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Portland, OR 97217

May 18, 2010

Oregon Board of Pharmacy
800 NE Oregon St. Ste 150
Portland, OR 97232

Oregon Board of Pharmacy:

I urge you to reschedule marijuana as a Schedule 5 controlled substance. It is apparent, when looking at all of the available information, that marijuana has a low potential for abuse and is one of the least dangerous controlled substances, both to the user and to the general public. I have attached some information that helps demonstrate these points.

First, I have attached the key findings of facts of Administrative Law Judge Francis Young in regards to a federal marijuana rescheduling petition in 1988. Judge Young noted that marijuana had been utilized for 5,000 years by millions of people. Despite this great length of time and large numbers of users, there were no credible medical reports suggesting that consuming marijuana had caused a single fatality. Aspirin, on the other hand, caused hundreds of deaths each year. Judge Young found that the evidence demonstrated that "marijuana cannot induce a lethal response as a drug-related toxicity." Not only did the evidence convince the judge that marijuana "is one of the safest therapeutically active substances known to man," but also "far safer than many foods we commonly consume."

In 2010, with millions more using marijuana across the globe, marijuana still has not caused one single death. It is still a substance less toxic than other controlled substances and even less toxic than foods people commonly consume.

I have also attached the two most recent reports from the Oregon Occupational Injury and Illness Survey from the Oregon Department of Consumer and Business Services. The survey shows that in both 2007 and 2008, Oregon experienced the lowest rate of private sector injuries and illnesses in history. You have received testimony, without any corresponding evidence, that marijuana causes severe detrimental effects in our society. Clearly, marijuana has not made our workplaces any more dangerous. The number of medical marijuana patients has increased, yet the rates of workplace accidents and illnesses have steadily declined to record lows.

I urge the Board to carefully examine all of the evidence before you. I am confident that if you do, you will find that marijuana has a low potential of abuse and harm to the user and to society, and thus, should be considered a Schedule 5 controlled substance.

Sincerely,

Anthony Johnson

UNITED STATES DEPARTMENT OF JUSTICE
Drug Enforcement Administration

In The Matter Of)
)
)

MARIJUANA RESCHEDULING PETITION)
)

Docket No. 86-22

**OPINION AND RECOMMENDED RULING, FINDINGS OF
FACT, CONCLUSIONS OF LAW AND DECISION OF
Administrative LAW JUDGE.**

FRANCIS L. YOUNG, Administrative Law Judge

DATED: SEP 6 1988

FRANCIS L. YOUNG, Administrative Law Judge

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Part VIII.

ACCEPTED SAFETY FOR USE UNDER MEDICAL SUPERVISION

With respect to whether or not there is "a lack of accepted safety for use of [marijuana] under medical supervision", the record shows the following facts to be uncontroverted.

Findings of Fact

Point 3. The most obvious concern when dealing with drug safety is the possibility of lethal effects. Can the drug cause death?

4. Nearly all medicines have toxic, potentially lethal effects. But marijuana is not such a substance. There is no record in the extensive medical literature describing a proven, documented cannabis-induced fatality.

5. This is a remarkable statement. First, the record on marijuana encompasses 5,000 years of human experience. Second, marijuana is now used daily by enormous numbers of people throughout the world. Estimates suggest that from twenty million to fifty million Americans routinely, albeit illegally, smoke marijuana without the benefit of direct medical supervision. Yet, despite this long history of use and the extraordinarily high numbers of social smokers, there are simply no credible medical reports to suggest that consuming marijuana has caused a single death.

6. By contrast aspirin, a commonly used, over-the-counter medicine, causes hundreds of deaths each year.

7. Drugs used in medicine are routinely given what is called an LD-50. The LD-50 rating indicates at what dosage fifty percent of test animals receiving a drug will die as a result of drug induced toxicity. A number of researchers have attempted to determine marijuana's LD-50 rating in test animals, without success. Simply stated, researchers have been unable to give animals enough marijuana to induce death.

8. At present it is estimated that marijuana's LD-50 is around

1:20,000 or 1:40,000. In layman terms this means that in order to induce death a marijuana smoker would have to consume 20,000 to 40,000 times as much marijuana as is contained in one marijuana cigarette. NIDA-supplied marijuana cigarettes weigh approximately .9 grams. A smoker would theoretically have to consume nearly 1,500 pounds of marijuana within about fifteen minutes to induce a lethal response.

9. In practical terms, marijuana cannot induce a lethal response as a result of drug-related toxicity.

10. Another common medical way to determine drug safety is called the therapeutic ratio. This ratio defines the difference between a therapeutically effective dose and a dose which is capable of inducing adverse effects.

11. A commonly used over-the-counter product like aspirin has a therapeutic ratio of around 1:20. Two aspirins are the recommended dose for adult patients. Twenty times this dose, forty aspirins, may cause a lethal reaction in some patients, and will almost certainly cause gross injury to the digestive system, including extensive internal bleeding.

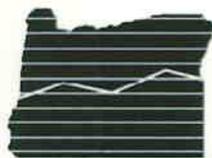
12. The therapeutic ratio for prescribed drugs is commonly around 1:10 or lower. Valium, a commonly used prescriptive drug, may cause very serious biological damage if patients use ten times the recommended (therapeutic) dose.

13. There are, of course, prescriptive drugs which have much lower therapeutic ratios. Many of the drugs used to treat patients with cancer, glaucoma and multiple sclerosis are highly toxic. The therapeutic ratio of some of the drugs used in antineoplastic therapies, for example, are regarded as extremely toxic poisons with therapeutic ratios that may fall below 1:1.5. These drugs also have very low LD-50 ratios and can result in toxic, even lethal reactions, while being properly employed.

14. By contrast, marijuana's therapeutic ratio, like its LD-50, is impossible to quantify because it is so high.

15. In strict medical terms marijuana is far safer than many foods we commonly consume. For example, eating ten raw potatoes can result in a toxic response. By comparison, it is physically impossible to eat enough marijuana to induce death.

16. Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care."



2007 Oregon Occupational Injury and Illness Survey Summary

Information Management Division

Department of Consumer & Business Services

December 2008

by Stacy Barnhart and James Burke

Private sector results – new record low

Oregon workers employed in the private sector during calendar year 2007 suffered work-related injuries and illnesses at a rate of 5.1 for every 100 full-time employees, the lowest ever recorded. Of the 61,365 total recordable cases in 2007, 54.6 percent resulted in cases with lost work time (days away from work, restriction, or transfer).

Industry lost-workday-cases rates

The private sector cases with days away from work, job transfer, or restriction rate (DART) remained at 2.8 in 2007. The DART rate includes injury and illness cases that resulted in one or more days away from work (lost-workday cases). The 2002-2007 rates are based on revised recordkeeping requirements and are not comparable with those from prior years.

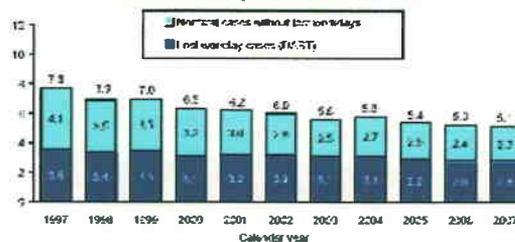
In 2007, the highest rate among industry divisions was 5.6, which was recorded by the transportation and warehousing industry. Finance and insurance reported the lowest rate of 0.1. Industry data are based on the North American Industry Classification System (NAICS), which replaced the Standard Industrial Classification system as the means of classifying businesses by the type of activity in which they are primarily engaged. The BLS Survey of Occupational Injuries and Illnesses first reported NAICS-based data in 2003.

Public-sector results

The public sector reported a total-cases incidence rate of 5.4 in 2007. State government recorded a total-cases rate of 3.9, while local government registered a rate of 6.1.

The 2007 public sector DART rate consists of the state government rate of 2.5 and local government rate of 2.7. The overall DART rate was 2.6.

Occupational injury and illness
Incidence rates, private sector, 1997-2007



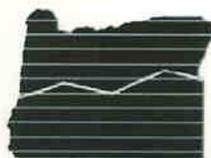
Note: Due to rounding, lost-workday cases and nonfatal cases without lost workdays may not sum to the total-cases rate.

DART rates by industry division,
private sector, 2007

Industry	2007
Private sector total	2.8
Agriculture, forestry, fishing, hunting	3.9
Mining	2.2
Construction	3.4
Manufacturing	3.6
Wholesale trade	3.3
Retail trade	3.4
Transportation and warehousing	5.6
Utilities	3.9
Information	0.8
Finance and insurance	0.1
Real estate, rental and leasing	1.1
Professional and business services	1.3
Management of companies and enterprises	1.0
Administrative and support and waste management and remediation services	--
Education services	0.7
Health care and social assistance	3.2
Arts, entertainment, and recreation	4.7
Accommodation and food services	2.7
Other services (except public administration)	0.7

The 2007 rates are based on the NAICS and are not comparable to results from years prior to 2003.

-- indicates data not available.



2008 Oregon Occupational Injury and Illness Survey Summary

Information Management Division

Department of Consumer & Business Services

February 2010

by [James Burke](#)

Private sector results – new record low

Oregon's private sector workers suffered work-related injuries and illnesses at a rate of 4.6 for every 100 full-time employees in the 2008 calendar year, the lowest ever recorded. Of the 54,432 total recordable cases in 2008, 53.9 percent resulted in cases with lost work time (days away from work, restriction, or transfer).

DART

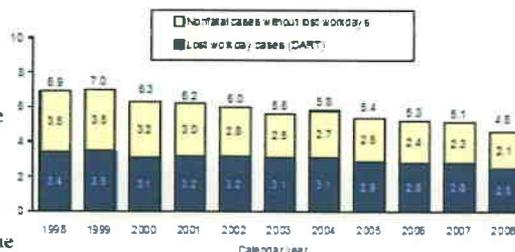
Private sector cases with days away from work, job transfer, or restriction rate (DART) was 2.5 in 2008. The 2002 to 2008 rates are based on revised recordkeeping requirements and are not comparable with those from prior years.

In 2008, the highest DART rate among industry divisions was 4.9, recorded by transportation and warehousing. Management of companies and enterprises reported the lowest rate of 0.4. Industry data are based on the North American Industry Classification System (NAICS), which replaced the Standard Industrial Classification (SIC) system as the means of classifying businesses by the type of activity in which they are primarily engaged. The Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses first reported NAICS-based data in 2003.

Public-sector results

The public sector reported a total-cases incidence rate of 4.8 in 2008. State government recorded a total-cases rate of 4.1, while local governments' rate was 5.1. The 2008 public sector DART rate consists of the state government rate of 2.2 and local government rate of 2.4. The overall public sector DART rate was 2.3.

Occupational injuries and illnesses incidence rates, private sector, 1998-2008



Note: Due to rounding, lost-workday cases and nonfatal cases without lost workdays may not sum to the total-cases rate.

DART rates by industry division, private sector, 2008

Industry	2008
Private sector total	2.5
Agriculture, forestry, fishing, hunting	3.0
Mining	1.7
Construction	3.0
Manufacturing	3.2
Wholesale trade	2.8
Retail trade	3.0
Transportation and warehousing	4.9
Utilities	3.7
Information	0.7
Finance and insurance	0.9
Real estate, rental and leasing	3.2
Professional and business services	0.9
Management of companies and enterprises	0.4
Administrative and support and waste management and remediation services	1.9
Education services	1.4
Health care and social assistance	3.1
Arts, entertainment, and recreation	2.0
Accommodation and food services	1.8
Other services (except public administration)	1.6

The 2008 rates are based on the NAICS and are not comparable to results from years prior to 2003.