thank you for this opportunity to be heard.

10

11

\* \* \*

12

13 AMERICANS FOR SAFE ACCESS submitted the  
14 following written testimony:

15

16 Americans for Safe Access ("ASA") is the largest  
17 national member-based organization of patients,  
18 medical professionals, scientists and concerned  
19 citizens working to ensure safe and legal access to  
20 cannabis (marijuana) for therapeutic use and  
21 research. On behalf of medical cannabis patients  
22 across the state of Pennsylvania, we strongly urge a  
23 favorable review of HB 1393, the Compassionate Use  
24 Medical Marijuana Act.

25

1 Pennsylvania House Bill 1393 would provide for the  
2 medical use of marijuana and repeal provisions of law  
3 that prohibit and penalize marijuana use. According  
4 to the United States Sentencing Commission and the  
5 Federal Bureau of Investigation, 99 out of every 100  
6 marijuana arrests in this nation are made under the  
7 laws of states, rather than under Federal law.  
8 Consequently, changing the law of this Commonwealth  
9 on this subject will have the practical effect of  
10 protecting from arrest seriously ill people who have  
11 a medical need to use marijuana.

12

13 **Recent Developments in Law and Public Policy**

14 Currently, thirteen states representing more than  
15 72 million people have enacted laws authorizing  
16 individuals living with a serious or chronic illness  
17 to use and obtain cannabis as recommended by a  
18 licensed physician without criminal sanction.  
19 According to the Congressional Research Service, "the  
20 Controlled Substances Act (CSA) is not preempted by  
21 state medical marijuana laws, under the federal  
22 system of government, nor are state medical marijuana  
23 laws preempted by the CSA. States can statutorily  
24 create a medical use exception for botanical cannabis  
25 and its derivatives under their own, state-level

1 controlled substance laws."

2

3 The state medical marijuana programs do, however,  
4 contravene the federal prohibition of marijuana. As  
5 a result, medical cannabis patients and their  
6 providers are vulnerable to raids, arrest, and  
7 prosecution under federal law. For the past decade,  
8 the U.S. Department of Justice (DOJ) in conjunction  
9 with the Drug Enforcement Administration (DEA) have  
10 attempted to undermine state laws by intensifying  
11 their use of enforcement raids against the  
12 individuals and collectives authorized to use or  
13 provide cannabis in accordance with state law.

14

15 Shortly after his first week in office as the U.S.  
16 Attorney General, Eric Holder signaled a change on  
17 medical marijuana policy noting that federal  
18 resources would no longer be used to interfere with  
19 medical marijuana laws. This new "American policy"  
20 represents a dramatic shift and welcomed departure  
21 from the policies of the Bush administration, which  
22 targeted medical marijuana providers in California,  
23 Washington, and New Mexico even when they complied  
24 with the state law. AG Holder has since further  
25 clarified that federal agents will target marijuana

1 distributors only when they violate both federal **and**  
2 state law.

3  
4 This past October, the U.S. Department of Justice  
5 formally issued new guidelines on medical marijuana  
6 to U.S. Attorneys in states that have adopted medical  
7 use laws, advising federal prosecutors not to target  
8 people involved in the medical use of marijuana where  
9 state laws permit it. Attorney General Eric Holder  
10 maintains that the new guidelines will allow  
11 prosecutors to focus more of their efforts and  
12 resources on combating significant illegal drug  
13 trafficking.

14

#### 15 **Developments in Health and Science**

16 A growing body of clinical data supports the use of  
17 cannabis for medical purposes. A scientific study  
18 published in the Journal of Opioid Management in May  
19 of this year found marijuana to be a safe and  
20 effective treatment for a variety of symptoms and  
21 conditions.

22

23 The study, which reviewed controlled clinical studies  
24 over a 38 year period including 33 trials conducted  
25 in the U.S., found that "nearly all of the

1 33 published controlled clinical trials conducted in  
2 the United States have shown significant and  
3 measurable benefits in subjects receiving the  
4 treatment."

5  
6 These were in addition to the 46 other clinical  
7 trials conducted outside the U.S. that the authors  
8 analyzed, which also showed broad efficacy and  
9 remarkable safety. In addition, the review noted  
10 that more than 15,000 peer-reviewed scientific  
11 articles on the chemistry and pharmacology of  
12 cannabis and cannabinoids have been published, as  
13 well as more than 2,000 articles on the body's  
14 natural endocannabinoids.

15  
16 The study notes that the more than 100 different  
17 cannabinoids in cannabis have the capacity for  
18 analgesia through neuromodulation in ascending and  
19 descending pain pathways, neuroprotection, and  
20 anti-inflammatory mechanisms. The authors conclude  
21 that cannabis has applications in managing chronic  
22 pain, muscle spasticity, cachexia, and other  
23 debilitating problems.

24  
25 In 2008, the American College of Physicians (ACP)

1 published a position paper underscoring the  
2 therapeutic value of cannabis and strongly urged  
3 "protection from criminal or civil penalties for  
4 patients who use medical marijuana as permitted under  
5 state laws." The ACP is the largest medical  
6 specialty organization and the second largest  
7 physician group in the United States. Its 124,000  
8 members are doctors specializing in internal medicine  
9 and related subspecialties, including cardiology,  
10 neurology, pulmonary disease, oncology and infectious  
11 diseases. The College publishes the Annals of  
12 Internal Medicine, the most widely cited medical  
13 specialty journal in the world.

14

15 The ACP position is reflected by the numerous  
16 professional health organizations which have endorsed  
17 the medical use of cannabis. A partial list of  
18 supporting national organizations include the  
19 following:

20

- 21 • AIDS Action Council
- 22 • American Academy of Family Physicians
- 23 • American Medical Student Association
- 24 • American Nurses Association
- 25 • American Public Health Association



- 1           • American Society of Addiction Medicine
- 2           • Kaiser Permanente
- 3           • Lymphoma Foundation of America
- 4           • The Montel Williams MS Foundation
- 5           • National Association for Public Health
- 6           Policy
- 7           • New England Journal of Medicine
- 8           • Several state nurses and medical
- 9           associations, and many more

10

11 Most recently, the American Medical Association  
12 reversed its long held position that marijuana be  
13 retained as a Schedule I substance with no medical  
14 value. The AMA adopted a report drafted by its  
15 Council on Science and Public Health (CSAPH)  
16 entitled, "Use of Cannabis for Medicinal Purposes,"  
17 which affirmed the therapeutic benefits of marijuana  
18 and called for further research. The CSAPH report  
19 concluded that, "short term controlled trials  
20 indicate that smoked cannabis reduces neuropathic  
21 pain, improves appetite and caloric intake especially  
22 in patients with reduced muscle mass, and may relieve  
23 spasticity and pain in patients with multiple  
24 sclerosis." Furthermore, the report urges that "the  
25 Schedule I status of marijuana be reviewed with the

1 goal of facilitating clinical research and  
2 development of cannabinoid-based medicines, and  
3 alternate delivery methods."  
4

## 5 **Developments in Clinical Research: Neuropathy**

### 6 **Pain**

7 A scientific consensus supports the therapeutic use  
8 of cannabis to control symptoms of serious and  
9 chronic illnesses. In the past decade, clinical  
10 research has clearly demonstrated that the use of  
11 cannabis, and its constituents, can safely and  
12 effectively treat symptoms of serious and chronic  
13 illnesses like nausea and vomiting, loss of appetite,  
14 pain and spasticity. Indeed, a growing body of  
15 literature suggests that cannabis may hold the key to  
16 unlocking an array of treatments for HIV/AIDS,  
17 Multiple Sclerosis, and even cancer.

18  
19 Presently, four FDA-approved, placebo-controlled  
20 clinical studies conducted here in the United States  
21 have demonstrated that cannabis can control nerve  
22 pain better than available alternatives. All four  
23 studies have been sponsored by the University of  
24 California Center for Medical Cannabis Research and  
25 funded by the state of California in response to the

1 resistance by the federal government to support  
2 medical cannabis research.

3

4 In the first study of its kind, researchers at  
5 University of California-San Francisco conducted a  
6 randomized, placebo-controlled clinical trial of  
7 50 people who had experienced neuropathy pain for an  
8 average of six years. In 2007, *Neurology* published  
9 the results which concluded that smoked cannabis was  
10 well-tolerated and effectively relieved chronic  
11 neuropathic pain from HIV-associated sensory  
12 neuropathy. In fact, the pain reduction reported in  
13 the group receiving the medical cannabis was twice  
14 that of the placebo group.

15

16 In another double-blinded, placebo-controlled,  
17 crossover trial conducted by researchers at the  
18 University of San Diego's Center for Pain Management  
19 evaluated concentration-response effects of low-,  
20 medium-, and high-dose smoked cannabis. The results  
21 were published in *Anesthesiology* and concluded that  
22 there is a window of modest analgesia for smoked  
23 cannabis, with lower doses decreasing pain and higher  
24 doses increasing pain.

25

1 In a clinical trial conducted by researchers at  
2 University of California, Davis it was concluded that  
3 low- and high-dose cannabis produced similar levels  
4 of pain relief, reducing both the intensity and  
5 unpleasantness of unbearable nerve pain. Published  
6 in the *Journal of Pain*, the findings suggest that  
7 cannabis may interact with opiate-based painkillers  
8 to increase their effectiveness, particularly in  
9 neuropathic pain. The author notes that using  
10 isolated synthetic cannabinoids such as THC  
11 (dronabinol) did not provide the same degree of  
12 efficacy as a whole-plant preparation of cannabis.

13

14 And, finally, medical researchers at the University  
15 of California San Diego's School of Medicine used a  
16 double-blind, placebo-controlled clinical trial to  
17 assess the impact of smoked cannabis on 28 people  
18 living with HIV who experience neuropathy pain not  
19 adequately controlled by other pain-relievers,  
20 including opiates. Study participants reported that  
21 pain relief was greater with cannabis than with a  
22 placebo.

23

24 **HB 1393: A Positive Step in the Right Direction**

25 The time for change is now! The science and policy

1 regarding the medicinal use of cannabis should not be  
2 obscured or hindered by the debate surrounding the  
3 legalization of marijuana for general use. HB 1393  
4 will protect from arrest seriously ill people who  
5 have a medical need to use marijuana.

6  
7 Medical marijuana policy ought to be driven by  
8 relevant data, not doctrine. The local chapters of  
9 Americans for Safe Access think medicinal cannabis  
10 patients and their loved ones deserve real  
11 protections. We believe the Pennsylvania General  
12 Assembly can and must do better! The passage of  
13 HB 1393 is an important step in the right direction  
14 and we hope we can count on your support in the  
15 process.

16

17

\* \* \*

18

19 ANONYMOUS submitted the following written  
20 testimony:

21

22 Dear Members of the Health and Human Services  
23 Committee, and the Democratic Policy Committee.

24

25 I am a 49 year old male on SSI disability, and I have

1 been in chronic pain since 1993 when I hurt my neck.  
2 After surgery, and years of physical therapy, visits  
3 to pain clinics both inpatient and outpatient, my  
4 condition deteriorated until I was diagnosed with a  
5 bad case of Reflex Sympathetic Dystrophy (RSD), also  
6 known as Complex Regional Pain Syndrome. This is the  
7 most painful disease ever discovered. In order to  
8 achieve pain control on a daily basis, I need to take  
9 methadone, neurontin, clonopin, and other meds. When  
10 my pain condition "flairs up", I take Roxanol, i.e.  
11 liquid morphine, to keep from going into neurogenic  
12 shock. Especially when I need to take a lot of  
13 morphine for breakthrough pain, day after day, I end  
14 up very sleepy and lethargic, and depressed as well.  
15 I often allow myself to enter neurogenic shock (my  
16 blood pressure routinely drops to around 90/70 in  
17 these situations, and I keep falling asleep) rather  
18 than take morphine midday. When I do take the  
19 morphine in those situations, I don't take enough to  
20 achieve "tolerable" pain control. Were I to do so,  
21 I'd fall asleep midday, missing meals or doses of  
22 medicine in the process.

23

24 In all this however, I find that when I smoke just a  
25 little bit of medical marijuana, about three tokes on

1 a pipe, the amount of morphine I need for severe  
2 breakthrough pain control, is much diminished.  
3 People with RSD often commit suicide, because of the  
4 constant pain, even with the medicines. Pain doctors  
5 combine these various narcotics and other seizure  
6 drugs, or antidepressants, to form a sort of  
7 "cocktail". Much less narcotic to control the severe  
8 pain is needed, when combined with other medicines.  
9 So, for someone like me, I CAN just use narcotics for  
10 pain control, but it destroys what little quality of  
11 life I might have, by making me either narcoleptic or  
12 just depressed because I'm too sleepy to read, or  
13 follow a movie, etc. I notice with medical marijuana  
14 that using less morphine for breakthrough pain,  
15 allows me to engage in life a bit more.  
16  
17 Additionally, I have never noticed breathing  
18 problems, using marijuana to control severe pain. It  
19 also doesn't cause me depression problems, like when  
20 I'm taking a lot of morphine daily, during severe  
21 flair up periods. In fact, it lets me enjoy music or  
22 a film a bit more. Since I can't go out, socialize,  
23 or even get to church, feeling some happiness from  
24 time to time helps me fight the urge to just die and  
25 get it done. I see a pain psychologist to help me

1 understand my symptoms, and to accept and fight  
2 against my depression, which is also a symptom of  
3 RSD. He ***supports the use of medical marijuana***. As a  
4 doctor (and professor) who's been treating pain  
5 patients for many years, I value his judgment. After  
6 all, with a condition like RSD, which can flair up  
7 from a trip to the grocery store, or a bad storm,  
8 every possible way to fight the severity of the pain  
9 is welcome.

10

11 The BIG, and in fact only, drawback is the stress  
12 from knowing what the DEA or State Police might do to  
13 me, my elderly mother, and others, should I be  
14 arrested as a marijuana user. Being financially  
15 insecure from my income from Social Security, being  
16 socially isolated because of my physical limitations,  
17 being depressed from the narcotic medications and  
18 disease, and being scared that my life will pass by  
19 me in a narcotic haze, is all I can take. *I can't*  
20 *take the stress of worrying that I might be arrested*  
21 *for using marijuana for my disease as well.* Being  
22 removed from narcotic pain control as "punishment"  
23 for using medical marijuana, or having my 83 year old  
24 mother's home taken from her (I live with her, to  
25 help keep an eye on her, and help her when I can, as



1 she does for me), is a terrible consequence of the  
2 way the laws could be applied to me, just for  
3 treating my RSD. The RSD patients and others in  
4 severe pain in society shouldn't be persecuted, for  
5 attempting to tolerate their pain conditions. Don't  
6 I have the right to life, liberty and the pursuit of  
7 happiness, even though I'm badly disabled from this  
8 severe pain disease? Don't I have the right to treat  
9 my pain condition, the way my doctor(s) recommends?  
10 Because of the harsh realities of being caught using  
11 marijuana to treat my RSD, I must submit this  
12 testimony anonymously. I don't want to go to jail.  
13 Please pass HB 1393 so I no longer have to fear  
14 arrest!

15  
16 \* \* \*

17  
18 ANONYMOUS submitted the following written  
19 testimony:

20  
21 Good morning, Chairmen Oliver and Baker, and  
22 Members of the Committee. I am Anonymous from  
23 Allegheny County.

24 I am submitting this testimony to urge  
25 passage of the Compassionate Use Act of 2009

1 (HB 1393) by this Committee and the General  
2 Assembly.

3 I am writing this testimony without benefit  
4 of a last name or address, simply because I do not  
5 wish to place myself at risk for any type of criminal  
6 prosecution. I hope that your committee understands  
7 that, but please do not reduce any of my claims  
8 within this statement as I wish to have my situation  
9 and facts surrounding my use of marijuana for medical  
10 purposes to be heard, nonetheless.

11 With that said, my story is one that could  
12 happen to any one of you. I would like to mention  
13 that I am 53 years old. I was in an automobile, hit  
14 an icy patch in the road, slid into a telephone pole,  
15 broke the windshield with my head and within  
16 24 hours, I had a grand mal seizure. At that point,  
17 my life as I knew it ended. I could no longer drive  
18 and these horrible grand mal seizures became a way of  
19 life for me. Over the period of years, I was placed  
20 on all prescription epilepsy medications. Two were  
21 even experimental at the time I was placed on them.  
22 However, none of them would control my seizures.  
23 This went on for years. I had seizures at home and  
24 in public, making it where I didn't even want to  
25 leave my own house. The side effects of these

1 different medications were also horrible. Sometimes,  
2 I even had to seek other types of medical attention  
3 just to resolve the side effects! One medication,  
4 Felbatol, actually killed many people across the  
5 United States with aplastic anemia. Dilantin gave me  
6 gum hypertrophy, or my gums grew over my teeth to  
7 where I had to have them cut and packed back up where  
8 the gums should be. Even a year after medication was  
9 discontinued, my gums would bleed terribly when I  
10 brushed them. Tegretol made me stutter, of all  
11 things. I was wondering if I was ever going to get  
12 these seizures under control so I could regain some  
13 sort of life and actually be able to leave the house  
14 without fear that I would just end up in some  
15 emergency room as I did so many times.

16           Then, one of my neurologists at Allegheny  
17 General Hospital, after watching me go through all  
18 this, suggested that I try Marijuana as they "found  
19 it advantageous in the treatment of Epilepsy." I  
20 have had only limited seizures in the 12 years I have  
21 been using marijuana to control my seizures. These  
22 seizures happened under extraordinary circumstances.  
23 This is the best control I have ever had with all the  
24 medications I have been on. I am so happy about  
25 this, you cannot imagine. But I am also scared.

1 Scared, as marijuana is illegal. I don't want any  
2 type of criminal charges brought against me, nor do I  
3 want to be forced to return to prescription drugs  
4 that simply do not work for me. Just because I want  
5 to be well and rid of these horrible Grand Mal  
6 Seizures that have darkened my life so many times in  
7 the past. I cannot tell you how or why this works, I  
8 just know it does. I am living proof.

9 Please, I compel you to act in a  
10 compassionate manner and consider the passage of this  
11 bill that will allow Pennsylvanians relief from  
12 whatever illness or disorder they have in their life.  
13 This is our medication that works. Please allow us  
14 access to our medicine so we may continue to have a  
15 good and quality life.

16 Thank you for this opportunity to be heard.

17

18

\* \* \*

19

20 PAUL ARMENTANO, Deputy Director, National  
21 Organization for the Reform of Marijuana Laws,  
22 submitted the following written testimony:

23

24 Good morning, Chairmen Oliver and Baker, and  
25 Members of the Committee. I am Paul Armentano,

1 Deputy Director for the National Organization for the  
2 Reform of Marijuana Laws, and I am submitting this  
3 testimony to urge passage of the Barry Busch  
4 Compassionate Use Act of 2009 (HB 1393) by this  
5 Committee and the General Assembly.

6 I applaud the members of the House Committee  
7 on Health and Human Services for holding this  
8 first-ever public hearing regarding House Bill 1393:  
9 The Barry Busch Compassionate Use Medical Marijuana  
10 Act -- which seeks to shield qualified patients who  
11 use cannabis therapeutically with a doctor's  
12 recommendation from criminal prosecution. The  
13 physician-supervised use of medicinal cannabis is a  
14 scientific and public health issue. It should not be  
15 held hostage by the so-called "war on drugs" or by  
16 broader public policy disputes regarding the  
17 legalization of marijuana or other controlled  
18 substances for recreational purposes.

19 Professionally, I have examined the science  
20 surrounding the medicinal use of cannabis and  
21 cannabinoids since 1995, publishing more than  
22 500 articles and white papers on the subject as the  
23 deputy director of NORML (the National Organization  
24 for the Reform of Marijuana Laws) and the NORML  
25 Foundation. I have also served as a consultant for

1 British biotechnology firm GW Pharmaceuticals -- the  
2 only company legally licensed in the world to  
3 cultivate medical cannabis and perform clinical  
4 trials on various preparations of oral spray cannabis  
5 extracts. These extracts are legally available by  
6 prescription in Canada as well as on a limited basis  
7 in Spain and the United Kingdom under the trade name  
8 Sativex. In recent years I've also worked closely  
9 with various international health agencies, including  
10 the Canadian Public Health Association, on various  
11 issues pertaining to marijuana and health.

12 In 2007, and again in 2009, I researched,  
13 edited, and authored the nearly 100-page booklet,  
14 "Emerging Clinical Applications for Cannabis and  
15 Cannabinoids: A Review of the Recent Scientific  
16 Literature" (2009, NORML Foundation), which  
17 summarizes nearly 200 clinical and preclinical trials  
18 assessing the use of cannabinoids to moderate various  
19 neurodegenerative diseases, such as Alzheimer's  
20 disease, amyotrophic lateral sclerosis, and multiple  
21 sclerosis. Copies of this booklet have been  
22 distributed to the Committee.

23 Modern research suggests that cannabis is a  
24 valuable aid in the treatment of a wide range of  
25 clinical indications. A recent meta-analysis

1 published in the April 2006 issue of the Journal of  
2 Ethnopharmacology identifies more than 70 controlled  
3 clinical trials available in the scientific  
4 literature investigating the medical safety and  
5 efficacy of cannabinoids as therapeutic agents.  
6 Results of these patient trials indicate that  
7 cannabis and its constituents possess therapeutic  
8 utility as antiemetics, appetite stimulants in  
9 debilitating diseases (e.g. cancer and AIDS), and as  
10 analgesic agents to treat neuropathy and other  
11 painful conditions. Studies further indicate that  
12 cannabis provides symptomatic relief for multiple  
13 sclerosis, spinal cord injuries, Tourette's syndrome,  
14 epilepsy, and glaucoma, among other serious diseases.

15           Published case studies as well as hundreds  
16 of preclinical studies in the scientific literature  
17 indicate that cannabis and cannabinoids also provide  
18 therapeutic utility for various other diseases, such  
19 as dystonia, bipolar disorder, fibromyalgia, Crohn's  
20 disease, and other gastro-intestinal ailments, as  
21 well as possess neuroprotective and anti-cancer  
22 properties. Animal data also demonstrate that  
23 cannabinoids may moderate the progression of certain  
24 auto-immune and neurological disorders, such as  
25 multiple sclerosis, Lou Gehrig's Disease,

1 Alzheimer's, and diabetes, and can stimulate  
2 neurogenesis. Numerous animal trials, as well as one  
3 patient trial, also conclude that cannabinoids can  
4 halt the proliferation of various strains of cancer,  
5 including breast cancer, prostate cancer, and brain  
6 cancer. Most recently, the first US-sponsored  
7 clinical trial assessing the efficacy of inhaled  
8 cannabis in nearly two decades reported that cannabis  
9 significantly reduced HIV-associated neuropathy, a  
10 painful nerve condition that often goes untreated by  
11 available analgesics.

12           Many in the scientific and health community  
13 endorse legal access to the use of cannabis as  
14 medicine. More than 80 national and state health  
15 care organizations including the American Public  
16 Health Association, the American Nurses Association  
17 and the AIDS Action Council have passed resolutions  
18 backing patients' access to medicinal cannabis under  
19 a doctor's supervision. American physicians are also  
20 supportive with nearly half of all doctors with an  
21 opinion on the subject supporting legalizing cannabis  
22 as a medicine, according to a recent national survey  
23 published in the Journal of Addictive Diseases.

24           Most recently, in November of 2009, the  
25 American Medical Association concluded, "Results of



1 short term controlled trials indicate that smoked  
2 cannabis reduces neuropathic pain, improves appetite  
3 and caloric intake especially in patients with  
4 reduced muscle mass, and may relieve spasticity and  
5 pain in patients with multiple sclerosis." The AMA  
6 resolved, "[The] AMA urges that marijuana's status as  
7 a federal Schedule I controlled substance be reviewed  
8 with the goal of facilitating the conduct of clinical  
9 research and development of cannabinoid-based  
10 medicines."

11 Public support for the physician-supervised  
12 use of medicinal cannabis is also high with  
13 approximately 80 percent of US voters backing  
14 cannabis' availability as a prescription medicine.  
15 To date, voters have enacted statewide medical  
16 marijuana protections in nine states, and only once  
17 have they rejected such a proposal.

18 Federal scientific reviews from several  
19 Western nations strongly support the legal use of  
20 medicinal cannabis. These include a 1998 report by  
21 Britain's House of Lords Science and Technology  
22 Committee that concluded: "The government should  
23 allow doctors to prescribe cannabis for medical  
24 use... Cannabis can be effective in some patients to  
25 relieve symptoms of multiple sclerosis, and against

1 certain forms of pain... This evidence is enough to  
2 justify a change in the law."

3 A 1999 review by the US Institute of  
4 Medicine (conducted at the request of the White House  
5 Office of National Drug Control Policy) added, "The  
6 accumulated data indicate a potential therapeutic  
7 value of cannabinoid drugs, particularly for symptoms  
8 such as pain relief, control of nausea and vomiting,  
9 and appetite stimulation," and recommended Congress  
10 immediately authorize single patient clinical trials  
11 hereupon subjects could legally use inhaled cannabis  
12 medicinally in a controlled setting.

13 The Institute of Medicine also reviewed the  
14 medical efficacy of the FDA-approved synthetic oral  
15 THC drug Dronabinol (Marinol) and concluded it to  
16 have "poor bioavailability," slow onset, and adverse  
17 effects such as "anxiety, depersonalization,  
18 dizziness, euphoria, dysphoria, [and] somnolence" in  
19 approximately one-third of patients who use it.  
20 Authors noted that many patients prefer natural  
21 cannabinoids or inhaled cannabis over this legal  
22 alternative because they are fast-acting (allowing  
23 consumers to self-titrate the dose), less dysphoric,  
24 and, in general, provide greater therapeutic relief  
25 than synthetic THC. Many experts believe that the

1 synergism of the multiple cannabinoids found  
2 naturally in cannabis is likely more efficacious than  
3 the administration of synthetic THC alone.

4           More recently, an overview of cannabis'  
5 medical efficacy conducted by the Canadian Senate's  
6 Special Committee on Illegal Drugs in 2002 advised  
7 Parliament to revise federal regulations so that any  
8 "person affected by one of the following [medical  
9 conditions]: wasting syndrome; chemotherapy  
10 treatment; fibromyalgia; epilepsy; multiple  
11 sclerosis; accident-induced chronic pain; and some  
12 physical conditions including migraines and chronic  
13 headaches, whose physical state has been certified by  
14 a physician or an individual duly authorized by the  
15 competent medical association of the province or  
16 territory in question, may choose to buy cannabis and  
17 its derivatives for therapeutic purposes." Today,  
18 Canadians can legally choose between using natural  
19 cannabis as authorized by Health Canada, or the  
20 natural marijuana extract spray Sativex.

21           Thirteen US states -- Alaska, California,  
22 Colorado, Hawaii, Maine, Montana, Michigan, Nevada,  
23 New Mexico, Oregon, Rhode Island, Vermont and  
24 Washington -- have now enacted laws protecting  
25 authorized medical cannabis patients from state

1 prosecution. These laws are operating as voters and  
2 legislators intended and abuses by the public are  
3 minimal. According to a federal General Accounting  
4 Office (GAO) report examining the implementation of  
5 statewide medical cannabis laws in Alaska, Hawaii,  
6 Oregon, and a handful of California counties:  
7 "Officials from over half of the 37 selected federal,  
8 state, and local law enforcement organizations we  
9 interviewed in the four states said that the  
10 introduction of medical marijuana laws had not  
11 greatly affected their law enforcement activities.  
12 In addition, none of the federal officials we spoke  
13 with provided information to support a statement that  
14 abuse of medical marijuana laws was routinely  
15 occurring in any of the states, including  
16 California."

17           Reviews by the National Academy of Sciences  
18 Institute of Medicine and others have also concluded  
19 that state medical cannabis laws have not altered  
20 adolescents' perceptions of the risk associated with  
21 the recreational use of marijuana. In fact, no state  
22 that has enacted medical marijuana legalization has  
23 seen an overall increase in teen marijuana use since  
24 the law's passage.

25           In closing, the goal of House Bill 1393 is

1 not to sanction the use of cannabis by the general  
2 population. Rather it is to protect patients and  
3 doctors who recognize that cannabis has medical  
4 utility, and uphold the sanctity and privacy of the  
5 doctor-patient relationship. State laws already  
6 allow the medical use of many controlled substances,  
7 such as cocaine and morphine, which can be abused in  
8 a non-medical setting. Likewise, Pennsylvania law  
9 should also properly differentiate between medicinal  
10 cannabis and other controlled substances. As opined  
11 by the New England Journal of Medicine:

12 "[A]uthorities should rescind their  
13 prohibition of the medical use of marijuana for  
14 seriously ill patients and allow physicians to decide  
15 which patients to treat."

16

17 \* \* \*

18

19 STEPHANY BOWEN, resident of Rosedale, PA,  
20 submitted the following written testimony:

21

22 Good morning, Chairmen Oliver and Baker, and  
23 Members of the Committee. My name is Stephany Bowen,  
24 I live in Rosedale, PA, and I am a permanently  
25 disabled veteran.

1           I am a 70% service connected disabled from  
2 the years I spent in the USMC. I have hypertension,  
3 chronic depression, PTSD, and anxiety disorder as  
4 well as chronic pain in my knees, back, and hips due  
5 to my stint in the marine corps. These issues are  
6 what I am service connected for, but I also suffer  
7 from Diabetic Neuropathy, as well as fibromyalgia,  
8 and I have metal implements in my neck which are not  
9 service related, but for which I receive pain  
10 medication that the VA provides.

11           I have always been honest when it comes to  
12 me smoking with the VA, and have followed their rules  
13 and their doctor's orders, but lately my doctor was  
14 changed and my smoking marijuana has become an issue.  
15 At an appointment on the 16th of Nov. 2009, I was  
16 told by my new doctor that I would have to stop  
17 smoking, and must pass a urine test on the 14th of  
18 Dec. 2009 or they will stop prescribing my pain  
19 medication. My new doctor was not speaking to the  
20 issue of whether marijuana was bad for me or that it  
21 interfered with my treatment, but to the issue that  
22 he and his superiors would get in trouble if someone  
23 looked at my files and found that I was using an  
24 illegal substance. They could get in hot water over  
25 them overlooking it. Even so, I was incredulous at

1 the notion, but it seemed I had no choice.

2 I have tried to stop cannabis to appease  
3 them, but when I stopped, my stomach gets upset and I  
4 stop eating because it makes me sick. I don't even  
5 smoke that much anyway -- about 1/8 oz. per week --  
6 but it calms my stomach and returns my appetite so  
7 that I can maintain a normal diabetic diet.

8 I feel like I am being blackmailed by the  
9 VA! I have a choice -- stop smoking and be sick, not  
10 eat properly, suffer from the pain and get my  
11 medications (which themselves make me sick); or  
12 continue smoking, fail a urine test, and have my pain  
13 medication stopped, which will end with me in the  
14 hospital. If that's the best choice this country and  
15 Commonwealth can provide, it is pathetic!

16 I served my country and would do it again if  
17 asked, but as I see it now my country is stabbing me  
18 in the back over a WEED. This is just not right, and  
19 since I was told this on the 16th, my state of being  
20 has been horrible. I have been eating irregularly,  
21 my stomach has been upset to the point that I have to  
22 smoke just to eat, I have had no appetite, my pain  
23 level has increased dramatically, and my anxiety has  
24 made me a basket case.

25 I don't know where to turn right now. If I

1 go to the VA for help they give me the same party  
2 line that it is illegal and that's that. I hope you  
3 can give me some respite by supporting and passing  
4 HB 1393. I am not an addict or a criminal, and that  
5 is how I feel I am being treated. Please pass  
6 HB 1393 as soon as humanely possible. It's the right  
7 thing to do.

8

9

\* \* \*

10

11 SONYA BROWER submitted the following written  
12 testimony:

13

14 Dear Honorable Representative Oliver,

15 I would like my letter submitted as written  
16 testimony for the hearing on December 2, 2009 in  
17 opposition of HB 1393.

18 My name is Sonya Brower. I am writing you  
19 this letter with my heart full of hope that we will  
20 learn from California's mistake instead of making our  
21 own. Please don't pass this bill. There are so many  
22 reasons to oppose it. Please, if you are a parent  
23 think about your children, grandchildren, great  
24 grandchildren and the effect passing this will have  
25 on them. Marijuana is a highly addictive drug. It



1 is currently illegal for very good reasons. If  
2 marijuana was beneficial for medical reasons and the  
3 pros outweighed the cons the FDA would have approved  
4 it. California is a prime example of what happens  
5 when such foolishness takes place. While you are  
6 deciding what to do about HB 1393 remember we reap  
7 what we sow. Please open your heart, show compassion  
8 toward the human race and DO NOT pass HB 1393.

9 Thank you very much for your time.

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12

13 IAN BUCHANAN, resident of Reading, PA,  
14 submitted the following written testimony:

15

16 Good morning, Chairmen Oliver and Baker, and  
17 Members of the Committee. I am Ian Buchanan and I am  
18 from Reading, PA.

19

20 I am submitting this testimony to urge  
21 passage of the Compassionate Use Act of 2009  
22 (HB 1393) by this Committee and the General  
23 Assembly.

23

24 I have attention deficit disorder, and I was  
25 prescribed Adderall to help this condition. I used  
Adderall throughout elementary school. When I got to

1 Jr. high school, I was prescribed Ritalin and  
2 switched to that. I took Ritalin up through to my  
3 senior year. It made me feel so sick that I wouldn't  
4 eat at lunch. As I got older, I would stop taking it  
5 for short periods of time.

6 I started using marijuana recreationally in  
7 tenth (10th) grade, and I never looked at it as  
8 medicine until I finally stopped taking the Ritalin  
9 for good. As you may be aware, fully stopping usage  
10 of Ritalin and other ADD drugs requires long amounts  
11 of time. Looking back to those days when I was  
12 prescribed to Ritalin, I realize now that I was a  
13 total mess on the drug. Since I began using  
14 marijuana to treat my ADD, I have noticed a complete  
15 change, and so has my family. When I've not  
16 medicated with cannabis, my mind tends to race, I  
17 can't hold on to a thought, I feel uncomfortable,  
18 sometimes my behavior becomes hyper, and I have a  
19 hard time controlling myself.

20 I noticed when I got to college that I was  
21 having difficulty sitting down and studying, so I  
22 started smoking before I sat down to my studies.  
23 Even the smallest amount of cannabis calms my mind  
24 down enough so that I can actually get my thoughts  
25 together, sit down, and really do what I need to do

1 to achieve good grades. After finding out about how  
2 many children/adults have died from Ritalin use, and  
3 after finding out that it's more or less a synthetic  
4 version of cocaine, I have decided never ever to  
5 return to using Ritalin or other prescription  
6 medications to treat my disorder. If I could grow it  
7 in the privacy of my own home, or go to a shop where  
8 I could legally purchase it with a doctor's approval,  
9 I wouldn't have to deal with sketchy drug dealers and  
10 inadequate, poorly grown marijuana.

11 I don't know where I would be today without  
12 cannabis. It has given me the mental strength to  
13 stay focused, and the ability to sit still and pay  
14 attention when I need to the most. I attend Berks  
15 Technical Institute for Business Management and  
16 Administration, I am an A-B student, and without  
17 cannabis, I would not be receiving the grades I am  
18 today. I know there are hundreds of young children  
19 and adults like myself who struggle with ADD/ADHD  
20 every day of their lives, and indeed suffer from  
21 symptoms like impulsive behavior, and racing  
22 thoughts. A very close friend of mine has a 6 year  
23 old brother who takes Ritalin for ADD. When I think  
24 about what all that Ritalin is doing to that poor  
25 child's brain, heart and liver, and then think about

1    how many bottles of it he will most likely consume in  
2    his lifetime, I literally shudder.  When I think  
3    about how much Ritalin and Adderall I have consumed  
4    in my life, I cringe, because I know the damage it  
5    was doing to me.

6            I ask that you look at this with common  
7    sense, and without bias.  How much longer must we  
8    wait without sufficient medicine, without quality  
9    medicine, without protection from the law?  How much  
10   longer must we wait till we can be looked at as  
11   patients and not drug addicts?  This isn't about  
12   getting high, this isn't about getting stoned and  
13   having a grand old time, the people giving their  
14   testimonies today are real patients, with real  
15   medical needs, and it is the state's responsibility,  
16   the Representatives' and the Senators'  
17   responsibility, and this Committee's responsibility  
18   to ensure the rights of its citizens.

19           I am here today to testify to the members of  
20   this committee with utmost honesty, that cannabis  
21   effectively and efficiently treats my mental  
22   disorder, and in my opinion as well as in the opinion  
23   of others, I think Cannabis should be legalized as  
24   medicine for Pennsylvanians because it is their  
25   American right to life, liberty, the pursuit of

1 happiness, and real medication that eases their  
2 troubled hearts.

3 Thank you for this opportunity to be heard.

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11

TOM CORBETT, Attorney General of  
Pennsylvania, submitted the following written  
testimony:

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19

Dear Chairman Oliver:

This letter concerns House Bill 1393,  
sponsored by Representative Mark Cohen, which is  
currently pending before the House Health and Human  
Services Committee. While I have the deepest  
compassion for those who suffer from chronic illness  
and pain, I must oppose this proposal which stands to  
legalize a drug that continues to have destructive  
effects on our society.

20

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25

The Drug Enforcement Agency has designated  
marijuana as a Schedule I controlled substance, the  
most restrictive schedule. A Schedule I drug is  
defined as a drug with a high potential for abuse,  
for which there is no accepted medical use in this  
country and which has a lack of accepted safety for



1           Good morning, Chairmen Oliver and Baker, and  
2 Members of the Committee. I am Sandra Crue from  
3 Seven Valleys, York County, PA.

4           I am submitting this testimony to urge  
5 passage of the Compassionate Use Act of 2009 by this  
6 Committee and the General Assembly.

7           As a 41 year old educated woman with  
8 Progressive Multiple Sclerosis, you are unable to  
9 imagine what daily life can be like during a relapse.  
10 The pain that goes through the body was worse than  
11 giving birth naturally to my children. I hate the  
12 fact how MS has taken a big part of my life and the  
13 childhood of my three children. Having to deal with  
14 the pain and to watch the helpless faces of my  
15 children and husband has been horrible.

16           House Bill 1393 needs to be passed now, for  
17 me and for others suffering this same crippling pain.  
18 To lie in bed in the fetal position praying to God  
19 for the pain to end is not how I imagined my adult  
20 life. I have been on so many medications that have  
21 made me so sick, and I deserve the choice to use  
22 medical marijuana -- a safer and more effective  
23 medicine -- if I and my Neurologist decide it is an  
24 option for my medical needs. Currently medical  
25 marijuana is not a choice for me due to FDA approved

1 medications which have damaged my aortic valve and  
2 left ventricular, and caused both to leak. It could  
3 be in the near future they are repaired and I could  
4 be a candidate, but I want to have the opportunity to  
5 choose medical marijuana.

6           Someday, with MS being genetic, one of my  
7 children may be diagnosed. I never want to see them  
8 in the pain in which I experience daily, and if it  
9 means for them to get medical marijuana I will be the  
10 one to pay for it. We should be more concerned what  
11 others are getting off the street and what it may be  
12 laced and grown with. Each of us knows if a family  
13 member has an illness that is painful, they would do  
14 anything to ease that pain. Some people say  
15 marijuana has no real medical benefit, but that's  
16 simply untrue. Morphine is given to cancer patients  
17 -- it sure doesn't cure them, but does ease the  
18 suffering. Medical Marijuana does have a medical  
19 benefit to ease pain and our doctors who are trained  
20 should be the one along with a patient should be the  
21 one to decide. As you may know, multiple sclerosis  
22 results in the destruction of the sheaths known as  
23 myelin which protect parts of our neurons. There is  
24 scientific evidence that marijuana may have a  
25 neuro-protective effect on the brain.



1           This bill needs to be passed and help the  
2 public with their pain. My doctors seem to have been  
3 trusted enough to prescribe countless medications  
4 over the years, including many which have much worse  
5 side effects. They should be able to be trusted with  
6 this. I spoke with countless friends and family  
7 members who also feel the medical marijuana bill  
8 needs to pass so they have the choice for themselves  
9 or a family member if needed. You never know when  
10 tragedy can strike or what you may need to survive.

11           I know I am not the only Pennsylvania  
12 resident with MS, and this bill would allow others  
13 access to make the choice. Talk to your family and  
14 friends that have a loved one in pain and ask them if  
15 they have a choice if they would use or support them  
16 in the use of medical marijuana if they have a  
17 chronic illness or were on their death bed. My  
18 parents whom both are senior citizens worked all  
19 their lives -- and lived by the law -- have watched  
20 my decline and never thought in a million years they  
21 would rather me be able to smoke marijuana to ease my  
22 pain than to suffer during a relapse. It seems to me  
23 that it is ok to smoke marijuana now just as long as  
24 you're a high power political figure and you don't  
25 inhale. Has the faith been lost on the medical

1 professionals? The trust and expertise needs to be  
2 given back to the doctors for them to decide if  
3 someone would benefit from using medical marijuana.

4 And let's face it; the revenue that would be  
5 generated would greatly help the residents of  
6 Pennsylvania.

7 My testimony is submitted according to the  
8 law of the Commonwealth of Pennsylvania and the Rules  
9 of the House of Representatives. Thank you for this  
10 opportunity to be heard, and thank you for  
11 considering this important issue.

12

13

\* \* \*

14

15 ZAC CZERWINSKI, resident of Waterford, PA,  
16 submitted the following written testimony:

17

18 Good morning, Chairmen Oliver and Baker, and  
19 Members of the Committee. My name is Zac Czerwinski,  
20 and I am from Waterford, Pennsylvania. I am  
21 submitting this testimony to urge passage of the  
22 Compassionate Use Act of 2009 by this Committee and  
23 the General Assembly.

24

25

I am a high school student who was recently  
diagnosed with Ewing Sarcoma, a form of aggressive

1 cancer common in teenage, white males.

2 I know Medical Marijuana could help me  
3 because I am undergoing chemotherapy presently, and  
4 will be again in late January. Chemotherapy induces  
5 severe nausea during the actual treatment and  
6 sometimes for up to a week afterward. The  
7 prescription medications intended to combat  
8 chemotherapy induced nausea have many terrible  
9 side-effects, including headaches and an almost  
10 certain sleep period 3-4 hours after taking a dose,  
11 just to name a few. I also have no idea what these  
12 tablets are comprised of, making me wary of taking  
13 them. Marijuana treats this severe nausea  
14 immediately, with no unpleasant side-effects,  
15 long-term or temporary. Marijuana also treats the  
16 severe pain that comes with my condition, naturally.  
17 Overall, marijuana makes dealing with my cancer a  
18 little bit easier while giving me comfort.

19 I believe this is "an idea whose time has  
20 come, for a new, honest view of marijuana, a time for  
21 cures, not wars on patients" because Pennsylvania  
22 citizens are suffering and passing this bill would be  
23 a big step forward to helping them. It is not  
24 morally right or justifiable, in my opinion, to be  
25 arresting anyone who is finding help or improving

1 their quality of life by using Medical Marijuana. I  
2 feel this needs to be done as soon as possible,  
3 because although most of the people who are making  
4 the decision with this law have time to spare, many  
5 of the sick people it will benefit do not.

6 My testimony is submitted according to the  
7 law of the Commonwealth of Pennsylvania and the Rules  
8 of the House of Representatives. Thank you for this  
9 opportunity to be heard.

10

11

\* \* \*

12

13 SHAWN DEAVOR submitted the following written  
14 testimony:

15

16 Dear Honorable Representative Oliver,

17 I would like my letter submitted as written  
18 testimony for the hearing on December 2, 2009 in  
19 opposition of HB 1393.

20

21 My name is Shawn Deavor. I am writing my  
22 concern for the HB 1393 Bill. As a recovered addict  
23 from different types of drugs I feel it would be a  
24 horrible tragic mistake to pass HB 1393. I feel  
25 marijuana is a gateway drug that could lead to the  
use of other drugs. Marijuana itself is an addictive

1 drug and will impair one's judgment to make a radical  
2 decision; possibly hurting themselves or someone  
3 else. I battled drug addiction for twelve years. I  
4 STARTED with marijuana. The type of impact it left  
5 on my family, friends and even people who didn't even  
6 know me was not a good one. If HB 1393 is passed I  
7 feel it will increase the crime level and I feel the  
8 amount of people operating a motor vehicle while they  
9 are impaired from the use of marijuana will  
10 significantly increase. This will cause more  
11 fatalities, physical injuries and mental injuries. I  
12 am now the proud father of a beautiful eight month  
13 old daughter. It is a parent's duty to protect their  
14 children and to raise them in an environment as safe  
15 as we can. By passing HB 1393 I feel it will  
16 significantly decrease one's safety everywhere. We  
17 need to save lives NOT destroy lives. Please keep  
18 Pennsylvania safe and DON'T pass HB 1393.  
19 Everybody's lives will be affected.

20  
21 \* \* \*

22  
23 ETHICSNJ submitted the following written  
24 testimony:

25

1 Smoking a Joint Doesn't Make Marijuana Medicinal --  
2 It Does However Diminish Medical Science and  
3 Scientific Certainty. Said differently, the next  
4 time you're in a drug store -- look around at the  
5 safe, accurate, valid and reliable F.D.A. approved  
6 medicines, both prescription and over the counter,  
7 covering a wide range of illnesses. Then ask  
8 yourself a question -- do you want emotional  
9 anecdotal, preclinical evidence (Ephedrine is a good  
10 example) offered by political interest groups or the  
11 dispassionate scientific certainty associated with  
12 the expert scientific process devoid of political  
13 considerations to be the standard for determining  
14 both the medications and amounts of medications the  
15 public uses?

16

17 The issue of whether marijuana has a medicinal use is  
18 a question for science to be answered with scientific  
19 certainty and not a popularity contest resulting from  
20 the political promotions of special interests or a  
21 tool of litigation public relations. If the interest  
22 in marijuana is indeed medicinal then it's time to  
23 walk the talk by deferring any pending legislation  
24 until scientific inquiry (such as with Sativex)  
25 demonstrates its use is safe, valid, accurate and

1 reliable as well as administratively manageable. In  
2 short, the dispassionate process of scientific  
3 certainty is in the interest of those who truly  
4 suffer while preventing those with less altruistic  
5 motives from using people with severe illnesses as  
6 human shields.

7

8 "However, THE PATCHWORK OF STATE-BASED SYSTEMS THAT  
9 HAVE BEEN ESTABLISHED FOR 'MEDICAL MARIJUANA' IS  
10 WOEFULLY INADEQUATE IN ESTABLISHING EVEN RUDIMENTARY  
11 SAFEGUARDS THAT NORMALLY WOULD BE APPLIED TO THE  
12 APPROPRIATE CLINICAL USE OF PSYCHOTIC SUBSTANCES."

13 (emphasis added.) American Medical Association,  
14 Report 3 of the Council on Science and Public Health  
15 (I-09) (SEE Last page of [www DOT ama-assn DOT  
16 org/ama1/pub/upload/mm/interim-2009/i-09-council-  
17 reports DOT pdf](http://www.DOT.ama-assn.DOT.org/ama1/pub/upload/mm/interim-2009/i-09-council-reports.DOT.pdf)).

18

19 1. The American Medical Association, LA Times &  
20 Washington Post are calling for extensive federal  
21 research of marijuana's medicinal purpose(s). The  
22 A.M.A. House of Delegates has called "for further  
23 adequate and well-controlled studies of marijuana and  
24 related cannabinoids in patients who have serious  
25 conditions for which preclinical, anecdotal, or

1 controlled evidence suggests possible efficacy and  
2 the application of such results to the understanding  
3 and treatment of disease."

4

5 2. The November 21, 2009, LA Times Editorial "The  
6 AMA's reversal on marijuana" specifically notes:  
7 "For all the debate over whether marijuana has  
8 medicinal value, arguments that the drug has  
9 significant palliative properties or that it has none  
10 suffer from the same flaw: There's little scientific  
11 proof either way." [www DOT latimes DOT  
12 com/news/opinion/la-ed-ama21-2009nov21,0,406900 DOT  
13 story]

14

15 3. At the same time, the AMA specifically refused to  
16 endorse state-based medical marijuana programs & the  
17 Washington Post editorial (Oct 25 "Questions About  
18 Pot") called for a moratorium on new state programs.

19

20 4. Moreover, the same Washington Post article also  
21 recognizes the medical marijuana controversy may be  
22 moot in the near future as a number of extensive FDA  
23 supervised clinical trials of a drug known as Sativex  
24 (cancer & MS) have ended or are near an end. [www  
25 DOT gwpharm DOT com/product-pipeline DOT aspx]



1 -----  
2 The Washington Post's Editors write in "Questions  
3 About Pot?" (www DOT washingtonpost DOT  
4 com/wp-dyn/content/article/2009/10/25/AR2009102502293  
5 DOT html)  
6 "More information -- good old-fashioned scientific  
7 information -- is needed before the federal  
8 government or more states formally endorse marijuana  
9 smoking for medicinal use. The Institute of  
10 Medicine, an arm of the National Academy of Sciences,  
11 in 1999 published what is widely considered to be the  
12 most comprehensive study; it was decidedly mixed,  
13 listing the many possible drawbacks of smoking  
14 marijuana, including respiratory problems, while  
15 noting that such use seemed to provide some patients  
16 with relief not obtained from pills containing  
17 marijuana's active ingredients.  
18  
19 More recently, Dr. Peter J. Cohen, an adjunct  
20 professor at the Georgetown University Law Center,  
21 noted in a 2009 law review article that reputable  
22 studies released in the past few years showed that  
23 patients with AIDS and hepatitis C experienced  
24 reduced pain and nausea and were better able to  
25 tolerate traditional treatment as a result of smoking

1 marijuana. Yet these preliminary results -- as  
2 Dr. Cohen points out -- have not been subjected to  
3 rigorous testing by the Food and Drug Administration.  
4 The reason: A manufacturer must submit the drug for  
5 review before the FDA will tackle the assignment. So  
6 far, no such 'manufacturer' has come forward.

7  
8 The medical marijuana controversy may be moot in the  
9 near future because of a drug known as Sativex, a  
10 spray mist approved for conditional use in Canada and  
11 the United Kingdom that delivers the active  
12 ingredients found in marijuana. If cleared by the  
13 FDA, patients will have some confidence that it is  
14 safe and effective. Patients have the right to know  
15 if the same can be said about smoked marijuana."

16 -----  
17 It should be said upfront that we strongly disagree  
18 with "Executive Branch nullification (as opposed to  
19 prosecutorial discretion)" of Constitutional  
20 legislation and Supreme Court review because it  
21 embodies the essence of "arbitrary government." It  
22 not only ignores the Constitutional separation of  
23 powers between the Executive and Congress and the  
24 Court, it shreds "our Federalism", i.e. the  
25 Constitutional relationship between the Federal and

1 State Governments. That said, however, and for the  
2 reasons set forth below, the Post's focus on science  
3 over interest group politics is compelling.

4 -----

5 Scientific Certainty of F.D.A. Sativex Trials Moots  
6 NJ's Compassionate Medical Marijuana Act

7

8 If any decision concerning the medicinal use of  
9 marijuana is as simple as some suggest one must ask  
10 why the U.S. & U.K. National MS Societies & the  
11 American Cancer Society question its use and continue  
12 to withhold their approval. In reality there are  
13 many obstacles. For example, "Marijuana Smokers Face  
14 Rapid Lung Destruction -- As Much As 20 Years Ahead  
15 Of Tobacco Smokers." January 2008 Respirology. And,  
16 as the Centers for Disease Control points out in its  
17 09-04-09 MMWR weekly, eating marijuana gives rise to  
18 a separate set of problems -- including efficacy,  
19 dosage, duration, etc. Finally, people with MS have  
20 higher rates of depression and suicide compared to  
21 the general population. Since marijuana can induce  
22 psychosis and anxiety in healthy people...it was  
23 especially important to look at its effects on people  
24 with MS...February 13, 2008, online edition of  
25 Neurology, the medical journal of the American

1 Academy of Neurology.

2

3 George Washington University Constitutional law  
4 Professor Turley has commented the partisan political  
5 interests involved in the issue of marijuana for  
6 medicinal purposes has resulted in the major  
7 political party's acting in a manner that is  
8 completely at odds with their traditional view of the  
9 Constitution and the prevailing status of the defined  
10 Constitutional relationship between Federal and state  
11 governments. So too, Georgetown University adjunct  
12 law professor Peter J. Cohen, an apparent advocate  
13 for marijuana, provides a substantive confirmation of  
14 the problem in his Utah Law Review article "Medical  
15 Marijuana: The Conflict Between Scientific Evidence  
16 and Political Ideology". In effect, Cohen argues any  
17 medicinal use must be determined solely by science  
18 while any recreational use is a political question.

19

20 According to Cohen "...advocacy is a poor substitute  
21 for dispassionate analysis [and] popular votes should  
22 not be allowed to trump scientific evidence in  
23 deciding whether or not marijuana is an appropriate  
24 pharmaceutical agent to use in modern medical  
25 practice...scientific evidence devoid of political

1 considerations should be allowed to guide future  
2 decisions regarding the status of Cannabis sativa  
3 when used for medical purposes. Cohen, p. 41-42.  
4

5 To make a scientific decision requires help. It  
6 enhances public trust and confidence in the  
7 legislature when it recognizes it lacks the  
8 expertise, resources and organization to make such a  
9 decision. Such decisions are first the province of a  
10 peer review of the testimony and studies of  
11 pharmacologists, epidemiologists, and psychologists.  
12 For example, the Iowa legislature is currently faced  
13 with a similar question. Unlike NJ, however, the  
14 Iowa Pharmacy Board is engaged in hearings that will  
15 lead to a recommendation to Iowa legislature as to  
16 what, if any, use of marijuana should be permitted.  
17 The Board consists of five licensed pharmacists and  
18 two public members. Four are Democrats, two are  
19 Republicans and one is Independent. Even with their  
20 expertise the Iowa Board has a Herculean task. The  
21 Iowa Pharmacy Board's actions to determine if there  
22 is any appropriate medicinal use for marijuana,  
23 including any recommendations concerning production,  
24 distribution, and consumption, will quite rightly be  
25 compared to the standards and process by which the

1 U.S. Food and Drug Administration approves any drug  
2 for human use.

3

4 There are many criteria that must be met. Unless a  
5 state government's expertise, resources and  
6 organization are at least equal to that of the F.D.A.  
7 it is questionable any state can reinvent the wheel  
8 (the next time you are in a drug store look around at  
9 the over-the-counter and prescription medicines).

10 Scientific certainty, while not absolute certainty,  
11 seems precise. Scientific testing is not a  
12 hodgepodge of studies based on too few, few  
13 participants or a collection of personal  
14 testimonials. While those studies and anecdotes may  
15 be relevant and may inform an F.D.A. review, the  
16 F.D.A. requires several phases of testing that  
17 generally includes the monitoring of several thousand  
18 participants. Indeed, the Iowa Globe-Gazette's  
19 10-07-09 report on yesterday's Iowa Board hearing  
20 notes an apparent consensus that while marijuana may  
21 relieve pain, more testing is necessary. The Iowa  
22 Globe's observation is important because it is  
23 exactly the same conclusion reached by the IOM study  
24 relied on in NJ legislation.

25

1 It now appears the F.D.A. is close to resolving many  
2 of the outstanding issues. In 2006 GW  
3 Pharmaceuticals (gwpharm DOT com) began clinical  
4 trials of "Sativex" under the supervision & in accord  
5 with F.D.A. guidelines. Sativex meets a diverse  
6 range of criteria by delivering the cannabis product  
7 via an inhaler and thus allows a user to function  
8 "normally" because it relieves the pain without the  
9 "high" and prevents the rapid deterioration to lung  
10 function associated with smoking marijuana.

11

12 Clinical trials are presently in or at the end of  
13 their phase II or III level. These trials provide a  
14 clear meaning to the "scientific certainty" required  
15 for approval by measuring both its purported benefits  
16 while seeking to mitigate its potential harms. In  
17 short the tests address the foreseeable consequences  
18 of the drug's use in order to insure its application  
19 is not only accurate, valid and reliable, but its  
20 harm is insignificant and the potential for abuse  
21 minimized. Specifically, the Sativex trials for MS,  
22 cancer and other disorders demonstrate how science  
23 must be applied to discern if there is any benefit to  
24 patients without damage from ingestion and  
25 discouraging recreational use.

1 In sum, the F.D.A. will soon settle the issue as to  
2 whether and under what circumstances marijuana has  
3 any medical value.

4

5

\* \* \*

6

7 DEBORAH A. FOWLER, President, Remembering  
8 ADAM, submitted the following written testimony:

9

10 Dear Representative Oliver:

11 I am writing concerning HB 1393, providing  
12 for the medical use of marijuana. I would like my  
13 letter submitted as written testimony for the hearing  
14 on HB 1393 on December 2, 2009. To "legalize"  
15 marijuana for medical use would be doing a great  
16 disservice to the entire state of Pennsylvania.  
17 Every day more and more of our youth become addicted  
18 to illicit drugs and they all begin this addiction  
19 with the three gateway drugs, tobacco, alcohol, and  
20 marijuana. As a person involved in substance abuse  
21 prevention we send a very clear message to the youth  
22 we educate that the use of marijuana can lead to the  
23 use of other illegal substances.

24 I do not understand why this issue is being  
25 addressed by our state legislators. If marijuana is



1 to be used for medical purposes shouldn't the FDA  
2 make this decision? Aren't they responsible for  
3 controlling what drugs are safe? I have never heard  
4 anyone say that "smoking" is good for anyone's health  
5 especially when they are suffering from other  
6 illnesses. Is this a ploy for this to be the first  
7 step in legalizing all drugs? Who will regulate this  
8 "so called" drug, making sure it's "safe" for the  
9 user? When did our legislators become experts in the  
10 medical field? Why do we even need the FDA?

11           Preventionists have worked diligently for  
12 years throughout Pennsylvania educating youth on the  
13 dangers of marijuana use. Now we are going to "take  
14 it all back" and call it medicine??? My husband and  
15 I have owned a small town pharmacy for over 30 years  
16 and never once did one of our cancer patients have  
17 the need for marijuana. Those requesting marijuana  
18 be made legal so it can be used for critically ill  
19 patients is just a ploy to have easy access to a very  
20 addictive dangerous drug. Don't be fooled by this;  
21 don't bring pot houses to the great state of  
22 Pennsylvania.

23           Where do you plan on drawing the line? When  
24 do you say enough is enough? When will the real  
25 truth behind marijuana use be brought to the

1    forefront? Please protect my family, my community,  
2    and the citizens of Pennsylvania and do not legalize  
3    marijuana.

4

5

\* \* \*

6

7

8           JAMES A. GOODYEAR, M.D., President,  
9    Pennsylvania Medical Society, submitted the following  
10   written testimony:

10

11   Dear Chairman Baker:

12

13   I am writing on behalf of the Pennsylvania Medical  
14   Society regarding House Bill 1393, which would  
15   provide for the use of medical marijuana. Although  
16   the Society has not had occasion to address the issue  
17   formally, the American Medical Association (AMA) has  
18   established a clear policy on medical marijuana.

19   That policy is as follows.

20

21   First, the AMA has called for further well-controlled  
22   studies in patients who have serious conditions for  
23   which evidence suggests a possible efficacy.

24

25   The AMA also urges that marijuana's status as a

1 federal Schedule I controlled substance be reviewed  
2 with the goal of facilitating the conduct of clinical  
3 research and development of cannabinoid-based  
4 medicines, and alternate delivery methods. The  
5 policy clearly states that this should not be viewed  
6 as an endorsement of state-based medical cannabis  
7 programs, the legalization of marijuana, or that  
8 scientific evidence on the therapeutic use of  
9 cannabis meets the current standards for a  
10 prescription drug product.

11

12 The AMA has urged the National Institutes of Health  
13 (NIH) to implement administrative procedures to  
14 facilitate grant applications and the conduct of  
15 clinical research into the medical utility of  
16 marijuana.

17

18 Finally, the AMA believes that effective patient care  
19 requires the free and unfettered exchange of  
20 information on treatment alternatives and that  
21 discussion of these alternatives between physicians  
22 and patients should not subject either party to  
23 criminal sanctions.

24

25 I hope this information is useful to you in your

1 deliberations on House Bill 1393.

2

3

\* \* \*

4

5 MICHAEL HENDRICK, resident of Temple, PA,  
6 submitted the following written testimony:

7

8 Good morning, Chairmen Oliver and Baker,  
9 and Members of the Committee. My name is  
10 Michael Hendrick, and I'm from Temple, PA. I am  
11 submitting this testimony to urge passage of the  
12 Compassionate Use Act of 2009 (HB 1393) by this  
13 Committee and the General Assembly.

14 First, I would just like to state that,  
15 legally, I was found to be completely physically  
16 disabled by a federal judge in 2005. Starting from  
17 the ground and working up, I have an arthritic  
18 condition in my left knee. It is not so much painful  
19 as annoying but it can be a distraction. An injury  
20 tore my ligaments and cartilage and ripped open the  
21 capitular sack which holds all that stuff together.  
22 When the surgeon cut open the area to insert a steel  
23 pin, which holds it all together now, a piece of my  
24 kneecap about the size of a quarter fell out.

25 Moving up, we come to my rectum -- which is

1 no longer there. It was removed with about 25% of my  
2 colon in 2002 when I was diagnosed with stage 3-4  
3 colon cancer. The surgeon told me that, since the  
4 cancer had eaten a hole through the wall of my colon  
5 and had traveled to the fatty tissue between the  
6 lymph nodes, I had a 15% chance of living more than  
7 two years and a 20% chance of living past five years.  
8 I was upset with this and sought a second opinion at  
9 Fox Chase Cancer Center and was given the same  
10 prognosis.

11 After surgery on January 2, 2002, I was put  
12 on a seven month course of chemotherapy along with  
13 30 radiation treatments. The first week began with  
14 radiation and chemo on the same day for five days in  
15 a row. The fact that I am alive today is a miracle  
16 but I would note that the damage from the treatments  
17 seem more devastating than the cancer itself, which I  
18 am told was probably growing in me for 15 to 20  
19 years.

20 Radiation has a number of effects on the  
21 body and I imagine a professional could explain them  
22 better than I. The drug used for my chemo stays in  
23 the system for 10 years, according to product  
24 information. It kills all cells which reproduce  
25 quickly, including brain cells and digestive enzymes.

1 The reaction of my digestive system to these  
2 treatments has left me with post-cancer Irritable  
3 Bowel Syndrome, Ulcerative Colitis, constant cramping  
4 and discomfort. I take six prescription drugs and  
5 also OTC remedies daily for this, and though they  
6 have helped make life manageable enough to go out in  
7 public without wearing a diaper, I will never get  
8 better since my colon/rectum is not something that  
9 will grow back.

10 I go to a pain management specialist who  
11 told me that the operation I had was probably done  
12 50 times ever, worldwide. He said that if a med  
13 student needed a topic to write a thesis on, I would  
14 be the perfect subject because the operation I had  
15 has never really been written about. It is the  
16 equivalent of having a colonoscopy without a bag. I  
17 am lucky I do not have to wear a bag. If the cancer  
18 had been present two inches in either direction on my  
19 colon, I would be wearing a bag today. Basically,  
20 the surgeon removed the cancerous section of colon  
21 and my rectum and stretched the existing colon to my  
22 anus. Not having a rectum is tough to get used to in  
23 itself. Since all of this surgery took place in my  
24 bowels, I am left with hemorrhoids which cannot be  
25 removed due to their proximity to the sphincter,

1 which is all I have left to control the passage of  
2 excrement from my body.

3           While IBS and UC are usually conditions  
4 brought about by stress or mental conditions, in my  
5 case they are of physical origin but the fact that I  
6 have them causes stress which exacerbates the  
7 symptoms. It is a vicious circle.

8           I have been given marijuana by friends at  
9 times during my treatment and since. I can take my  
10 full regimen of prescriptions and still be left with  
11 cramping, discomfort and nausea, which are relieved  
12 by cannabis in less than five minutes. I know a few  
13 people who have given me an open invitation to visit  
14 them and smoke when I need it. It helps but I have  
15 noticed that when they tell me that they may not be  
16 able to procure marijuana, I can become stressed and  
17 the symptoms flare up. Just the comfort of knowing I  
18 can go someplace and get relief is a stress-breaker  
19 in itself. The uncertainty of whether I may or may  
20 not be able to get relief can increase my symptoms.  
21 A legal, safe environment where I could go to  
22 purchase my medical marijuana would be a great  
23 relief.

24           Through this, I have noticed that if I do  
25 not eat, I have less discomfort. There are times

1 when I am hungry and scoff at the thought of eating  
2 because I know what the results will be and how my  
3 body will react to the food. That is not healthy.  
4 With all I have gone through, good nutrition is an  
5 issue. Smoking cannabis makes me want to eat and I  
6 really think that had it not been for smoking, I  
7 never would have made it this far. I would not want  
8 to live in a world with no relief.

9           Although marijuana is not a cure, it is a  
10 giant break from stress and helps me crave nutrition,  
11 as well as helping with the attendant anxiety, etc.  
12 Of course, not knowing how my stomach will react from  
13 day to day is a stressor as well, which has led to  
14 treatment for generalized anxiety disorder.

15           I still have steel staples in my colon.  
16 Moving up the body, we get to my eyes. The radiation  
17 had such an effect on drying my eyes that I now have  
18 silicon implants in my tear ducts to keep the tears  
19 from draining when they are on my eye. The moisture  
20 helps to keep my eyes a bit more moist but they are  
21 in a constant state of dryness and itchiness.  
22 Smoking helps me forget about that.

23           Another concern with my eyes is that I have  
24 been under treatment with a glaucoma specialist since  
25 1997 for a condition called pigment dispersion



1 syndrome. The pigment on the back of my irises  
2 flakes off and floats in the liquid inside my eyes.  
3 These flakes can float to the area where fluids enter  
4 and exit the eye, blocking the drain and causing  
5 pressure which can build up and lead to glaucoma if  
6 unchecked.

7           Due to another injury, the orbit of my left  
8 eye is held in place by three steel plates and a  
9 number of screws. I cannot fully close the eye.  
10 That in itself is a cause of discomfort and  
11 headaches, especially when there are changes in  
12 barometric pressure.

13           When I was a child, I was prone to ear  
14 infections and suffered with them for many years. As  
15 a result, I have about 50% hearing loss in my right  
16 ear, which is mostly scar tissue on the inside. This  
17 causes earaches which help touch off headaches that I  
18 believe are related to the steel plates. These are  
19 also caused by changes in barometric pressure. So  
20 when there is a storm on the way, or a change about  
21 to occur in the weather, I know ahead of time because  
22 of the discomfort in my knee, ear and sinuses,  
23 especially the sinuses around the left eye where the  
24 plates are. I take another prescription for this  
25 problem.

1           Again, marijuana does not stop the pain  
2 completely, but neither do the pills. It does take  
3 my mind off of the discomfort to the point that I can  
4 forget I am in pain. In my situation, if I am not in  
5 pain in one area, chances are I am still in pain  
6 somewhere else. I am in a constant state of pain and  
7 cramping. If it were not for the prescriptions that  
8 I will be taking for the rest of my life, I would not  
9 be able to function. Until I started pain  
10 management, I was stuck on the sofa because I was  
11 afraid of the consequences of getting up and going  
12 out.

13           I would like to lead a normal life but that  
14 is not possible anymore. I have learned to bear what  
15 has been dealt to me in life but do not understand  
16 why marijuana, something that helps me so much, is  
17 unavailable to me legally.

18           It makes a giant difference and I truly  
19 believe I would be dead today if I was not able to  
20 smoke and forget the pain and take my focus off all  
21 this jumble of maladies. I doubt I would have made  
22 it through the chemotherapy and radiation. Given the  
23 prognosis and my state of mind, I probably would have  
24 killed myself, either through starvation or on  
25 purpose because the future looked so dismal.

1 Fortunately, I had friends give me gifts of marijuana  
2 throughout the process and I honestly feel it made  
3 the difference in my survival.

4 Please help by voting "YES" on HB 1393.  
5 Thank you for the opportunity to be heard.

6

7

\* \* \*

8

9 BRANDON M. KACHMAR, resident of Pittsburgh,  
10 PA, submitted the following written testimony:

11

12 Good morning, Chairmen Oliver and Baker, and  
13 Members of the Committee. I am Brandon M. Kachmar  
14 from Allegheny County.

15 I am submitting this testimony to urge  
16 passage of the Compassionate Use Act of 2009  
17 (HB 1393) by this Committee and the General  
18 Assembly.

19 I have lived in this Commonwealth for years  
20 and have believed that there are many people who can  
21 benefit from the medicinal use of Cannabis Sativa and  
22 its byproducts. I have multiple medical problems  
23 including Chronic Pain and a Seizure disorder. The  
24 Chinese have proof that Cannabis Sativa has been used  
25 for over three thousand years to relieve the

1 suffering of people like me. It is much easier to  
2 deal with its side effects as opposed to those of the  
3 harsh Pharmaceuticals used to treat seizure disorders  
4 and chronic pain. I have multiple disk bulges in my  
5 neck and back and have been diagnosed with disk  
6 disease and arthritis. I also have a titanium plate  
7 in my right ankle that is held in place by ten  
8 screws.

9 I think that it is ridiculous in the age of  
10 human evolution that we even need to have this  
11 debate. Anyone with an ounce of common sense can see  
12 the ridiculous drag on our tax dollars that the  
13 criminalization and prosecution of Cannabis Sativa  
14 has burdened our society with. We are supposed to be  
15 a nation of freedom. Freedom of religion and freedom  
16 to pursue happiness. Read Genesis Chapter One  
17 Verse 30 of the Bible. God gave all of the green  
18 seed bearing herbs for man's use. Also, do I not  
19 have the freedom to pursue happiness? Does that  
20 freedom include the freedom to look for alternative  
21 methods to relieve pain so that I or others can be  
22 happy? These freedoms are being impinged upon by  
23 this travesty of law that is contradictory to the  
24 ideals and principles of the founding fathers of this  
25 great nation and commonwealth.

1 Thank you for this opportunity to be heard.

2

3

\* \* \*

4

5 RICHARD KENT, resident of Pittsburgh, PA,  
6 submitted the following written testimony:

7

8 Good morning, Chairmen Oliver and Baker, and  
9 Members of the Committee. I am Richard Kent from  
10 Allegheny County.

11 I am submitting this testimony to urge  
12 passage of the Compassionate Use Act of 2009  
13 (HB 1393) by this Committee and the General  
14 Assembly.

15 I am an Iraqi war veteran suffering from  
16 PTSD, chronic pain, arthritis and sleeplessness. I  
17 find it odd that the Healthcare provided to me will  
18 bury me in harmful and addictive prescription  
19 medication, but to use marijuana medicinally is out  
20 of the question because it is illegal. I have  
21 exhausted numerous medications with no relief of my  
22 symptoms. After researching the benefits of  
23 medicinal marijuana in comparison to traditional  
24 medications, I can't believe it's illegal. When I  
25 asked my doctors for a prescription for marijuana

1 they told me they couldn't only because of the  
2 legality.

3 Thank you for this opportunity to be heard.

4

5

\* \* \*

6

7 MARTHA L. KING, Advisory Board Member,  
8 Families of Addiction, submitted the following  
9 written testimony:

10

11 Dear Honorable Representative Oliver,

12

13 I am writing concerning HB 1393, providing for the  
14 medical use of marijuana. I would like my letter  
15 submitted as written testimony for the hearing on  
16 HB 1393 on December 2, 2009. To "legalize" marijuana  
17 for medical use would be doing a great disservice to  
18 the entire state of Pennsylvania. Every day more and  
19 more of our youth become addicted to illicit drugs  
20 and they all begin this addiction with the three  
21 gateway drugs, tobacco, alcohol, and marijuana. As a  
22 mother touched by this disease from a child and  
23 involved in substance abuse prevention we send a very  
24 clear message to the youth we educate that the use of  
25 marijuana can lead to the use of other illegal

1 substances.

2

3 Marijuana is one of many addictive drugs and is  
4 classified as such with good reason. As stated by  
5 the Drug Enforcement Administration "marijuana has a  
6 high potential for abuse, has no currently accepted  
7 medical use in treatment in the United States, and  
8 has a lack of accepted safety for use under medical  
9 supervision." The negative effect of using the  
10 substance for medicinal purposes outweighs any  
11 possible positive benefits that may be experienced.  
12 Even under the proposed disguise of medicinal  
13 marijuana, the side effects of using the drug will  
14 continue to be: higher risk of lung cancer, heart  
15 attacks, breathing difficulties, strokes, and  
16 overdoses and death from these complications.

17

18 Having said this, let's ask ourselves (from the Drug  
19 Free American Foundation):

20

21 **Does marijuana have medicinal value?**

22

- **Smoking is an ineffective and illogical way to deliver medicine** -- dosage cannot be regulated, and tar and other harmful compounds are delivered directly to the

23

24

25

1           lungs along with any helpful cannabinoids  
2           (compounds in marijuana).

- 3           • In fact, Dr. Robert DuPont, former  
4           director of NIDA, says, "There is no  
5           acceptable role in modern medicine for  
6           using burning leaves as a drug delivery  
7           system because **smoke is inherently**  
8           **unhealthy.**"
- 9           • Other delivery methods aren't safer  
10          either; **vaporizing does not filter**  
11          cancer-causing tar or other chemicals, and  
12          **eating delivers the same damaging compounds**  
13          as well as the insecticides and fungi found  
14          in unmonitored crops.
- 15          • Clinical research is being conducted into  
16          a **controlled, tested, safe delivery system**  
17          (that can be prescribed and managed) of the  
18          helpful cannabinoids of marijuana without  
19          any of the harmful chemicals or dangerous  
20          side effects.

21

22       **Don't doctors prescribe marijuana?**

- 23           • No. **Doctors cannot prescribe a non-FDA**  
24           **approved substance;** in medical excuse  
25           marijuana states only, they can recommend



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it.

- The **FDA issued a statement against the use of smoked marijuana** in 2006, and the **Institute of Medicine** study from 1999 found that marijuana should be researched but **not used as a medicine in its raw form.**
- Doctors are **not covered by insurance** for recommending a non-FDA approved drug, and there is an undetermined impact on a patient's right to sue for malpractice.
- Although many support cannabinoid research, most of the **major medical associations in the US are against the use of smoked or raw marijuana.**

**Doesn't marijuana help with some diseases?**

- **Cancer and HIV/AIDS** -- The pill form of the active chemical in marijuana (dronabinol) can be helpful for the nausea associated with chemotherapy or the wasting disease that appears with AIDS, but many other medicines that have been tested as safe and more effective are preferred by oncologists. Smoked marijuana has been proven to damage the immune system, cause

1           pre-malignant cellular changes in the lungs  
2           and impair lung function, leaving  
3           immune-suppressed patients more vulnerable  
4           to infection.

5           • **Multiple sclerosis** -- Patients in various  
6           stages of the disease may perceive that  
7           their spasticity is partially relieved, but  
8           studies show that spasticity is made worse,  
9           not better.

10          • **Chronic pain** -- Not in its raw form with  
11          accompanying undesirable side effects, but  
12          there are hopeful studies in animals that  
13          suggest a molecule similar to the  
14          cannabinoids in marijuana could be isolated  
15          and used in pain relief. The lead  
16          researcher cautions: "It is a big step to  
17          go from a successful animal model to  
18          treating humans in pain."

19          • **Glaucoma** -- Smoked marijuana has never  
20          been shown to be better or even just as  
21          good as existing drugs for relieving eye  
22          pressure, and its use brings with it many  
23          more side effects than the approved  
24          medicines.

25

1 What are the risks of smoking marijuana?

- 2       • **Physical** -- Respiratory damage, increased  
3       risk of lung cancer, increased heart rate,  
4       reproductive damage in both sexes and  
5       immunosuppression.
- 6       • **Psychological** -- Paranoia, emotional  
7       disorders, increased risk of schizophrenia  
8       and other neuropsychiatric disorders,  
9       memory loss, increased tolerance to  
10      intoxication, addiction to marijuana and  
11      other drugs (especially with its increasing  
12      potency), loss of ability to concentrate  
13      and loss of inhibition.
- 14      • **Legal** -- No matter what laws are passed  
15      locally or statewide, marijuana is illegal  
16      on the federal level -- a ruling upheld by  
17      the Supreme Court and enforced by federal  
18      officials.

19

20 But how can a naturally grown herb be harmful?

- 21       • Arsenic and belladonna are naturally  
22       occurring also and quite lethal. Many  
23       **medicines are derived from plants but are**  
24       **neither safe nor distributed in their raw**  
25       **form** because of complications with dosage

1           measurements and negative side effects.

2           • **Tobacco** is a plant that grows naturally  
3           and was once thought to be safe, even  
4           medicinal, but has caused a great deal of  
5           damage to our society.

6           • **Alcohol** is a natural result of the  
7           fermentation process, but we pay a heavy  
8           price for its legal abuse.

9

10       **Since raw marijuana isn't a medicine, why do some**  
11       **people want to "medicalize" it?**

12           • Many who claim to need marijuana  
13           medicinally simply want to use it  
14           recreationally. In states with marijuana  
15           dispensaries, the vast majority of  
16           "patients" are young men between the ages  
17           of 18 and 25, not the cancer or AIDS  
18           victims used in voter ads to exploit our  
19           compassionate nature.

20           • The claim that smoked marijuana is  
21           medicinal is a **tactic to legalize marijuana**  
22           **for any purpose** and to eventually legalize  
23           other drugs for personal use.

24           • There is great potential to **make a lot of**  
25           **money** through the sale of marijuana.

1 Tobacco companies, who made a killing on  
2 cigarettes to the detriment of so many,  
3 have already patented names for marijuana  
4 products.

5

6 But isn't allowing marijuana for the treatment of  
7 health problems a compassionate thing to do?

- 8 • Not really. "Medicalizing" this harmful  
9 substance has caused truly ill people to  
10 refuse proper medical care, thinking that  
11 because marijuana makes them feel better  
12 they are getting better. Medical  
13 practitioners and others who are truly  
14 concerned for the sick have **higher**  
15 **standards and greater compassion** -- we want  
16 the ill to receive the medicine they need.
- 17 • The medical excuse marijuana movement has  
18 become a device used by special interest  
19 groups to **exploit the sick and dying and**  
20 **well-meaning voters** for their own purposes.
- 21 • Rev. Scott Imler, Co-Founder of Prop 215  
22 (California's medical marijuana law) said,  
23 "We created Prop 215 so that patients would  
24 not have to deal with black market  
25 profiteers. But today **it is all about the**

1           **money.** Most of the dispensaries operating  
2           in California are little more than dope  
3           dealers with store fronts."

4  
5       Please explain to me; I do not understand why this  
6       issue is being addressed by our state legislators.  
7       If marijuana is to be used for medical purposes  
8       shouldn't the FDA make this decision? Aren't they  
9       responsible for controlling what drugs are safe? I  
10      have never heard anyone say that "smoking" is good for  
11      anyone's health especially when they are suffering  
12      from other illnesses. Is this a ploy for this to be  
13      the first step in legalizing all drugs? Who will  
14      regulate this "so called" drug, making sure it's  
15      "safe" for the user? When did our legislators become  
16      experts in the medical field? Why do we even need  
17      the FDA?

18  
19      Preventionists have worked diligently for years  
20      throughout Pennsylvania educating youth on the  
21      dangers of marijuana use. Now we are going to "take  
22      it all back" and call it medicine??? I work in  
23      hospice and never once did one of our cancer patients  
24      have the need for marijuana. Like most other  
25      Pennsylvanians, I have had loved ones and family

1 members diagnosed with cancer. I would not approve  
2 of any treatment method for them that would put them  
3 at higher risk for death and greater medical  
4 complications. In addition, using marijuana as a  
5 treatment for illness will contribute to the expense  
6 of the already struggling health care system in PA.

7  
8 Those requesting marijuana be made legal so it can be  
9 used for critically ill patients is just a ploy to  
10 have easy access to a very addictive dangerous drug.  
11 Don't be fooled by this; don't bring pot houses to  
12 the great state of Pennsylvania. Where do you plan  
13 on drawing the line? When do you say enough is  
14 enough? When will the real truth behind marijuana  
15 use be brought to the forefront? Please protect my  
16 family, my community, and the citizens of  
17 Pennsylvania and do not legalize marijuana.

18  
19 Marijuana use is progressive, destroys bodies and  
20 lives, and ruins families. Marijuana is known for  
21 its destructive side effects, addictive qualities,  
22 and not approved by the FDA for medical use and  
23 therefore should not be approved for medical use.  
24 Doing so would be a great disservice to those whom  
25 live and work in the Commonwealth. Please continue

1 to protect and serve our families, communities, and  
2 citizens of Pennsylvania by not approving HB 1393.

3

4 Thank you for your time and attention.

5

6

\* \* \*

7

8 PATRICIA KLENK, Board Member, Families of  
9 Addiction, submitted the following written testimony:

10

11 Dear Representative Oliver:

12

13 I am writing concerning HB 1393, providing for the  
14 medical use of marijuana. I would like my letter  
15 submitted as written testimony for the hearing on  
16 HB 1393 on December 2, 2009. I am voicing my strong  
17 opposition to this bill as a parent, wife, daughter,  
18 teacher, and life long resident of Pennsylvania.

19

20 I have been a teacher in our public school system for  
21 32 years, I am the teacher representative on our  
22 Safe and Drug Free Schools committee, I am on the  
23 board of Families of Addiction, a group of people  
24 from across the state of Pennsylvania who have come  
25 together to help others who have a family member who



1 is using or addicted to drugs.

2

3 I believe we are walking a fine line here with  
4 marijuana. Who will regulate it? At what age will  
5 people be allowed to access it? What kind of message  
6 are we sending our children? Where will it be sold?  
7 Who will profit from this? Who will have to pay for  
8 the consequences of this?

9

10 I am the mother of an addict and as with most  
11 addicts, cigarettes and marijuana were the first  
12 drugs he tried. These are both gateway drugs. We  
13 have known this for many years. Pennsylvania is in a  
14 crisis right now with drug addiction, the lack of  
15 available and accessible treatment, and over crowding  
16 in our prisons due to drug use.

17

18 I see the legalization of pot, under the guise of  
19 "Medical Marijuana", opening a huge flood gate for  
20 further use and abuse of drugs in Pennsylvania.  
21 Please don't be swayed by the talk of the medicinal  
22 use of marijuana. There are many FDA approved  
23 medications for all of these conditions.

24

25 I attended the hearing on Monday, November 16 that

1 you chaired. My husband is a member of the PPAC,  
2 Pennsylvania Parent Advisory Council, and our son,  
3 Jeff K.'s picture was shown as part of the slide  
4 show. As you know, this panel gave testimony from  
5 their personal experiences on what drug usage and  
6 addiction had done to their families.

7

8 I sincerely ask you to vote against HB 1393.

9

10 Thank you.

11

12

\* \* \*

13

14 NELSON A. LEWIS, resident of Huntingdon  
15 Mills, PA, submitted the following written testimony:

16

17 Good morning, Chairmen Oliver and Baker, and Members  
18 of the Committee. My name is Arn Lewis, and I am  
19 from Huntingdon Mills, Luzerne County, PA. I am  
20 submitting this testimony to urge passage of the  
21 Compassionate Use Act of 2009 by this Committee and  
22 the House of Representatives.

23

24 I am 52 years old and have been disabled for the past  
25 three years. My disability stems from advanced

1 emphysema and a spinal injury I received in an auto  
2 accident 13 years ago. I was hospitalized in  
3 February of this year, and almost died from internal  
4 bleeding due to a massive hemorrhaging of my lower  
5 intestines. I was unable to eat anything for 17 days  
6 and lost 19 pounds during that period. I am 5'7" and  
7 my normal weight was 145 pounds, so I was down to  
8 126 lbs. and appeared skeletal. After returning home  
9 I was still unable to eat right due to a constant  
10 pain in my abdomen, and *nothing* I tried to eat would  
11 stay down.

12

13 About two weeks after my release from the hospital a  
14 doctor suggested to me "off the record" that I try  
15 using marijuana to help regain my appetite and build  
16 my strength back up. Fully aware of its legal  
17 standing in Pennsylvania, I decided to do it anyway.  
18 Within two weeks I had regained my appetite and put  
19 back on the weight I had lost and then some, I now  
20 weigh 159 pounds. However, I soon noticed a few  
21 other "side effects" that appeared to be the result  
22 of the marijuana. *The chronic pain that I had from*  
23 *the spinal injury (lower back pain, chronic pain in*  
24 *my right arm and joint pain in my left shoulder from*  
25 *arthritis) had subsided to the point that I had been*

1    *taking less and less of my prescribed pain*  
2    *medications.*

3  
4    I have been on chronic use of Vicodin and Vicoprofen  
5    for pain and had been given several others in an  
6    attempt to find something that would help the pain  
7    without side effects that were often worse than the  
8    pain itself. I have been on Naproxen, Mobic,  
9    Methocarbamol, Tramadol, and several others including  
10   a procedure in which medicine was injected directly  
11   into my spine and rib bones. The only ones that  
12   worked well for the pain seemed to be the narcotics,  
13   which had side effects that were not so pleasant, not  
14   the least of which are their addictive properties and  
15   their tendency to make me sluggish and groggy without  
16   the energy to get up and do even the most basic of  
17   daily chores. With the marijuana I took less and  
18   less of the narcotics, and not only did I have **more**  
19   energy for my daily activities, I also had much more  
20   interest in doing them.

21  
22   Perhaps the most surprising effect, though, was that  
23   my breathing actually seemed to improve. This was  
24   totally unexpected and I intend to have another lung  
25   function test done to verify it for myself and for my

1 Pulmonary Physician. The Federal Institute of  
2 Medicine's 1999 report entitled "Marijuana and  
3 Medicine" concluded that "Cannabis and its  
4 derivatives have shown promise in the treatment of a  
5 variety of disorders. The evidence is most  
6 impressive in...asthma, where they approach  
7 isoproterenol in effectiveness". THC (the active  
8 ingredient in marijuana) not only opens the airways  
9 but reduces inflammation. A similar mechanism may be  
10 at play in my own situation.

11

12 One of the most troublesome symptoms of Emphysema is  
13 the inability to exhale properly and fully, making it  
14 almost impossible to expel all of the carbon dioxide  
15 from the lungs. My last lung function test showed  
16 that I only had 36% of my full lung capacity and I  
17 was only able to expel 70% of what I took in. After  
18 smoking marijuana, I not only seem to be able to take  
19 deeper breaths, but I also am able to expel it more  
20 quickly and completely than I could even after taking  
21 my inhaler (pro-air) or my steroid treatments (Advair  
22 and Spiriva). This was very unexpected and hard for  
23 me to understand or even believe until last week when  
24 I read a study published by the European Respiratory  
25 Journal that concluded that marijuana and cigarette

1 smoke had contrasting effects on lung function.  
2 Where tobacco smoke makes it harder to expel air,  
3 marijuana smoke seems to improve the ability to expel  
4 and to inhale more deeply. Other studies by Yale  
5 University and the University of British Columbia  
6 both reported that marijuana smoke, even long term,  
7 had no association with declining lung function nor  
8 was it associated with an increased risk of COPD and  
9 their studies showed that it protected, rather than  
10 harmed.

11  
12 The passage of HB 1393 would serve to make available  
13 to thousands of Pennsylvanians a safer and more  
14 reliable source of chronic pain relief than those  
15 provided through the use of narcotics. It would also  
16 give the thousands of patients that are suffering  
17 from cancer and HIV the needed appetite and freedom  
18 from nausea to help them keep their weight and energy  
19 levels up so they are more able to cope with the  
20 extreme treatment procedures (Chemo, etc.) that  
21 sufferers of these diseases must go through to  
22 survive.

23  
24 This is no longer 1937, and the US population is now  
25 largely aware of the fact that the claims made by

1 Harry Anslinger over 70 years ago were based on  
2 racism and his own personal vendetta against users of  
3 marijuana and those he called members of the  
4 degenerate races, (Mexicans, Blacks and Chinese).  
5 Thousands of pages of research published by  
6 Universities and Medical Journals in the US and  
7 around the world have consistently found that the  
8 Cannabinoids in Marijuana have properties that  
9 inhibit the growth of cancer cells while preventing  
10 new cells from forming, that they are useful in the  
11 treatment of Alzheimer's Disease and several other  
12 forms of age related dementia, that it relieves  
13 chronic pain without the unpleasant and often  
14 dangerous side effects of NSAIDs and narcotics.

15  
16 Perhaps the most complete studies ever done are those  
17 included in the evidence for the US Government and  
18 Department of Health and Human Services' patent on  
19 cannabidiol as an antioxidant and neuroprotector, (US  
20 Patent #6630507). The patent has an extensive list  
21 of medical applications for CBD and the other  
22 cannabinoids found in Marijuana, and it also  
23 indicates that even at chronic (daily) acute high  
24 dosages (over 700 mg.) over periods of time there  
25 were no signs of toxicity or any indications of any

1 harmful side effects. Included in the Dept. Of  
2 Health's list of medical applications as printed in  
3 the patent are: Alzheimer's, Parkinson's, HIV,  
4 Glaucoma, Down's syndrome, myocardial infarction,  
5 emphysema and several others.

6  
7 I believe it's time for the Government to step up and  
8 admit that Marijuana is a useful medicine as  
9 indicated by the patent they received six years ago  
10 and that it is not the deadly drug they have claimed  
11 it to be for the past seventy years. To date, not  
12 one single case of cancer has been connected to  
13 marijuana use, nor has there ever been a single  
14 overdose reported or death of any type that could be  
15 associated with marijuana use. No other drug on  
16 Earth can make that claim, not even Aspirin.  
17 Marijuana is, quite simply, and verifiably, the  
18 safest drug on Earth. The number of deaths every  
19 year due to over the counter and prescription  
20 medications is increasing annually, and many of these  
21 deaths could have been avoided had these patients had  
22 access to the safer and often more effective use of  
23 Cannabinoids, instead of narcotics and other  
24 dangerous drugs.

25



1 My testimony is submitted according to the law of the  
2 Commonwealth of Pennsylvania and the Rules of the  
3 House of Representatives. Thank you for this  
4 opportunity to be heard.

5

6

\* \* \*

7

8 DANNY LONG, resident of McAlisterville, PA,  
9 submitted the following written testimony:

10

11 Good morning, Chairmen Oliver and Baker, and  
12 Members of the Committee. My name is Danny Long. I  
13 am a 54 year old male from McAlisterville, and a  
14 lifelong resident of Pennsylvania.

15 I began my working career the day after high  
16 school graduation in 1972. In October of 1974 I was  
17 diagnosed with Crohn's disease, then in 1976 I was  
18 diagnosed with Rheumatoid Arthritis -- specifically  
19 Ankylosing Spondylitis.

20

21 Any medical professional can tell you that  
22 either of these diseases alone can be disabling.  
23 Despite the challenges of my illness, I continued to  
24 work. My career was in manufacturing engineering and  
25 I served in various roles of three (3) Pennsylvania  
manufacturing firms between 1974 and 2004. In 1994

1 my RA flared and I was debilitated to the point I had  
2 to resign and go on Social Security Disability. In  
3 1997 I began what was then a new type of biological  
4 treatment for RA -- specifically Remicade. The  
5 treatments were expensive but beneficial, and in 1997  
6 I returned to work -- initially part-time, and after  
7 several months, full time.

8 I continued working until 2004 when I was  
9 diagnosed with Non-Hodgkin's Lymphoma. Medical  
10 professionals can attest to the fact that Lymphoma is  
11 an unfortunate side effect of these biological  
12 medicines. Chemotherapy and radiation have once  
13 again debilitated me. The type of Lymphoma I have is  
14 not considered "curable", but it is treatable.

15 I have suffered so much. Maintaining a  
16 healthy weight for me is difficult, nearly  
17 impossible. I weigh less than 125 lbs. I cannot  
18 stand erect as I am severely "stooped" because my  
19 spine is permanently fused by the Rheumatoid  
20 Arthritis.

21 After my lymphoma treatments I took a  
22 3-month vacation, over the winter months, in Hawaii,  
23 as kind of a last hurrah. Hawaii is a state that  
24 allows medical marijuana. Although I was not a  
25 resident I was able to obtain some (illicitly) and

1    *enjoyed some of the most dramatic relief I have ever*  
2    *experienced since my original diagnosis.*

3           Upon my return home, I discussed this with  
4    my Rheumatologist, and he said that he would  
5    readily write a prescription if it were available  
6    in PA. We (the doctor and I) decided to try  
7    Marinol, a 100% THC pill form of the primary active  
8    ingredient of marijuana. The results were  
9    disappointing and certainly not equivalent to smoking  
10   marijuana.

11           I offer my testimony in sincerity and with  
12   hopes that the legislature will consider allowing the  
13   legal use of medical marijuana in Pennsylvania.  
14   Please support HB 1393, and vote YES. Thank you for  
15   this opportunity to be heard.

16

17   \* \* \*

18

19           JOHN LOY, resident of Port Royal, PA,  
20   submitted the following written testimony:

21

22           Good morning, Chairmen Oliver and Baker, and  
23   Members of the Committee. I am a 51 year old male  
24   named John Loy, and I am submitting this testimony to  
25   urge passage of the Compassionate Use Act of 2009

1 (HB 1393) by this Committee and the General Assembly.  
2 I wish to voice my opinion on the legalization of  
3 medical marijuana.

4 In February of 1979 I was diagnosed with  
5 walking pneumonia. From that I had a damaged kidney  
6 which caused fluid retention. After two (2) weeks  
7 the doctor told me my kidney had repaired itself and  
8 I was good to go. However, my hands and fingers were  
9 still swollen. They ran their barrage of tests but  
10 the tests always came back fine. Scores of doctors  
11 later, I was still working light-duty at my job  
12 because of my hands swelling. While doing the  
13 light-duty work I twisted my knees, which didn't seem  
14 to get any better. From there it went to my hips,  
15 which finally took me to a rheumatologist in May of  
16 1979.

17 While on my initial, extended visit, I  
18 mentioned that my hands were swelling, that I had  
19 pneumonia a few months back and that's when the  
20 swelling started. That doctor admitted me to a  
21 hospital where they ran their barrage of tests, and  
22 at the end of my two-week stay I was diagnosed with  
23 Progressive Systemic Sclerosis, Scleroderma in short.  
24 My Scleroderma is much more severe than most cases.  
25 I became disabled in 1981. I've had to have five

1 fingers amputated, and three shortened. Scleroderma  
2 caused painful ulcers that were almost all I could  
3 bare, not to mention the pain from the surgeries.  
4 The doctor prescribed pain medicine, but I knew that  
5 I could become addicted, and so I only used the pain  
6 medications when *absolutely* needed.

7           Over the years my weight had slipped to and  
8 bottomed out at 114 lbs. *I'm 5'9"*. I was literally  
9 skin and bone. Now I am desperate to gain weight.  
10 So desperate, that it upset my stomach from the  
11 worry. My doctor prescribed Marinol, and I gained a  
12 few pounds while taking it but the side-effect was a  
13 throbbing headache with each dose.

14           Finally, an acquaintance approached me and  
15 asked about my weight. I told him nothing I've tried  
16 really worked at increasing my appetite without  
17 side-effects. With that, he said he would stop over  
18 for a visit that same evening, and arrived early in  
19 the evening. We sat and chatted a bit then he asked  
20 if I'd ever smoked marijuana. I told him I had in my  
21 early 20's, once. He then asked, "Don't you remember  
22 getting the munchies?" I told him that I had Marinol  
23 which was a synthetic marijuana but in capsule form,  
24 and that it gave me a splitting headache each time I  
25 took it. He then reaches into his pocket and pulls

1 out a joint, which is a cigarette with marijuana  
2 instead of tobacco.

3           Comparing the two forms -- natural and  
4 synthetic, smoking versus pill form -- hands down,  
5 smoking marijuana works much, much faster and works  
6 much better than the oral pill medication. With the  
7 Marinol medication, I didn't get any relief from  
8 pain. In fact it **caused** pain. Thanks to plant form  
9 marijuana, I am now about 128 lbs. I still look thin  
10 but I'm slowly gaining.

11           The darker side to my scenario is that my  
12 Scleroderma and my instinct for survival have made me  
13 into a criminal. You may say "Shame on you" but I'll  
14 say, "Shame on YOU!" Don't force me to continue  
15 using this medicine in secret, potentially putting  
16 myself or my family at risk of arrest. It's unfair  
17 and quite disturbing that our government would even  
18 consider not allowing it.

19           Do the right thing, vote "YES" for the  
20 legalization of medical marijuana! Support the  
21 Compassionate Use Medical Marijuana Act (HB 1393),  
22 and ease some of our pain and suffering.

23

24

\* \* \*

25

1           DAVID MARRASH submitted the following  
2 written testimony:

3

4 NO ONE TOLD ME I WOULD LOSE CONTROL OVER MY LIFE:

5

6 My name is David Marrash.

7 I am a 50 yr. old male and suffer with seven chronic  
8 illnesses.

9 Chronic Pain due to severe trauma, Chronic Arthritis,  
10 Hepatitis-C, First stage of Cirrhosis, Epilepsy,  
11 Scoliosis & Shingles.

12

13 Do you know what it is like to have no control over  
14 your day because of medication prescribed to you to  
15 help you in life?

16 Do you brush your teeth daily?

17 Do you Wash/Shower daily?

18 I have a Chronic Problem with these issues on a daily  
19 basis.

20 If you are not in favor of HB-1393, what you don't  
21 understand makes me suffer on a moment 2 moment  
22 basis, Daily.

23

24 In 1975 I went through the windshield of a car as a  
25 result of a car accident.

1 *Results: Crushed & cracked eight vertebrae in my*  
2 *back. I also suffered a swollen brain due to trauma*  
3 *along with kidney damage.*

4

5 When returning to high school, I could not partake in  
6 contact sports. When I finished high school, in 1977  
7 I got a job at a Hotel doing banquet set-ups which I  
8 enjoyed and did well at but I suffered a lot of pain  
9 from the heavy lifting & carrying heavy items. I  
10 found a job at a record store next which meant I was  
11 to be on my feet for long periods of time. Next was  
12 a job selling HBO & Prism door to door. I was only  
13 19 yrs. old. I can still remember the constant  
14 aggravating pain in my upper back from all the  
15 walking.

16

17 1980 -- I got a job at Amp Inc. where I worked for  
18 ten yrs. The pain I suffered on that job trying to  
19 better my career and life was incredible. I was on  
20 my feet for three hours before a break on a concrete  
21 floor. I pulled orders and stocked shelves for three  
22 years. I also worked in the shipping dept. also  
23 which was extremely difficult on my back. All I  
24 could do was stretch for temporary relief.

25



1 1996 -- Started job at health club in the Membership  
2 dept.

3

4 1997/1998 -- Started seeing Doctor for pain  
5 management.

6

7 1997 -- Prescribed Soma usage. (Taken from Pinnacle  
8 medication list.)

9

10 1998/1999 -- Told I had Hepatitis-C.

11

12 1999-2000 -- Partial disability/Started pain  
13 management classes 5 days a week, 8 hours per day.

14

15 2000 -- I could not perform the duties assigned to me  
16 at my job. I could not use the stairs to present the  
17 club. Also I had problems with medication and job  
18 performance. I then left my job on permanent  
19 disability.

20

21 2001 -- Opiate career starts. First I was prescribed  
22 Methadone for severe back pain. I was then  
23 prescribed Fentanyl, both 25 mg. and 50 mg. patches.  
24 Then Methadone Sulfate, which grew to the amount of  
25 100 mgs. every 8 hrs. I was instructed by a College

1 educated Professional to take medication that put me  
2 in a wheelchair.

3  
4 The prescribed medication would cause me to lose my  
5 balance on stairs and fall. I fell in my bedroom at  
6 my parents' home. I was directed to use a cane. I  
7 was then prescribed a manual wheelchair but due to  
8 the lack of strength and pain in my upper back, I was  
9 then prescribed a \$15K electric wheel chair. I was  
10 taking eighteen to twenty two pills per day. One  
11 pill would need another pill to offset the side  
12 effects and so on with each medication. Does it make  
13 sense? NO. I lost ten yrs. of my life I feel.

14  
15 2004 -- Finally started receiving Disability after  
16 two other attempts.

17  
18 2005 -- Pain mgt. Dr. sent letter informing me, If I  
19 did not change my prescribed meds (Take less) I would  
20 need a liver transplant in five to seven and 1/2 yrs.  
21 I dropped @ least five medications of my own choice.  
22 I made up my own treatment plan & now I am told I  
23 have 15 yrs. until I may need a liver transplant.  
24 Per Liver Transplant Specialist.

25

1 While on 300 mg. of Morphine Sulfate, 100 mg. every  
2 8 hrs. I decided that I wanted to live a better life.  
3 Through reading on the internet I realized others  
4 today use marijuana for the relief of pain and many  
5 other health benefits. My Pain Mgt. Dr. told me that  
6 marijuana is seen as a Class 1 Drug. Not as strong  
7 as morphine sulfate. I struggled for a yr. trying to  
8 reduce my usage of Marijuana, which I found helped me  
9 more than the opiates due to their side effects and  
10 damage it would cause to my Liver, since I also  
11 suffer from Hepatitis-C at the First stage of  
12 Cirrhosis. Marijuana is helping me with my appetite,  
13 rest and pain with NO negative side effects.

14

15 Side Effects listed for the chemicals I have to take  
16 to make it through my day currently.

17 Oxycodone: Constipation; dizziness; drowsiness;  
18 headache; nausea; sleeplessness; vomiting and  
19 weakness.

20 Soma: Dizziness; drowsiness and headaches.

21 Side Effects I suffer from on a daily basis: Nausea;  
22 weakness; light-headedness; constipation; depression;  
23 dizziness; lack of sleep and sweats.

24

25 While reducing my usage of this prescribed opiate,

1 every time I reduced dosage I would throw up. Also  
2 suffering from night sweats changing my t-shirt two  
3 to three times a night. I am currently taking one -  
4 5 mg. tab of Oxycodone every 8 hrs. I'm prescribed  
5 to take that every 6 hrs. I am currently still  
6 reducing my usage to 0 by myself. Not prescribed but  
7 the chosen route I'll take. I was directed to go to  
8 rehab but the cost and what you have to go through is  
9 just too much. I am on disability but try to be  
10 responsible with costs. I try to be a cost  
11 responsible person. It's my money I feel. It's just  
12 not right. That cost and stress is too much.

13

14 Every day I can not tell if I am hungry or Getting  
15 sick. It's like I have a shock absorber attached  
16 from my naval to my anus. There is an attachment  
17 that tightens up about 1 hr. b4 my pill taking time.

18

19 I currently sleep when my body allows. Roughly  
20 3 hours at a time if I'm lucky; which is very  
21 frustrating. I have to go by how I feel not by a  
22 normal schedule. I have lost many friendships  
23 because of not being able to follow up with plans.  
24 You just do not know how you will feel.

25

1 I can not even get a part time job @ Wal-Mart because  
2 I can not be responsible to make the schedule because  
3 of my chronic illnesses and the side effects that I  
4 suffer from.

5 Volunteering for this important cause "The Medical  
6 Movement" has helped me greatly because I have  
7 direction and a real life changing cause.

8 I have met some good compassionate people who know  
9 how I feel & help me emotionally. Life is better  
10 because of this!

11

12 With the Medical community I am losing hope. I feel  
13 that I am herded in like cattle *and given treatment.*  
14 *They read from a book to me to find medications.*  
15 IT'S NOT FAIR, I'M SICK! And they can't help.

16

17

\* \* \*

18

19 EDWARD M. MARSICO, JR., President,  
20 Pennsylvania District Attorneys Association,  
21 submitted the following written testimony:

22

23 Dear Chairmen Oliver and Baker:

24

25 House Bill 1393 has been introduced to legalize the

1 use of marijuana in Pennsylvania for medicinal  
2 purposes. While we support the use of any medication  
3 that will relieve the pain of those who have truly  
4 serious and debilitating conditions, we believe this  
5 bill is riddled with provisions that will lead to  
6 widespread abuse of a harmful substance.

7 Additionally, we agree with the FDA that there are  
8 alternatives to marijuana use that better treat  
9 chronic pain and suffering.

10

11 HB 1393's proposed legalization of marijuana for  
12 treatment purposes would bypass and disregard the  
13 rigorous drug approval process conducted by the FDA  
14 to ensure a substance is safe and has a medicinal  
15 benefit. In 2006, the FDA found marijuana to have a  
16 high potential for abuse and a lack of accepted  
17 safety for its use. Further, the FDA has serious  
18 concerns regarding medications that are smoked.

19 Smoking makes it more difficult to administer safe,  
20 regulated doses and also introduces harmful chemical  
21 byproducts. Tar levels, for example, are 4 times  
22 higher in marijuana cigarettes than in a tobacco  
23 cigarette. Instead, the FDA has approved the use of  
24 Marinol, a pharmaceutical product that extracts the  
25 active ingredient of marijuana (THC) into a

1 scientifically regulated form. Marinol has worked  
2 effectively at relieving the nausea and vomiting  
3 associated with chemotherapy and to assist with the  
4 loss of appetite in AIDS patients.

5  
6 House Bill 1393 does have an admirable goal: to  
7 provide relief to sick and infirm patients. Yet the  
8 actual impact of similar laws has been to encourage  
9 illegitimate production and use of marijuana. The  
10 language of House Bill 1393 is very similar to  
11 legislation that was passed in California in 1996;  
12 the abuse problems California has since encountered  
13 with doctors, patients, and distributors is a  
14 cautionary tale to legislators of other states.

15  
16 One of the most troublesome provisions in HB 1393 is  
17 the grant of power to prescribe marijuana for almost  
18 any medical complaint. The negative effects of a  
19 broad prescriptive power have been demonstrated in  
20 California, where the state law allows prescriptions  
21 for any illness for which marijuana provides relief.  
22 Obtaining a prescription is as easy as walking into a  
23 clinic and complaining about a tension headache --  
24 something that could be eased with Tylenol as easily  
25 as marijuana. In an undercover study in California,

1 CBS found that prescriptions for marijuana were  
2 written to individuals who complained of hair loss,  
3 dry skin, and high heel pain. While doctors may be  
4 overly generous in their prescriptions, what they are  
5 doing is not against the law -- it is perfectly legal  
6 to make this type of prescription at their patient's  
7 request. HB 1393 similarly allows prescriptions for  
8 any weakening condition that is recognized as being  
9 treatable with marijuana in a manner that is superior  
10 to treatment without marijuana. What qualifies as  
11 "recognition" by licensed medical authorities or as a  
12 "superior" treatment is not further explained,  
13 leaving the door open for ambiguity and abuse.

14

15 Even more troublesome is the production and  
16 distribution of medical marijuana as provided by  
17 HB 1393. "Compassion Centers" face little  
18 specification and regulation. No doctors or  
19 certified pharmacists need to oversee the growth and  
20 distribution of marijuana after the prescription is  
21 written. There are no regulations for who will  
22 ensure that a patient is not overmedicated and that  
23 the product is grown and sold strictly for medicinal  
24 use. In California, the owner of one "compassion  
25 center" (or "dispensary" as they are known in



1 California) sold \$4.5 million worth of "medical  
2 marijuana" in two years. He was recently arrested by  
3 the DEA on drug conspiracy charges.

4

5 The legislature should also be concerned with the  
6 message legalizing marijuana creates in society,  
7 especially to children and youths encountering drugs  
8 for the first time. It becomes more difficult to  
9 effectively teach drug resistance when the state is  
10 supporting marijuana cultivation and use. Moreover,  
11 long-term studies of teenagers and their drug use  
12 patterns show that very few young people use other  
13 illegal drugs without first trying marijuana.

14 Increased use of cocaine and heroin and the  
15 accompanying increase in drug-related crime is a high  
16 cost to bear for the legalization of medical  
17 marijuana.

18

19 In short, House Bill 1393 will create a myriad of  
20 problems for the Commonwealth, including the  
21 unregulated production and sale of marijuana.

22 Because of the potential for abuse and the  
23 availability of a safe alternative, we oppose this  
24 bill.

25

1 \* \* \*

2  
3 WILLIAM MAYERS, resident of Bristol, PA,  
4 submitted the following written testimony:

5  
6 Good morning, Chairmen Oliver and Baker, and  
7 Members of the Committee. I am William Mayers from  
8 Bucks County. I am submitting this testimony to urge  
9 passage of the Compassionate Use Act of 2009  
10 (HB 1393) by this Committee and the General  
11 Assembly.

12 I have Swyer-James syndrome. It is a rare  
13 birth defect. It is the decrease in size of one lung  
14 due to obliterating bronchiolitis or some other  
15 disorder and resulting in compensatory over inflation  
16 of the normal lung. I also have asthma.

17 I have tried all Doctor prescribed  
18 medications for the last 27 years for my conditions  
19 -- as they are much easier to obtain. Almost all of  
20 them are maintenance drugs, to be taken every day for  
21 the rest of my life. The side effects from the  
22 prescriptions are terrible. Albuterol makes me  
23 shake, some speed up my heart and make me sick to my  
24 stomach for hours. The side effects from a doctor  
25 giving me Singulair were horrendous. I experienced

1 horrible stomach pain, fever, diarrhea, and migraine  
2 headaches which were so severe I had to work in the  
3 dark in my office for days until the drug was out of  
4 my system. It did not do anything at all for my  
5 breathing. I have tried Advair and I do not get  
6 relief for the tight breathing, but I do get a sore  
7 throat from the powder inhalant it comes in. I have  
8 days where I labor to get air in and out so much that  
9 it's exhausting. Muscle relaxers such as ULTRAM do  
10 relax my airways, but they render me as a zombie  
11 because they put me to sleep. *It takes me a day to*  
12 *recover* after taking one.

13 I have gotten relief from my asthma/lung  
14 condition for years from smoking small amounts of  
15 marijuana when my breathing gets tight. I read  
16 online about a study where a percentage of people  
17 with asthma have had positive effects from smoking a  
18 few puffs. For me that has equaled about one puff.  
19 Marijuana seems to also increase my lung capacity and  
20 I am able to produce deeper breaths after smoking.  
21 In fact, marijuana seems to enable me to take deeper  
22 breaths than I can take even when I'm not having an  
23 asthma attack. That is likely due to THC's effects  
24 as a bronchial-dilator.

25 I average smoking 2 hits (puffs) a week, and

1 the positive effects on my breathing last several  
2 days. I also exercise by doing a 15 mile bike ride  
3 4 times a week. I'm trying my best to remain  
4 healthy. The other drugs prevent me from exercising  
5 as they make me too sick from the side effects. My  
6 asthma doctor recommended that whatever I am doing --  
7 keep it up. I'm one of the few patients he has that  
8 has improved their condition. If a doctor can  
9 recognize that what works, works, then so should this  
10 General Assembly.

11 I personally do not like to take ANY DRUGS  
12 besides aspirin and I buy organic foods. I have a  
13 successful career as a computer professional for the  
14 last 10 years.

15 I would love to go to a pharmacy or medical  
16 marijuana dispensary, and get clean, quality  
17 controlled cannabis in a safe and reliable way  
18 without being treated like a criminal. You would be  
19 surprised what chances you would take in order to  
20 breathe easier.

21 Please vote YES on HB 1393, the  
22 Compassionate Use Medical Marijuana Act.

23 Thank you for this opportunity to be heard.

24

25

\* \* \*

1           THOMAS A. MOREKEN, Member, Parent Panel  
2 Advisory Council, submitted the following written  
3 testimony:

4

5 Dear Representative Oliver:

6           I am writing concerning HB 1393, providing  
7 for the medical use of marijuana. I speak as a  
8 member of the Pennsylvania Parent Panel Advisory  
9 Council, but more importantly, I speak as a father of  
10 a child who began her ten plus years of drug  
11 addiction, by using marijuana. If I were to  
12 interview a thousand drug addicts, I am sure all of  
13 them would admit that they began on the road to  
14 substance abuse with their first marijuana cigarette.  
15 I feel that legalizing marijuana for medical use  
16 would be doing a great disservice to all citizens of  
17 the State of Pennsylvania. Marijuana is not a  
18 medicine. If it were, the American Medical  
19 Association would regulate it. If it were a  
20 medicine, it would be distributed in the form of a  
21 pill as other medicines are dispensed.

22           Our daughter progressed from Marijuana to  
23 prescription drugs, to cocaine and finally died from  
24 an overdose of heroin at the age of 28. Throughout  
25 her years of drug addiction, marijuana was always

1 there in her repertoire of "drugs of choice."

2 Please don't open the door for marijuana to  
3 be legalized by pretending to offer "medical  
4 marijuana" as a pain medication for people who are  
5 gravely ill. Please protect me and my family by  
6 voting "no" on Bill 1393.

7

8 \* \* \*

9

10 NATIONAL LAWYERS GUILD-DRUG POLICY COMMITTEE  
11 submitted the following written testimony:

12

13 Chairman State Representative Frank Oliver:

14 The drug policy committee is a free standing  
15 group operating under the umbrella of the National  
16 Lawyers Guild, consisting of attorneys, legal  
17 workers, and law students. We are dedicated to  
18 advancing progressive ideas in the area of drug  
19 policy and the impact of drug policy on the criminal  
20 justice system. We are committed to changing the  
21 course of the war on drugs which has been a colossal  
22 failure and brought unnecessary hardship on poor  
23 communities and communities of color.

24 We strongly endorse HB 1393 as a much needed  
25 step in the direction of sensible and compassionate

1 legislation regarding drug policy. We recommend that  
2 this medical marijuana program be implemented to  
3 allow medical cannabis to be safely regulated,  
4 monitored, and controlled. Medical cannabis has been  
5 proven time and time again to be medically  
6 beneficial, and the decisions surrounding its use  
7 should be decided by the patient and his/her doctor.  
8 In addition to enhancing public safety, the use of  
9 medical cannabis can create jobs, provide much needed  
10 new revenues, and reduce existing budgets for prisons  
11 and law enforcement.

12 In May of 2006 a Franklin and Marshall  
13 College poll found that 76 percent of Pennsylvanians  
14 support "allowing adults to legally use marijuana if  
15 a doctor recommended it." Pennsylvanians are in  
16 agreement with the rest of the nation according to  
17 polls from AARP and Gallup.

18 Patients in Pennsylvania and other states  
19 without protection for medical marijuana patients  
20 face harsh criminal penalties and asset forfeiture.  
21 Patients also deserve protection from losing their  
22 livelihood. Often, they face drug tests and  
23 zero-tolerance policies. When possession of  
24 marijuana is punishable by a fine of up to \$5,000 or  
25 incarceration of up to one year, patients who are

1 genuinely using medical marijuana with their doctor's  
2 recommendation deserve protection. They should not  
3 be arrested or penalized.

4           Arresting and prosecuting medical marijuana  
5 patients is a waste of state resources. Law  
6 enforcement and court resources should be redirected  
7 toward harmful crimes instead of patients who are  
8 using medical marijuana with a doctor's  
9 recommendation.

10           We endorse HB 1393 because it could add  
11 Pennsylvania to the list of states who are protecting  
12 patients and saving resources by treating their  
13 medical marijuana patients compassionately. By  
14 passing HB 1393, Pennsylvania would be the fourth  
15 state to regulate compassion centers/dispensaries.

16

17 The National Lawyers Guild

18           The National Lawyers Guild is an association  
19 dedicated to the need for basic change in the  
20 structure of our political and economic system. We  
21 seek to unite the lawyers, law students, legal  
22 workers and jailhouse lawyers of America in an  
23 organization that shall function as an effective  
24 political and social force in the service of the  
25 people, to the end that human rights shall be



1 regarded as more sacred than property interests.

2 Our aim is to bring together all those who  
3 recognize the importance of safeguarding and  
4 extending the rights of workers, women, farmers,  
5 people with disabilities and people of color, upon  
6 whom the welfare of the entire nation depends; who  
7 seek actively to eliminate racism; who work to  
8 maintain and protect our civil rights and liberties  
9 in the face of persistent attacks upon them; and who  
10 look upon the law as an instrument for the protection  
11 of the people, rather than for their repression.

12

13 HB 1393 Will Provide Relief To Many Medical  
14 Conditions And Chronic Diseases

15 In the states that have legal medical  
16 marijuana, doctors recommend the medical use of  
17 marijuana for many medical conditions and diseases  
18 including several chronic conditions. These include  
19 nausea, loss of appetite or wasting, chronic pain,  
20 anxiety, arthritis, cancer, AIDS, glaucoma, multiple  
21 sclerosis, ADHD, epilepsy, inflammation, migraines  
22 and Crohn's disease. The drug is also used to  
23 improve the quality of life of terminally ill  
24 persons.

25 Just this month, the American Medical

1 Association reversed its stance on medical marijuana,  
2 urging the federal government to review its status as  
3 a Schedule I controlled substance. Organizations  
4 that have endorsed medical access to marijuana  
5 include: the Institute of Medicine; the American  
6 Academy of Family Physicians; American Bar  
7 Association; American Public Health Association;  
8 American Society of Addiction Medicine; AIDS Action  
9 Council; British Medical Association; California  
10 Academy of Family Physicians; California Legislative  
11 Council for Older Americans; California Medical  
12 Association; California Nurses Association;  
13 California Pharmacists Association; California  
14 Society of Addiction Medicine; California-Pacific  
15 Annual Conference of the United Methodist Church;  
16 Colorado Nurses Association; Consumer Reports  
17 Magazine; Kaiser Permanente; Lymphoma Foundation of  
18 America; Multiple Sclerosis California Action  
19 Network; National Association of Attorneys General;  
20 National Association of People with AIDS; National  
21 Nurses Society on Addictions; New Mexico Nurses  
22 Association; New York State Nurses Association;  
23 New England Journal of Medicine; and Virginia Nurses  
24 Association.

25

1 HB 1393 Will Enhance Public Safety

2           Public safety would be enhanced by the  
3 passage of HB 1393. Street violence is at an all  
4 time high due in large part to the war on drugs.  
5 Shoot outs between rival gangs fighting for their  
6 turfs have become everyday experiences in sections of  
7 the cities and towns. Innocent bystanders are often  
8 the victims of this widespread violence. Passage of  
9 this bill would be a major step in a new direction.

10           The past several decades have seen the use  
11 of law enforcement and incarceration as the main  
12 tools against scourge of drug usage with little to no  
13 effect of overall drug abuse. Instead millions of  
14 dollars are wasted in apprehension and incarceration.  
15 The United States holds 25% of the total  
16 incarceration population but only comprises 5% of the  
17 overall world population. These numbers have  
18 dramatically increased since the beginning of the war  
19 on drugs. Last year the Pennsylvania Department of  
20 Corrections received a 10% increase in funding  
21 despite major cuts in many vital programs due to  
22 difficult economic times. The DOC's population also  
23 rose by 10%. Drug arrests are the single biggest  
24 factor in the historically unprecedented population  
25 explosion.

1           It is unlikely that teen marijuana use would  
2 increase as a result of HB 1393. In the states that  
3 legalized medical marijuana, teen marijuana use has  
4 declined more so than in states where all marijuana  
5 is still illegal, according to an analysis released  
6 in 2008 and co-authored by Dr. Mitch Earleywine,  
7 associate professor of psychology at the Albany  
8 campus of the State University of New York.

9           The current dilemma is similar to the  
10 prohibition against alcohol in that the black market  
11 controls distribution. As a result, violence is  
12 endemic and the government is losing significant tax  
13 revenues.

14  
15 HB 1393 Will Save Taxpayer Money

16           Cost savings would come in two forms. This  
17 bill suggests a sales tax comparable to the current  
18 county sales tax which would generate millions of  
19 dollars based on the usage in the 14 other states  
20 that have medical marijuana. The second source of  
21 savings would be the reduced prison population and  
22 its many ancillary components including correctional  
23 officers, salaries, the basic necessities for the  
24 inmates, prison construction costs, law enforcement  
25 costs. It would also allow law enforcement to

1 redirect resources to violent crimes.

2 New York City recently embarked on a similar  
3 campaign to try treatment first for low level drug  
4 offenders. As a result they have reduced their  
5 prison population from 24,000 to 14,000 while the  
6 overall crime and homicide rates have dropped.

7 HB 1393 will create jobs for the unemployed.  
8 The creation of compassion centers would create jobs  
9 for administrative and health care workers.

10

11

\* \* \*

12

13 PARENT PANEL ADVISORY COUNCIL submitted the  
14 following written testimony:

15

16 Members of the Health and Human Services Committee:

17

18 As members of the Parent Panel Advisory Council  
19 (PPAC) we would like to offer our views on why  
20 House Bill 1393 should not be passed. We are an  
21 organized group of parents from across the  
22 Commonwealth of Pennsylvania whose families have been  
23 devastated by our children's addiction. We offered  
24 testimony to the Health and Human Services Committee  
25 on November 16, 2009 as a result of House Resolution

1 585, on recommendations for improving access to drug  
2 and alcohol information and treatment.

3  
4 First, we unequivocally believe that marijuana was a  
5 gateway to addiction during a critical stage of  
6 cognitive and emotional development of our children.  
7 Legalizing medical marijuana sends a mixed message to  
8 the youth of America and seeks to compromise family  
9 values and societal norms. Tetrahydrocannabinol  
10 (THC) is the main psychoactive molecule in marijuana.  
11 Psychoactive means "affecting the mind or behavior".  
12 The THC content is addictive and dangerous to the  
13 developing brains of adolescents. The THC content  
14 has topped 10% and is predicted to rise to 15-16%.  
15 In 1983 the THC content was 4%. This is not a benign  
16 drug. Statistics from the Health Choices Program  
17 (Medical Assistance) in 2005-2006 showed that 52% of  
18 adolescents admitted for treatment were abusing or  
19 dependent on marijuana.

20

21 **Section 12 of House Bill 1393 clearly states "The**  
22 **state shall not be held liable for any deleterious**  
23 **outcomes from the medical use of marijuana by any**  
24 **qualifying patient." If House Bill 1393 is based on**  
25 **theory, scientific research and best practices why do**

1 **legislators feel the need for this clause?**

2

3 The Office of National Drug Control Policy suggests  
4 ten reasons why medical marijuana should not be  
5 legalized:

6

7 1. Medical marijuana laws make it easier for young  
8 people to use drugs.

9

10 In California, high school students have been  
11 witnessed **"openly smoking medical marijuana" in class**  
12 under the protection of California's medical  
13 marijuana laws. The adolescents were easily able to  
14 get medical marijuana cards for conditions such as  
15 "insomnia" and "stress". (WBIR NBC, 3/9/07)

16

17 2. Medical marijuana laws create an increase in  
18 drug-related violence.

19

20 Since the first medical marijuana law passed in the  
21 United States, **as many as 20 "legal" medical**  
22 **marijuana providers have been killed** around the  
23 country, mostly in robberies. (Killing Highlights  
24 Risk of Selling Marijuana, New York Times, 3/2/07)

25

1     3.   Medical marijuana laws generate citizen outrage.

2

3     Citizens in states which have passed medical  
4     marijuana have grown tired of the marijuana-related  
5     crime, noise and abuse which medical marijuana  
6     dispensaries bring to neighborhoods.   **Since**  
7     **California passed its medical marijuana law, more**  
8     **than 90 cities and counties in the state have had to**  
9     **pass moratoriums or bans on the distribution of**  
10    **marijuana in their communities.** As a result of these  
11    abuses, only 24 out of California's 58 counties now  
12    issue marijuana ID cards. (Vendor's Reefer Sadness  
13    LA Times, 12/27/06, LA City Beat, La O', Ana,  
14    12/15/07)

15

16    4.   Medical marijuana laws protect drug dealers.

17

18    After Colorado legalized medical marijuana, a local  
19    CBS television station discovered that licensed  
20    medical marijuana providers were using medical  
21    marijuana laws to foster drug dealing. In one  
22    instance, a CBS reporter asked Ken Gorman, (a  
23    licensed medical marijuana provider) how many people  
24    he had given marijuana to who weren't sick, he  
25    responded by saying, "**Hundreds.... When we passed**



1    **the [medical marijuana] law we passed a great, great**  
2    **law.... There are so many holes in it that for us,**  
3    **the patient, police can't do anything."** Ken Gorman  
4    admitted he didn't have a medical condition and "**just**  
5    **wanted to get high"**. Gorman was killed a month later  
6    in a marijuana-related robbery. (CBS Denver,  
7    12/11/07)

8

9    5. Medical marijuana laws generate huge profits for  
10 drug dealers.

11

12    The average marijuana clinic in California makes  
13    \$20,000 in profit each day. Marijuana providers buy  
14    pot wholesale from street dealers and resell it for  
15    twice the amount. (Glazer, Andrew, Medical Marijuana  
16    Clinics Face Crackdown, Associated Press, 3/11/07)  
17    Aside from dealers profiting, how can "product"  
18    safety be assured if "medical marijuana" is accessed  
19    through the streets?

20

21    6. States which have passed medical marijuana laws  
22 have witnessed widespread abuse of the system.

23

24    In North Hollywood, California alone, there are now  
25    more medical pot clubs than Starbucks outlets. Less

1 than two years ago there were only four marijuana  
2 dispensaries in Los Angeles. Today, there are more  
3 than 100. (Daily News Los Angeles, CA 1/19/07 --  
4 Santa Cruz Sentinel, As We See It: Medical marijuana  
5 abuse?, 3/12/07)

6  
7 7. There is already a legal and FDA-approved medical  
8 marijuana pill available for doctors to prescribe.

9  
10 **Marinol** contains the synthetic form of THC (the  
11 psychoactive ingredient contained in marijuana), and  
12 is legally available for prescription by physicians  
13 whose patients suffer from pain and chronic illness.

14  
15 8. The founders of the U.S. medical marijuana  
16 movement have reversed key positions of support for  
17 medical marijuana.

18  
19 Rev. Scott Imler, Co-founder of Prop 215, has  
20 lamented the passage of the law stating that, "**We**  
21 **created Prop. 215 so that patients would not have to**  
22 **deal with black market profiteers. But today it is**  
23 **all about the money. Most of the dispensaries**  
24 **operating in California are little more than dope**  
25 **dealers with store fronts.**" Imler also said that

1 medical marijuana has "turned into a joke." Steve  
2 Kubby, another Co-founder of medical marijuana stated  
3 in a letter to supporters on April 14, 2006 that  
4 **"Marinol is an acceptable, if not ideal, substitute**  
5 **for whole cannabis in treating my otherwise fatal**  
6 **disease."** (Alternatives magazine, Fall, 2006  
7 Issue 39, San Gabriel Valley Tribune 2/07, Message  
8 from Steve Kubby, Steve Kubby Released After Serving  
9 62 Days in Jail, 4/14/06)

10

11 9. The FDA does not support medical marijuana.

12

13 In an advisory issued in April of 2006, the FDA  
14 stated that state-based marijuana laws "are  
15 inconsistent with efforts to ensure that medications  
16 undergo the rigorous scientific scrutiny of the FDA  
17 approval process and are proven safe and effective  
18 under standards of the FD&C Act." (Inter-Agency  
19 Advisory Regarding Claims that Smoked Marijuana is a  
20 Medicine, FDA, 4/20/06)

21

22 10. Major public health organizations do not support  
23 smoking marijuana as medicine.

24

25 The National Multiple Sclerosis Society, the American

1 Medical Association and the American Academy of  
2 Ophthalmology all oppose the smoke form of marijuana  
3 as medicine. Additionally, the Institute of Medicine  
4 has concluded that, "smoked marijuana should  
5 generally not be recommended for long term medical  
6 use."

7

8 In summary, we ask that you please consider our  
9 opposition to HB 1393. As members of the PPAC we  
10 have lived the devastation of having a child suffer  
11 with addiction and will continue to advocate for a  
12 drug-free environment for future generations of  
13 Pennsylvanians to come.

14

15 Thank you for your time.

16

17 \* \* \*

18

19 MARK RAINEY II, resident of Allegheny  
20 County, submitted the following written testimony:

21

22 Good morning, Chairmen Oliver and Baker, and  
23 Members of the Committee. I am Mark Rainey II from  
24 Allegheny County.

25

I am submitting this testimony to urge

1 passage of the Compassionate Use Act of 2009  
2 (HB 1393) by this Committee and the General  
3 Assembly.

4 I am a college student with irritable bowel  
5 syndrome. I lived with it all of my life, taking  
6 prescription medicine to keep it under control.  
7 However, these prescription medicines have so many  
8 side effects that are just as bad, if not worse than,  
9 the symptoms of IBS. These include: constipation,  
10 dependence, decreased blood flow to the colon, etc.  
11 When I entered college, I was tempted with pot.  
12 Before this, I had never even tried alcohol (I grew  
13 up in a very religious household in Alabama).  
14 However, I read about the possible benefits that  
15 cannabis has for IBS patients and, to my surprise,  
16 how safe it actually is. I smoked the pot that  
17 night, and I've never looked back. When I smoke  
18 cannabis, even once a day, my stomach aches subside  
19 and I'm able to use the rest room normally (where  
20 previously, I'd literally have to always be near a  
21 toilet just in case).

22 I believe that this simple herb has also  
23 contributed to helping me in many other ways. As a  
24 child, I was diagnosed with ADHD and a form of higher  
25 functioning autism. I used to take Adderall, but the

1 side effects of the pills were frightening to my  
2 parents and me, especially when I started twitching  
3 without knowing it. When I smoke pot, my mind is  
4 able to clear and rest. Before, my mind would be so  
5 overloaded, I'd have anxiety attacks over small  
6 things like talking to people or being in a group.  
7 Now, even after a small amount of pot, I'm able to be  
8 myself around others. For the first time in my short  
9 20 years on Earth, I have a girlfriend. Believe it  
10 or not, cannabis has even motivated me. Since I  
11 began medicating, my grades have improved from Cs to  
12 As and Bs and I've been attending the local YMCA  
13 (I've lost 130 pounds! From 300 to 170).

14 Cannabis is not addictive. At the time of  
15 writing this, I'm pretty broke and out of weed. The  
16 only reason I wish I had more pot is because I have  
17 to go to work, and I can't stay out of the bathroom  
18 for long and my stomach is bothering me. It's not  
19 withdrawals, it's the same IBS symptoms I've lived  
20 with all of my life.

21 Marijuana has freed me. I just hate being a  
22 criminal for it. I won't even drive away without  
23 buckling my seatbelt, because I'm a safe minded  
24 individual who prides himself on following the law.  
25 This bill is an opportunity for me to continue

1 medicating safely without adverse side effects of the  
2 dangerous pills the medical community continues to  
3 shove down our throats. It also will allow me to  
4 stop dealing with shady drug dealers, which is a  
5 major plus for me.

6 Thank you for this opportunity to be heard.

7

8 \* \* \*

9

10 DON L. REITMEYER III, resident of Danville,  
11 PA, submitted the following written testimony:

12

13 Good morning, Chairmen Oliver and Baker, and  
14 Members of the Committee. I am Don Reitmeyer from  
15 Danville, Montour County. I am submitting this  
16 testimony to urge passage of the Compassionate Use  
17 Medical Marijuana Act of 2009 by this Committee and  
18 the General Assembly.

19

20 I am a 42 year old, lifelong resident of  
21 Pennsylvania and Honorably Discharged U.S. Marine,  
22 married, father of a 4-year-old son and 5-year-old  
23 daughter. In January 1993 I re-injured my low back  
24 at work and ruptured a disc during therapy, requiring  
25 surgery. I suffer from Spinal Stenosis (narrowing of  
the spinal canal) due to scar tissue, Sciatica, and

1 bulging discs in my low back. I have severe pain in  
2 my low back, legs, and buttocks. I am permanently  
3 Disabled. I am diagnosed as having "Failed Low Back  
4 Syndrome".

5 I have been in constant, chronic pain for  
6 the past 16 years; the pain has become progressively  
7 worse with each passing year. I have been through  
8 the gambit of prescription medications and other  
9 treatments for treating chronic pain, to no avail.  
10 Currently I am prescribed OxyContin, 100 mg. twice  
11 daily for Pain and Valium, 5 mg. 3 times daily for  
12 muscle spasms. I also take Amitriptyline 50 mg. at  
13 bedtime for Depression and Sleep and Ibuprofen  
14 400-1000 mg. daily, as needed.

15 I have been using these Medications for  
16 several years. While they do help control my pain, I  
17 am **never** pain free. Should I do anything too  
18 physical, such as walking, driving or standing too  
19 long (20 minutes), or simply getting upset over  
20 arbitrary occurrences, my pain escalates to the point  
21 that medications have no effect whatsoever. My pain  
22 becomes **overwhelming**.

23 Due to my work injury I live in poverty on  
24 workers' compensation which adds to my stress from  
25 worrying about finances, and the constant harassment



1 from the Insurance carrier, sending late payments,  
2 ignoring Judges' orders, etc. I am forced to lie  
3 down with my legs up on pillows waiting for relief  
4 that never comes. Normally, several times a month, I  
5 find myself unable to walk at all due to a "pinched"  
6 nerve.

7           When I have used Marijuana at these times of  
8 uncontrollable pain, I am able to relax, my nausea  
9 subsides, allowing me to eat and it takes my mind off  
10 my pain thereby lessening the agony I experience. I  
11 do not sleep well, nor do I feel rested when I wake  
12 up. If I use Marijuana an hour or two before bed, I  
13 am able to fall asleep and more importantly, stay  
14 asleep! The constant lack of sleep exacerbates my  
15 pain and I constantly feel drained of energy, which  
16 makes watching my children a burden. Again,  
17 Marijuana allows me to get the sleep I desperately  
18 need.

19           I never consume Marijuana when I am looking  
20 after my children and they have never been exposed to  
21 it, or its smoke. Actually, I use a volcano  
22 vaporizer, which produces very little smoke, due to  
23 having COPD from cigarette smoking. In short,  
24 Chronic pain causes anxiety and depression, loss of  
25 appetite and disturbed sleep. The constant, nagging

1 pain causes me to have anger issues and often renders  
2 me unfit to be in social settings.

3 Marijuana allows me to get my mind off my  
4 pain, which has a domino effect. I feel less pain,  
5 my muscle spasms are relieved somewhat and my  
6 prescription medication can work as intended.  
7 Otherwise I'm almost bed ridden with uncontrollable  
8 pain.

9 I have grave concerns getting, and using,  
10 Marijuana. I know that it is illegal and yet the  
11 benefits I get from using it outweigh the legal risk.  
12 When you suffer long enough you'll do anything to  
13 make the pain stop.

14 I normally acquire it through adult friends.  
15 I get sick if I discontinue my Rx medications.  
16 Marijuana is less harmful than alcohol (which I can't  
17 drink) and I have no withdrawal symptoms at all.  
18 Years ago, from 1860-1938 Marijuana was available as  
19 medicine for exactly the kind of ailment(s) for which  
20 I use it (Pain, anxiety, and muscle relaxer), and  
21 marijuana was sold over the counter at pharmacies. I  
22 am very concerned that I don't know anything about  
23 where it came from (gangs, organized crime, etc.?)  
24 Or, if it was grown/sprayed with harmful chemicals.

25 Medical studies have shown proof of pain

1 relief due to marijuana's effect on pain receptors in  
2 the brain. The Institute of Medicine was asked by  
3 the White House Office of National Drug Policy to  
4 conduct a review of the scientific evidence to assess  
5 the potential health benefits and risks of marijuana  
6 and its constituent cannabinoids. That review began  
7 in August 1997.

8           **After reviewing a series of trials in 1997,**  
9 **the U.S. Society for Neuroscience concluded that**  
10 **"substances similar to or derived from**  
11 **marijuana...could benefit the more than 97 million**  
12 **Americans who experience some form of pain each**  
13 **year." And the 1999 study commissioned by the**  
14 **White House and conducted by the Institute of**  
15 **Medicine recognizes the role that cannabis can play**  
16 **in treating chronic pain. "After nausea and**  
17 **vomiting, chronic pain was the condition cited most**  
18 **often to the Institute of Medicine study team as a**  
19 **medicinal use for marijuana."**

20           **The study found that "basic biology**  
21 **indicates a role for cannabinoids [a group of**  
22 **compounds found in cannabis] in pain and control of**  
23 **movement, which is consistent with a possible**  
24 **therapeutic role in these areas. The evidence is**  
25 **relatively strong for the treatment of pain and**

1 intriguingly, although less well established, for  
2 movement disorder."

3           *According to the Report, a number of brain*  
4 *areas that have an established role in sensing and*  
5 *processing pain respond to the analgesic effect of*  
6 *cannabis, such that cannabinoids have been used*  
7 *successfully to treat cancer pain, which is often*  
8 *resistant to treatment with opiates.*

9           My father died from lung cancer in July  
10 1993. He said the only thing that allowed him to  
11 have an appetite was Marijuana. I watched as he  
12 wasted away, unable to find marijuana, and he could  
13 barely keep down cans of Ensure. I beg you to please  
14 pass the Medical Marijuana Legislation before you and  
15 show compassion for those of us unfortunates for  
16 which medications alone won't work in providing  
17 relief. We don't want to get "high", we want a  
18 better quality of life.

19           My testimony is submitted according to the  
20 law of the Commonwealth of Pennsylvania and the Rules  
21 of the House of Representatives. Thank you for this  
22 opportunity to be heard.

23

24

\* \* \*

25

1 TOMMY SCHIAVONI, resident of Dauphin County,  
2 submitted the following written testimony:

3

4 Good morning, Chairmen Oliver and Baker, and  
5 Members of the Committee. I am Tommy Schiavoni from  
6 Dauphin County.

7 I am submitting this testimony to urge  
8 passage of the Compassionate Use Act of 2009  
9 (HB 1393) by this Committee and the General  
10 Assembly.

11 I would like to begin by explaining my  
12 reasoning in urging the passing of the Compassionate  
13 Use Act and how it can help me. About 5 years ago, I  
14 was diagnosed with Cohn's Disease; Crohn's is an  
15 incurable chronic inflammatory disease, which affects  
16 my large and small bowels as well as my intestines.  
17 Going into the hospital 5 years ago I weighed about  
18 112 pounds which is extremely unhealthy considering I  
19 am almost 6 ft. tall. I spent about 14 days in the  
20 hospital, in which I missed Thanksgiving with all my  
21 family. While people were at home with their  
22 families eating the traditional Thanksgiving meal I  
23 was laying in a hospital bed being fed through a line  
24 in my arm because I was unable to eat any solid food  
25 for days. When I got out of the hospital I knew that

1 I was going to be in for a rough road ahead. Over  
2 the past 5 years I have been on numerous expensive  
3 medications in which most of them have extremely  
4 harmful and terrifying side effects such as Remicade,  
5 Asacol, Imuran, numerous high doses of Prednisone,  
6 and most recently Humira. Through the 5 years that I  
7 have been on and off my prescription drugs I have had  
8 fair to moderate improvements, between many hospital  
9 visits and 4 blood transfusions (which also has  
10 severe side effects) due to my anemia which is onset  
11 by my Crohn's. However, through all my trials and  
12 tribulations the one drug that I have used and most  
13 important that I did not mention above, one that I am  
14 thankful for every day is Cannabis.

15 Cannabis has helped me manage my Crohn's on  
16 so many levels. Cannabis has helped me with my  
17 severe pain that I experience on a regular daily  
18 basis, in addition to helping me be able to eat. For  
19 example, my bowels are so damaged from my Crohn's  
20 that I would take only a few bites of a sandwich and  
21 have to stop because I know if I eat anymore I will  
22 regret it, unless I resort to my good friend  
23 Cannabis. Cannabis relaxes my bowels which in turn  
24 takes away the pain and discomfort and allows me to  
25 eat more than just a few bites. I know for a fact

1 that without the use of cannabis I definitely would  
2 not be able to sustain my Crohn's Disease or my  
3 weight like I have been.

4 Cannabis for me is the best way to manage my  
5 Crohn's Disease compared to those strong prescription  
6 drugs or even popular pain medications. Over the  
7 course of the 5 years I have been on a variety of  
8 different pain medicines which research shows can be  
9 highly addictive and dangerous. Cannabis is neither  
10 of the two. Cannabis is a healthier more positive  
11 choice in managing any disease rather than resorting  
12 to those expensive powerful drugs that have  
13 horrifying side effects that almost always lead to  
14 another problem either just as severe as or even more  
15 severe than the original diagnosis.

16 I feel that Pennsylvania would benefit from  
17 allowing Medical Marijuana. Pennsylvania Compassion  
18 Centers (Dispensaries) would not only help out the  
19 economy by adding jobs but most importantly be a  
20 safe, affordable and easy way for patients to get the  
21 relief they need in order to proceed with their daily  
22 lives. I know it is hard for others to understand  
23 where I am coming from but until you have such a  
24 painful, excruciating and debilitating disease you  
25 just won't understand how much Cannabis helps us.

1 There are 13 other states in the United States that  
2 have Medical Marijuana Laws. Please let's make  
3 Pennsylvania the 14th state. Let's help all of our  
4 fellow Pennsylvania citizens that have a painful  
5 serious health condition like myself that need  
6 cannabis. My doctor has informed me after being  
7 diagnosed that I have a severe and active case of  
8 Crohn's disease and that I will never be close to  
9 100% again in my lifetime. Myself and others like me  
10 do not deserve to suffer. Don't you think we have  
11 been through enough? We just want safe access to  
12 cannabis to treat our conditions in a way we know  
13 works best for us.

14 Thank you for this opportunity to be heard.

15

16

\* \* \*

17

18 LISA STALNAKER, resident of Lewistown, PA,  
19 submitted the following written testimony:

20

21 Dear Honorable Representative Oliver:

22

23 I would like my letter submitted as written testimony  
24 for the hearing on December 2, 2009 in opposition of  
25 HB 1393.



1 Two weeks ago, my family had a memorial service for  
2 my brother, David, who died two years ago from a  
3 heroin overdose. When he was younger my brother  
4 experimented with the gateway drugs of alcohol,  
5 tobacco, and marijuana. His life was littered with  
6 periods of substance abuse scattered among times of  
7 sobriety. The last drug he turned to was street  
8 heroin. His addiction had spiraled out of control  
9 and he tried to get help. After being in a  
10 Detoxification program for three days and planning to  
11 go to a Substance Abuse Treatment Center in another  
12 two days, David used again. The last thing he would  
13 ever do was inject a needle into his arm.

14

15 Marijuana is one of many addictive drugs and is  
16 classified as such with good reason. As stated by  
17 the Drug Enforcement Administration "marijuana has a  
18 high potential for abuse, has no currently accepted  
19 medical use in treatment in the United States, and  
20 has a lack of accepted safety for use under medical  
21 supervision." The negative effect of using the  
22 substance for medicinal purposes outweighs any  
23 possible positive benefits that may be experienced.  
24 Even under the proposed disguise of medicinal  
25 marijuana, the side effects of using the drug will

1 continue to be: higher risk of lung cancer, heart  
2 attacks, breathing difficulties, strokes, and  
3 overdoses and death from these complications.

4

5 Like most other Pennsylvanians, I have had loved ones  
6 and family members diagnosed with cancer. I would  
7 not approve of any treatment method for them that  
8 would put them at higher risk for death and greater  
9 medical complications. In addition, using marijuana  
10 as a treatment for illness will contribute to the  
11 expense of the already struggling health care system  
12 in PA. Marijuana addiction is a progressive disease  
13 that should not be used to treat other diseases when  
14 healthier, approved alternatives are readily  
15 available to everyone.

16

17 Marijuana use is progressive, destroys bodies and  
18 lives, and ruins families. Marijuana is known for  
19 its destructive side effects, addictive qualities,  
20 and not approved by the FDA for medical use and  
21 therefore should not be approved for medical use.  
22 Doing so would be a great disservice to those whom  
23 live and work in the Commonwealth. Please continue  
24 to protect and serve our families, communities, and  
25 citizens of Pennsylvania by not approving HB 1393.

1 Thank you for your time and attention.

2

3

\* \* \*

4

5 JESSE WINFIELD SULLIVAN, resident of  
6 Mount Joy, PA, submitted the following written  
7 testimony:

8

9 Good morning, Chairmen Oliver and Baker, and  
10 Members of the Committee. My name is Jesse Sullivan  
11 and I was born on October 15, 1978 in York County. I  
12 now live in Mount Joy in Lancaster County. I was a  
13 Correctional Officer from April of 2004 through  
14 August of 2008 at York County Prison. I was also  
15 honorably discharged from the United States Marine  
16 Corps after completing four years of active duty in  
17 the Infantry, where I held the job title of  
18 Infantryman and Marine Rifle and Pistol Coach.

19 I would like to speak about something very  
20 close to my heart. The issue is the incarceration of  
21 the chronically ill. Once incarcerated, their  
22 fundamental right to choose treatment and medication  
23 regimens for their diseases is stripped from them. I  
24 have been hesitant in the past to speak on this  
25 subject due to my connection with the correctional

1 system, however today I am stepping forward so that I  
2 may exercise my right to free speech and have my  
3 voice heard.

4           The treatment of the chronically ill by  
5 incarceration for self medicating is inhumane. I  
6 have seen dying men in prison for small amounts of  
7 marijuana for medical use. How is that justice? Who  
8 among us has the right to impose upon another our  
9 belief in how we think they should cope with a  
10 debilitating disease?

11           I speak of incredibly painful and depressing  
12 diseases such as AIDS, Hepatitis, multiple sclerosis,  
13 and cancer. This is not only cruel but completely  
14 defies Pennsylvania's Constitution. Section 2 under  
15 political powers in the Pennsylvania Constitution  
16 states "All power is inherent in the people, and all  
17 free governments are founded on their authority and  
18 instituted for their peace, safety and happiness.  
19 For the advancement of these ends they have at all  
20 times an inalienable and indefeasible right to alter,  
21 reform or abolish their government in such manner as  
22 they may think proper".

23           With those words in mind, it would seem to  
24 me that we are egregiously askew from what our  
25 forefathers envisioned for this great state. I find

1 it outrageous and absurd that we are here today  
2 fighting for the very rights that are granted us as a  
3 people in the constitution.

4           What are the issues? One major issue is  
5 that the right for a Pennsylvania resident to make a  
6 decision of their own free will, which hurts no other  
7 person, has been long ago taken. However the bigger  
8 issue is humanity, and the fact that a person  
9 suffering from a fatal disease should not have to be  
10 burdened with insufferable pain, and the fear that  
11 should they choose to self medicate they could die in  
12 a cold prison cell.

13           Most of us can not fathom what these people  
14 suffer with every day, but everyone understands  
15 money, so let's look at this from a cold financial  
16 respect. The moment someone is arrested for even a  
17 small marijuana possession the tax payers begin  
18 footing the bill for this person. This person may no  
19 longer medicate with marijuana for relief, so where  
20 marijuana relieved a multitude of symptoms, this  
21 person must now have a separate medication for each  
22 symptom. I think we can all understand the obvious  
23 costs for an inmate -- housing, food, and officers to  
24 staff the institution. That amounts to nothing  
25 compared to the bill the taxpayers foot for their

1 medical care.

2           It's hard to pick one hideous disease over  
3 another as they all cause such suffering, but let's  
4 for a moment focus on one: AIDS. The average  
5 incarcerated AIDS patient will cost \$4684.92 a month.  
6 Shocking? That is only the cost for their life  
7 sustaining medication, this does not include the  
8 medication they now need to curb the side effects of  
9 that life sustaining medication. You can find in any  
10 drug book or pharmacy the most common side effects of  
11 Kaletra, Viread, Isentress, and Combivir.

12           For each of these drugs the most common side  
13 effects are: anorexia, nausea, vomiting, dizziness,  
14 extremity pain and headache. So now add the cost of  
15 all the medication needed to treat those intolerable  
16 side effects. Along with that consider that they  
17 require a special diet full of protein and calories,  
18 along with supplemental drinks to keep them from  
19 major weight loss. So let's do some math. All of  
20 these medical needs addressed, this inmate costs the  
21 tax payers close to \$8000.00 a month. Hardly seems  
22 worth it for a \$300.00 offense.

23           I am now going to address my personal  
24 issues, that I have had to overcome without the help  
25 of my Country or State. I suffer from depression,

1 anxiety, and insomnia, some of which was brought on  
2 from the traumatic experiences suffered in the  
3 service and from working in maximum security in the  
4 prison system. I have seen death, suffering, been  
5 placed in unnerving positions and high tension  
6 situations which, unless you have been there, you  
7 would not understand.

8           Doctors have prescribed me different  
9 medications but all have their own drawbacks. The  
10 most recent was Ambien with which for the first  
11 time in my life I had suicidal thoughts. Why is this  
12 drug legal, that has claimed lives but I am not  
13 allowed to choose to ingest a plant that the "Maker"  
14 (if you believe in one) himself has placed here for  
15 us.

16           My adult life has been spent serving our  
17 nation and local community and for this I want to be  
18 able to choose how I medicate.

19           My testimony is submitted according to the  
20 law of the Commonwealth of Pennsylvania and the Rules  
21 of the House of Representatives. Thank you for this  
22 opportunity to be heard.

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25

1           SHIRLEE TANNER, resident of Homer City, PA,  
2 submitted the following written testimony:

3

4 Dear Representative Oliver:

5           I am writing concerning HB 1393, providing  
6 for the medical use of marijuana. I would like my  
7 letter submitted as written testimony for the hearing  
8 on HB 1393 on December 2, 2009. To "legalize"  
9 marijuana for medical use would be doing a great  
10 disservice to the entire state of Pennsylvania.  
11 Every day more and more of our youth become addicted  
12 to illicit drugs and they all begin this addiction  
13 with the three gateway drugs, tobacco, alcohol, and  
14 marijuana.

15           What kind of message will the passage of  
16 HB 1393 send to the youth of Pennsylvania?  
17 Preventionists have worked diligently for years  
18 throughout Pennsylvania educating youth on the  
19 dangers of marijuana use. Now we are going to "take  
20 it all back" and call it medicine? States that have  
21 legalized marijuana under the guise of medicine  
22 continue to rank in the top ten for states with the  
23 highest marijuana use in the 12 and older age  
24 category. Do not allow Pennsylvania to fall victim  
25 to the same fate!



1           I do not understand why this issue is being  
2 addressed by our state legislators. If marijuana is  
3 to be used for medical purposes shouldn't the FDA  
4 make this decision? They are responsible for  
5 controlling what drugs are safe.

6           I hope you will reject any legislation that  
7 could potentially escalate the use and possession of  
8 drugs in Pennsylvania. Please protect my family, my  
9 community, and the citizens of Pennsylvania and do  
10 not legalize marijuana.

11

12

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13

14           PAULINE TORRENCE, resident of Douglassville,  
15 PA, submitted the following written testimony:

16

17           Good morning, Chairmen Oliver and Baker, and  
18 Members of the Committee. I am Pauline Torrence from  
19 Douglassville, Berks County.

20

21           I am submitting this testimony to urge  
22 passage of the Compassionate Use Act of 2009 by this  
23 Committee and the General Assembly.

23

24           Several years ago I was diagnosed with  
25 Fibromyalgia Syndrome which affects the muscles and  
soft tissue. Chronic pain in the muscles, fatigue,

1 sleep problems, and painful tender points on certain  
2 parts of the body are also a part of this syndrome.  
3 Prior to my illness, I had worked as a full time  
4 social worker serving children and families in my  
5 community. I was active, independent, productive,  
6 and healthy. Now I am unable to work or live  
7 normally because of this syndrome.

8 Treatment for me has been difficult,  
9 frustrating, expensive, and time consuming. I've had  
10 physical therapy, aqua therapy, epidural shots in the  
11 spine, pain management, and an assortment of  
12 dangerous pharmaceutical drugs. Thus far, no  
13 traditional treatment has been successful in  
14 alleviating my chronic pain. Severe pain has been a  
15 part of my life for so long that I can't remember  
16 what it feels like to be pain free.

17 Traditional medical treatment has not worked  
18 for me. That is why I believe that this Bill 1393 is  
19 an important step towards treating people such as me.  
20 Sometimes treatment requires going beyond the scope  
21 of traditional medicine. The use of medical  
22 marijuana goes beyond that scope. We are present  
23 today because we are fighting for the right to have a  
24 normal life, a life without pain or suffering. We  
25 want the opportunity to become proactive in our

1 medical treatment without fear of criminal  
2 prosecution. We desire to elevate the quality of our  
3 lives with dignity for first ourselves, so that we  
4 can become productive, no longer a burden to our  
5 families, friends, and our communities.

6 Thomas Jefferson said, "Liberty is the  
7 collective body, what health is to every individual  
8 body. Without health no pleasure can be tasted by  
9 man; without liberty, no happiness can be enjoyed by  
10 society."

11 My testimony is submitted according to the  
12 law of the Commonwealth of Pennsylvania and the Rules  
13 of the House of Representatives. Thank you for this  
14 opportunity to be heard.

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17

18 KIMBERLY TORZOK, resident of Homer City, PA,  
19 submitted the following written testimony:

20

21 I am writing in regards to the HB 1393 bill that will  
22 legalize medical marijuana. I would like to have my  
23 letter submitted as a written testimony for the  
24 HB 1393 bill. If passed, the bill would be  
25 detrimental to our State. What kind of message would

1 this send our youth? That it is okay to use  
2 marijuana because it is legal. We already have an  
3 epidemic of drug addiction among our children.  
4 Legalizing medical marijuana would make it more  
5 readily available and easier to obtain. Marijuana  
6 impairs your concentration, coordination, and  
7 reaction time. According to statistics, 4-14% of  
8 drivers who sustained major injury or died while in a  
9 vehicular accident tested positive for THC. The  
10 National Highway Traffic Safety Administration  
11 conducted this study. I feel that the legalization  
12 of medical marijuana would be sending a message that  
13 it is okay to smoke marijuana because it is legal.  
14 If an adult is able to find a doctor who can  
15 prescribe him or her marijuana, there will be an  
16 excuse to smoke it whether or not it is needed. Our  
17 children need positive influences in a society where  
18 drug addiction has become lethal. I would hope that  
19 this bill would be a no vote.

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23

JOANNE M. UNGARSKY, resident of Huntingdon

24

Mills, PA, submitted the following written testimony:

25

1           Good morning, Chairmen Oliver and Baker, and  
2 Members of the Committee. I am Joanne Ungarsky from  
3 Huntingdon Mills, Luzerne County, PA, and I am  
4 submitting this testimony to urge passage of HB 1393,  
5 the Compassionate Use Act of 2009, by this Committee  
6 and the General Assembly.

7           I am 53 years old, and have worked as a  
8 Licensed Practicing Nurse for approximately 30 years.  
9 In 2005 I became disabled and lost much of my control  
10 of my arms and legs, and experienced extreme pain in  
11 many parts of my body. I was diagnosed with Thoracic  
12 Outlet Syndrome (TOS), a neurological disorder, and  
13 was put on Elavil for the nerve symptoms and  
14 Vicoprofen for the pain. Shortly afterwards I went  
15 into a deep and painful depression, my whole body  
16 hurt and the only thing the Vicoprofen seemed to do  
17 was *deepen* my depression. My Neurologist prescribed  
18 Cymbalta for me and kept me on it for a long time and  
19 even though it seemed to help somewhat with the  
20 depression there were other side effects that weren't  
21 so pleasant, one of which was the fact that even  
22 though I didn't really feel depressed, I often found  
23 myself thinking about suicide. I would get an almost  
24 irresistible urge to jump in front of a car and would  
25 have to force myself not to. I was taken off the

1 Cymbalta completely and that's when it seems all hell  
2 broke loose. I got hot flashes almost constantly, my  
3 moods went back and forth like crazy, and I would  
4 scream at those around me and not even realize I was  
5 doing so -- my sentences were nothing more than  
6 random words thrown together with no coherent  
7 meanings -- then I would sit and cry for hours at a  
8 time.

9           I had what could only be described as "mind  
10 zaps", like large bolts of electricity shooting  
11 through my brain, they were painful and frightening,  
12 I even thought that perhaps I was going insane. Even  
13 those closest to me were afraid to be around me, and  
14 those who didn't know me thought I was crazy. Once  
15 again my medication was changed and I was given  
16 Valium to calm me down when I went nuts. Things only  
17 got worse and I was soon taken off the Valium as  
18 well. My life had gone completely to hell, those who  
19 knew me were afraid for me and those who didn't were  
20 afraid of me.

21           My boyfriend had been studying TOS and its  
22 symptoms -- as well as Cymbalta and its side effects  
23 -- and found that the mind zaps were *caused by*  
24 *withdrawal from the Cymbalta*, as were many of my  
25 other symptoms such as pain, mood swings, fits of

1 uncontrollable rage, and loss of clarity in thought  
2 processes. He also studied several other types of  
3 treatment for TOS and depression, and he showed me  
4 reports from studies done in several Universities  
5 around the country on the medical applications for  
6 the Cannabinoids found in Marijuana. He said that  
7 they have found that it can be used to treat many  
8 neurological disorders like Multiple Sclerosis,  
9 Down's Syndrome, Parkinson's Disease, Alzheimer's  
10 Disease, HIV Dementia and even depression, all  
11 without any harmful side effects. Even though TOS  
12 wasn't listed among the diseases treated with  
13 Cannabis, he convinced me that it couldn't hurt to  
14 try since it seemed to work for so many other  
15 neurological disorders, perhaps it would help me too.  
16 Nothing could possibly be worse than the pain and  
17 confusion I was going through then, not to mention  
18 the hell I was putting those around me in.

19           My doctor said he couldn't recommend using  
20 marijuana for treatment, but that if I wanted to try  
21 it he wouldn't ask me not to. I obtained a small  
22 amount of it and tried smoking it, and I also baked  
23 some into cookies that I kept separate from other  
24 snacks for my own personal use. I can't say that the  
25 effects were immediate, but they were very noticeable

1 to everyone, especially to me. My depression  
2 improved greatly and I found myself actually looking  
3 forward to the days ahead rather than dreading them.  
4 After awhile the mind zaps disappeared, along with  
5 them went the pain that had been associated with  
6 them. When I talked to people I began to make sense  
7 rather than screaming jumbled words. I still have  
8 the pain and other symptoms related to TOS, but I  
9 have regained much of my control over my arms and  
10 legs and the *pain isn't nearly as severe as before.*  
11 I know it may seem somewhat dramatic to say it, but I  
12 honestly believe that had it not been for the  
13 marijuana I would now be either in a mental  
14 institute, a nursing home, or a cemetery. Marijuana  
15 saved my sanity, if not my life. Now I am left with  
16 the difficult choice between continuing with the use  
17 of marijuana to control my symptoms and risk going to  
18 jail, or to return to the prescription medications  
19 that had destroyed my life and possibly even came  
20 close to ending it. For me, that choice should be  
21 clear, yet the thoughts of being arrested and once  
22 again going through the depression that I so recently  
23 recovered from is terrifying.

24           When I heard about HB 1393, I thought, "This  
25 could be the break myself and others like me



1 desperately need." There are thousands of people  
2 right now who are going through the same hell I just  
3 went through. People who have been on Cymbalta and  
4 other anti-depressants and are now experiencing "mind  
5 zaps", mood swings, rage, and repeated thoughts of  
6 suicide, and some that are even following through  
7 with those thoughts and committing suicide. Much of  
8 this could be avoided if we could only have a safe  
9 alternative to the dangerous prescription drugs that  
10 millions of people are taking every day. Marijuana  
11 could supply that safe alternative for many of us,  
12 whether it is taken by smoking or ingesting, or the  
13 cannabinoids be extracted and administered by other  
14 means, there can be no denying that the benefits both  
15 medically and mentally are abundant. On behalf of  
16 myself and millions of patients everywhere, I urge  
17 you to give this Bill serious consideration and to  
18 just take a little time and look at the research  
19 done, read the findings of studies done around the  
20 world on the benefits of Cannabinoids and whole plant  
21 cannabis in medicine, and most importantly, cast off  
22 those outdated notions from 1937. Marijuana doesn't  
23 make people crazy -- it can be used to treat many  
24 types of dementia. It doesn't cause cancer -- it has  
25 been shown to be effective in *treating* cancer

1 patients. Plus, marijuana is the only drug on Earth  
2 that it is impossible to fatally overdose on as it  
3 has been proved to be nontoxic at any dosage.

4 All of my life I have been taught about the  
5 dangers of marijuana. That it causes people to go  
6 insane, that it makes violent criminals out of the  
7 mildest of people, that it causes cancer and several  
8 other diseases, that it is very addictive, and the  
9 list of dangerous and even deadly effects of  
10 marijuana seemed to go on indefinitely; yet, in all  
11 of my 53 years, I have never heard of a single case  
12 where any of those things actually happened. Not a  
13 single death caused by marijuana, not a single case  
14 of cancer attributed to it, not a single person  
15 committed to a mental institute because of it.  
16 Nothing at all! Even all the claims that it leads to  
17 harder drugs seem to be greatly exaggerated. It is  
18 well known that the vast majority of auto accidents  
19 are caused by alcohol, what isn't so well known is  
20 the fact that there are many more accidents caused by  
21 people who are unimpaired in any way (perfectly sober  
22 and alert) than there are accidents caused by  
23 marijuana use. That doesn't mean marijuana makes you  
24 a safer driver, but it does seem to indicate that it  
25 doesn't really make you a more dangerous driver

1 either.

2           As a nurse, I often gave medications to  
3 patients and watched as they progressively got worse.  
4 I saw many of them suffer for months and even years  
5 until they were finally relieved by death. Many of  
6 those patients could have been spared much of their  
7 suffering through the medical use of Cannabinoids.  
8 The time has long passed for us to finally get rid of  
9 the prejudice and fear that has kept this drug  
10 illegal for so long. A drug that was made illegal  
11 all because of the racial bigotry and ignorance of  
12 one man over seventy years ago (Harry J. Anslinger),  
13 a law that was passed solely on the basis of one lie  
14 told on the Senate floor in 1937.

15           But this isn't 1937, this is 2009, and we  
16 all know that none of those things Anslinger claimed  
17 72 years ago are true, none of the horrors he  
18 described were ever seen in real life. Think about  
19 your own past and what you were taught about  
20 marijuana, then think about how many of those bad  
21 things you have actually seen, or even heard of  
22 happening to real people. You can't think of any can  
23 you? That's because in reality marijuana has never  
24 harmed anyone, and it never will. I honestly believe  
25 this drug saved my life, so why must I have to risk

1 jail or prison time just to stay healthy? Please see  
2 this Bill through for the benefit of thousands of  
3 patients all across Pennsylvania. We are patients  
4 with very few safe choices, we are not criminals.

5

6 NOTE: I would like to add here that much of what  
7 went on during my withdrawal from Cymbalta is based  
8 in part on observations from friends and family as I  
9 have many lapses in memory associated with this time  
10 period, there is much from the past few years that I  
11 fear I may never remember and much more that I wish I  
12 could forget. Thank you for your time and  
13 consideration.

14

15 Thank you for the opportunity to be heard.

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18

19 BRADLEY D. WALTER, resident of Larksville,  
20 PA, submitted the following written testimony:

21

22 Good morning, Chairmen Oliver and Baker, and  
23 Members of the Committee. I am Bradley Walter, a  
24 31 year old HIV + gay man from a sleepy little town  
25 in northeastern Pennsylvania called Larksville. With

1 the help of a combination of fantastic (and quite  
2 expensive) antiretroviral medications (Reyataz,  
3 Norvir, and Truvada), I live a mostly active, normal,  
4 healthy life. My viral load is undetectable and my  
5 CD4 count (white blood cells that fight the HIV  
6 infection) is well above 400. I have a partner of  
7 five years who is HIV negative and we have a  
8 fantastic healthy life together. We own a lovely  
9 ranch home in a great development, two new cars, and  
10 two very sweet cats.

11           While my antiretroviral meds keep me quite  
12 "healthy" by keeping my viral load down and my CD4  
13 count up, they negatively affect my quality of life.  
14 For me, that negativity is severe digestive problems  
15 from the medications. Every day of my life is spent  
16 dealing with the pains of diarrhea, constipation,  
17 digestive muscle spasms, unbelievable stomach and  
18 intestinal gas, and in the worst cases, inability to  
19 eat without immediately vomiting it up. Even on my  
20 best days I spend up to 3 hours a day in the  
21 bathroom. These digestive problems are nothing new  
22 to anyone who is on, or takes care of someone on  
23 antiretroviral combination therapy.

24           I have found that one thing that provides  
25 moderate relief for NEARLY ALL of those digestive

1 problems is the use of whole plant cannabis. You can  
2 ask any health professional who works with and treats  
3 HIV patients and they will tell you the same. In  
4 California they even legalized it over ten years ago  
5 primarily because of the influential gay men who saw  
6 the incredible relief that it gave to their fellow  
7 HIV + brethren. It provides me with a healthy  
8 appetite that allows me to maintain a doctor  
9 monitored healthy weight. My infectious diseases  
10 doctor, Dr. Shubhra Shetty, even supports my use of  
11 plant cannabis as a primary means to control and  
12 lessen mine, as well as other patients'  
13 gastrointestinal pain.

14           Currently, the downside of this for me is  
15 that every time I have to purchase my medicine, I  
16 have to do so by illegal, and sometimes scary, means.  
17 My partner supports me in everything I do.  
18 Thankfully he understands the positive benefits whole  
19 plant cannabis provides me and has seen firsthand the  
20 positive effects it has on my overall quality of  
21 life. He's a bank manager for a local community  
22 bank. If anything were to happen involving law  
23 enforcement while he were with me purchasing my  
24 medicine, his 15+-year career with one bank would be  
25 in jeopardy. I recall one time driving our car down

1 a dark alley in a not-so-friendly section of town to  
2 meet someone to purchase my medicine from. I looked  
3 over to my partner and he jokingly started to sing,  
4 "What I did for Love...." It would absolutely crush  
5 me if I ever put his career in jeopardy. Even if  
6 that never happened, I am still supporting criminal  
7 activity every time I purchase my medicine. I don't  
8 like doing this, but it's my only option. If this  
9 bill were to pass, I would grow it safely and  
10 securely in my alarmed home for my own personal and  
11 private consumption. I have NO interest in  
12 participating in any more criminal activity once I  
13 can legally medicate with, purchase and grow whole  
14 plant cannabis. I would even be willing to  
15 participate in a non-profit cooperative cannabis  
16 medicine exchange.

17 Many opponents of medicinal marijuana say  
18 things like "There are pharmaceuticals that provide  
19 all of the benefit of smoking marijuana, but in a  
20 controlled dosage and environment". Yes, there are  
21 those pharmaceuticals, and I have a prescription by  
22 my doctor for one of them: Marinol (Dronabinol). I  
23 can tell you, after taking this medication legally  
24 for over two years now, that it DOES NOT provide the  
25 same relief. Not even CLOSE. No pharmaceutical

1 could ever re-create the complex compounds found in  
2 whole plant cannabis. Also, the cost of the  
3 medication is absolutely ASTRONOMICAL; just over  
4 \$1300.00 a month for 120 pills. I am a Medicaid  
5 recipient, as I can't get private insurance anywhere  
6 because of my HIV status. If they were to legalize  
7 medicinal marijuana for me, that would cut, for just  
8 ONE person, \$15,600.00 a year out of the medicaid  
9 budget. That is money that could be used for far  
10 better reasons, as well as cut my individual annual  
11 cost of medications by over 25%.

12           It's not just about the Marijuana. It's  
13 about quality of life for so many people like me,  
14 reducing the skyrocketing costs of our public health  
15 system, and ending the legal punishment and potential  
16 life changing criminal charges being brought against  
17 patients every day.

18           Thank you very much for your time, I really  
19 hope that we can push this through so that it may  
20 provide a higher quality of life for the hundreds of  
21 thousands of HIV+ Pennsylvanians, and possibly the  
22 MILLIONS of HIV+ persons nationwide. Thank you for  
23 this opportunity to be heard.

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I hereby certify that the proceedings and evidence are contained fully and accurately in the notes taken by me on the within proceedings and that this is a correct transcript of the same.

Debra B. Miller, Reporter