

Good morning and thank you for the opportunity to testify today. My name is Sharon Smith and I am a longtime resident of the Mechanicsburg/Camp Hill area of Cumberland County, the mother of 4 and grandmother of 7. I am the founder and president of MOMSTELL, a parent organization whose primary mission is to promote awareness of substance abuse and eliminate stigma through improving drug treatment, education, legislation, policy and prevention. MOMSTELL provides a network of support to families throughout Pennsylvania who have a loved one who was or is addicted to drugs and/or alcohol. Policy issues that affect all Pennsylvanians impacted by the disease of addiction are a focus of MOMSTELL as well as improving and supporting legislation that directly affects those with the disease of addiction and their families.

I want to share a story with you about a mom I know very well. She was the daughter of an alcoholic and due to a lot of stress; developed a stomach ulcer by the age of 6. She vowed as a child that she would never drink alcohol or use drugs. When she grew up, she married a minister and they raised a family. As her children grew, she began to teach them about the dangers of using illegal substances. Thinking this could never happen to her children, she did not see the signs of drug use right away in her daughter. When her daughter's drug use escalated, the mom frantically sought help and tried to get treatment for her. Unfortunately, on a cold and dark morning in February of 1998 her precious daughter was found thrown up against a tree. Her jeans were down around her knees, her underwear was torn and stones were embedded in her back, as a result of being dragged down a muddy embankment. That final resting place found her alone, mud spattered, bruised, pale, and discarded like unwanted trash. She was dead from a drug overdose.

The devastation from drugs did not stop there for this mother. She is also the mother of another child who has a co-occurring disorder. His problems surfaced a few years after his sister's death. Her son began showing signs of an addiction and the mother desperately tried to get him into treatment. She succeeded in managing a short term stay for him, but her son needed long term treatment to address his addiction. When he did not receive this treatment, he began self medicating, which has lead him to a diagnosis of bi polar disorder/schizophrenia. The pain of not being able to rescue him consumed her and she was constantly haunted by the fear of losing her son. She stood by him through incarcerations, hospital stays, treatment facilities and recovery attempts. Without insurance, he was left without medications for his mental illness and again began self-medication. One of his drugs of choice was and still is marijuana.

The results of his self medicating attempts were devastating and his mental health spiraled down. Drugs ravaged and destroyed her daughter's life and her son's mental health is being compromised by its usage. This all happened over a period of many years and this mother still continues to fight for her son and clings to the memory of his sister. That young woman found thrown down the muddy embankment years ago was my daughter, Angela, and it is my son, Shawn, who still suffers with a co-occurring disorder. This is my family's reality.

I am not alone. Throughout the Commonwealth, many families face these same battles with addiction and co-occurring disorders. Their stories are just as compelling. You heard testimonies at a hearing last week from some of these parents. Our society must be educated about addiction and co-occurring disorders so we can work together to address this crisis. I can tell you first hand, that legalizing marijuana is not the answer for Pennsylvanians. I have worked with families impacted by the disease of addiction for over ten years. As a parent who has lost a child to drugs, I am very sympathetic towards the suffering of families.

After careful review of the legislation before you, there are numerous reasons why MOMSTELL, as well as our Family Advocacy Group "Families of Addiction" are adamantly opposed to House Bill 1393.

Section 3 of the bill does not address all criminal drug activity especially related to marijuana or outline the required experience or educational levels of individuals labeled "primary caregivers" or "caregivers"

The bill defines a "Primary Caregiver" or "Caregiver" as a person who is at least 18 years of age, who has never been convicted of a felony drug offense. Furthermore, the bill does not exclude someone from becoming a "caregiver" if they have been charged or convicted of misdemeanor 3 charges related to marijuana.

It takes a pharmacist who can legally dispense FDA approved medications 6 years of college and board exams to get a license to dispense medicine in the Commonwealth but this bill says in effect, forget the training and board exams and regulations, anyone over 18 without a felony drug charge can grow marijuana and distribute it to "patients"

- This bill provides that a “caregiver” may possess up to “6 marijuana plants and 1 ounce of usable marijuana.” Potentially an 18 year old that is still in high school, will be growing pot in his back yard for a “patient” and then come in the house and try to explain to their little brother or sister who has just come home from a school prevention program why it’s ok for him to grow and distribute marijuana.
- Who will ensure that patients do not over-medicate themselves? Every medication bottle from the pharmacy comes with instructions on the label of how much to take, how often, important notes, warnings, what it’s used for, how to use it, side effects, precautions, and drug interactions. What procedure will be put in place to duplicate the care that every pharmacy across Pennsylvania provides for their patients?

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

- The House Bill is not limited to terminally ill patients.
- It covers a variety of conditions that can also be treated with FDA approved medications and/or other therapies.
- Who is going to train all the physicians in the Commonwealth on this issue?
- Who will oversee monitor the physicians who are writing prescriptions for marijuana to assure they have a bona fide physician-patient relationship and they are not just writing prescriptions to anyone who complains of pain?
- This bill can easily permit fraud. Again we are unclear as to why you need caregivers who can carry and grow marijuana for the sick people as well as compassion centers to dispense it for medical purposes. With more marijuana distributor’s available, no regulatory oversight, this opens a Pandora’s Box of fraud.
- **Where is the money going to come from for this cost? We ask this question - has there been a fiscal analysis done of this bill?**

An expensive bureaucracy will have to be created in the Department of Health and Human Services.

- A new complicated and expensive bureaucracy to regulate the “medical” marijuana physicians, patients, and caregivers will need to be in place.
Again has a fiscal cost analysis of this bill been done? We are facing one of the toughest economical times in our state’s history; this is not the time to create another bureaucracy.

- It has proven to be difficult and expensive to regulate marijuana in the other “medical” marijuana states and the amount of additional costs due to fraud, crime, and other costs will be phenomenal.

The medical basis for marijuana as medicine has not been proven.

- It is NOT FDA approved. No reliable medical studies or clinical trials that establish the safety and effectiveness of marijuana as medicine have been specified in this bill. The appropriate quantity to be administered or the most effective method of administration for the medical conditions has not been specified. When has smoking anything become healthy?
- There is no provision for monitoring the use of marijuana to ensure that the drug is used properly and only by qualified patients.
- There is no mechanism for assessing the effectiveness of the use of marijuana in relieving pain and other symptoms.

HB 1393 ignores the fact that marijuana is an illegal drug with no scientific recognized medical value. The Food and Drug Administration (FDA) does not approve of the use of smoked marijuana for so-called medical purposes and its use is therefore, unregulated. This has significant implications for patient care since there are too many health risks associated with such use. My own son is a perfect example of mixing marijuana with mental health disorders and the recipe is not a healthier child, it is a recipe for disaster. You would only need to walk a mile in my shoes to understand how dangerous this so called medicine is to a mentally ill patient. How many people who have undiagnosed mental health issues will have their mental health aggravated by smoking pot? There are literally dozens of FDA-approved medications that can affectively deal with the symptoms associated with the different medical conditions specified in this proposed bill.

Proponents of such legislation look to a recent policy statement from the American Medical Association in which the AMA requests that marijuana be reclassified to a Schedule II drug in order to facilitate clinical research into the development of cannabinoid-based medications. The policy statement does not mean that they approve of smoked marijuana as a medicine; in fact, the policy statement goes on to state that “this should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a

prescription drug product.” In other words, the AMA statement simply calls for marijuana to go through the same clinical standards as all other prescribed medicine and adhere to the FDA process.

Finally, one needs to ask who will really be smoking marijuana under the guise of medicine. Proponents of “medical” marijuana want you to believe that only those with debilitating medical conditions who have unsuccessfully sought out other effective, approved treatment will qualify for “medical” marijuana. **This is not true!** One only needs to look at the numbers from other states that have passed such legislation to see how widely the programs are being abused.

The use, distribution, and trafficking of marijuana continues to be illegal according to federal laws. I have included a copy of a statement from the Director of the Office of National Drug Control Policy, Gil Kerlikowske on this issue. In addition, I was asked to relay a message to you from Dr. Tom McLellan who is the Deputy Director of the ONDCP and a long time resident of Pennsylvania. He wants you to know that he is “categorically against so called “medical marijuana” in our state.

Prevention has been a major focus of our drug control policy. Parents, teachers, law makers, law enforcement officers, judges, probation officers, and many more have all worked diligently for years throughout Pennsylvania educating youth on the dangers of marijuana use. Now you are seriously thinking about calling it medicine?

Do you really feel qualified to make the call as to what is medicine and what isn't? With all due respect, you as legislators should not and must not be responsible for determining what is and is not medicine. You are not medical doctors and scientists, you are lawmakers. This medicinal decision belongs in the hands of the science and medical experts. As a nation, we have developed that entity of experts and it's called the FDA. Yes, you will hear from patients today I am sure who are in favor of the legalization of marijuana but I am here today to give voice to those tens of thousands of parents and family members across this state who have dealt with a child's addiction. Some like me who have lost a child, some like me still struggling to save a child. Then there are those who like my son suffer the side effects marijuana produces on someone with a mental illness. As I have seen in my own child, marijuana's effects are anything but medicinal.

I may be one voice at this one time, but I am representing those tens of thousands of families across this state, who all may not get their voice heard today, but who will certainly have their voice heard when it comes time to pull that lever at the ballot box, if they have to remember who in the legislature decided what was medicine and turned Pennsylvania into the East Coast California with pot dispensaries in abundance.

Please, continue to protect my family, my community, and the citizens of Pennsylvania by not legalizing marijuana for any purpose. Let the medical experts make this decision, not the legislature.

Sharon Smith

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Marijuana Legalization; A Non-Starter
ONDCP Director R. Gil Kerlikowske
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The Department of Justice earlier this week issued guidelines for Federal prosecutors regarding laws authorizing the use of marijuana for medical purposes. This prompted a flurry of news reports, analysis and commentary, some arguing that the guidelines could be read as the Federal government's tacit approval of "medical" marijuana. Advocates of marijuana legalization tried to cast the guidelines as a victory, portraying them as a step toward full legalization. Neither of these analyses is correct.

Marijuana legalization, for any purpose, remains a non-starter in the Obama Administration. It is not something that the President and I discuss; it isn't even on the agenda. Attorney General Holder issued very clear guidelines to U.S. Attorneys about the appropriate use of Federal resources. He did not open the door to legalization.

Regarding state ballot initiatives concerning "medical" marijuana, I believe that medical questions are best decided not by popular vote, but by science. The Food and Drug Administration (FDA), which studies and approves all medicines in the United States, has made very clear that the raw marijuana plant is not medicine, and any state considering medical marijuana should look very carefully at what has happened in California.

Legalization is being sold as being a cure to ending violence in Mexico, as a cure to state budget problems, as a cure to health problems. The American public should be skeptical of anyone selling one solution as a cure for every single problem. Legalized, regulated drugs are not a panacea—pharmaceutical drugs in this country are tightly regulated and government controlled, yet we know they cause untold damage to those who abuse them.

To test the idea of legalizing and taxing marijuana, we only need to look at already legal drugs—alcohol and tobacco. We know that the taxes collected on these substances pale in comparison to the social and health care costs related to their widespread use.

In a little over three months, my office will deliver to President Obama a National Drug Control Strategy that will strike a balance between public health and public safety, recognizing that reducing demand through a community-wide approach is critical to our success. Legalization would only thwart our efforts and increase the economic and social costs that result from greater drug acceptance and use.

—R. Gil Kerlikowske