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Oregon Board of Pharmacy  
800 NE Oregon St., Suite 150  
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Re: Rescheduling Cannabis

Dear Oregon Board of Pharmacy:

Cannabis should be rescheduled. I am a board-certified internal medicine physician who practiced in Oregon from 1979-1996. In addition to my usual primary care office duties, I specialized in the Intensive Care of drug overdose cases at my hospital. I am a medical cannabis expert recognized by Oregon criminal and civil courts.

Cannabis was medicine during the era when injectable morphine became available for pain; aspirin for inflammation and milder pain; cocaine the first local anesthetic; and insulin to save lives of diabetics. Obviously cannabis should have been *grandfathered* into the Controlled Substances Act or CSA so doctors could have prescribed it; but there was political baggage so it landed in CSA I.

Cannabis has therapeutic value so it must be moved out of CSA I.

It does not kill lab animal or humans in pure overdose (OD) settings and that makes cannabis a bad fit for CSA II or III. The only drug in those categories that will not kill in OD is THC or Marinol, which is also inappropriately scheduled.

Benzodiazepines are in CSA IV and unlikely to kill in overdose if not mixed with other drugs like alcohol. This is one reason benzodiazepines replaced the CSA II barbiturates to treat anxiety. Barbiturates easily kill in OD even by mouth.

Schedule III drugs are mostly dangerous drugs looking for a home. Often they are opioids tagged with aspirin or acetaminophen so they are less likely to be abused intravenously, which removes them from CSA II. Sadly, this tagging makes them nearly useless to treat severe pain because the aspirin or acetaminophen is often more toxic than the opioid. In addition; mixing of drugs as in Tylenol #3 creates confusion and goes against the training of most physicians. Pharmacologists and Doctors of Pharmacy - *Pharm D's* - told us that combination drug prescribing, such as Tylenol or Empirin #3 would create problems. Otherwise, the CSA III status is mostly to allow easier refills and phone call prescribing but is not purely for pharmacological reasons.

In my opinion, cannabis should be moved to CSA V or IV. That is where I believe it would be if it had been *grandfathered* in like other drugs, had it no hippie-type political baggage, and was available in a pharmacy distribution model we are used to. In other words, if we used medical and pharmacological reasons instead of political reasons to schedule medical cannabis we might choose CSA V or IV.

In my general medical practice, cannabis abuse was rarely reported by concerned family members. This was in dramatic contrast to alcohol and tobacco. It was the least reported abused of any scheduled drugs as even old-fashion CSA V cough medicines or anti-diarrheal preparations are abused.

It goes without saying that alcohol leads the abuse list that breaks apart families and tobacco costs the most lives but cannabis abuse did not take up my hospital time or office time except when it was mixed with other drugs. Oral benzodiazepines are abused but again usually mixed with other drugs - primarily alcohol.

During my senior residency and into my practice, I consulted at Riverside Psychiatric Hospital. Although cannabis use was common among patients, it was never the cause of the hospitalization or listed as such. The more common drug abuse was *polydrug abuse* and the most severe complications were alcohol related. Or in the intravenous drug user, severe complications were infection related, such as HIV or hepatitis infections. Some modern statistics on cannabis abuse are jaded because of court-mandated diagnoses of cannabis abuse resulting in treatment is preferred by patients to jail.

Since cannabis cannot be used intravenously, it is difficult to make it a CSA IV - but more likely a CSA V. Since cannabis is rarely the primary drug of abuse and tags along with the other drugs of abuse like alcohol, tobacco, or caffeine; it is ironic that alcohol, tobacco, and caffeine are not even prescription drugs. I saw many patients who died of alcohol or tobacco abuse and others who got heart rhythm problems or anxiety with caffeine.

Might sedation or the resulting coordination issues that can cause a DUI charge be a reason to keep cannabis inside the CSA? Apparently not, because of the far more sedating drugs sold without a prescription as well as non-scheduled sedatives such as first generation anti-depressants that are sedating and deadly in overdose.

It would please many herbalists if cannabis was not scheduled at all - using the alcohol, tobacco, caffeine, and herbal medicine arguments. This position is hard to oppose, but un-scheduling cannabis is probably a political question best addressed by voters.

In summary, I believe that the above supports my opinion that cannabis be rescheduled into CSA V or CSA IV at this time.

Thank you.

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references at [www.omma1998.org](http://www.omma1998.org) cannabis bibliography