



**BOARD OF PHARMACY
RULE MAKING HEARING**

MAY 18, 2010

**Reschedule Methamphetamine as Controlled Substance Schedule I
Reschedule Marijuana as Controlled Substance Schedule II**

Testimony of Ron Nelson on behalf of the Oregon Narcotics Enforcement Association, Oregon Association of Chiefs of Police, and National Narcotic Officers' Associations' Coalition.

TESTIMONY: Members of the Oregon Narcotics Officers Association, Oregon Association of Chiefs of Police and the National Narcotic Officers' Associations' Coalition do not oppose the rescheduling of marijuana to Controlled Substance Schedule II, the highest schedule authorized by the Oregon State Legislature. We strongly oppose the rescheduling of marijuana to any level below Schedule II.

Marijuana is a psychoactive drug with a high potential for abuse. Numerous physical and mental detrimental health effects are associated with the smoking of marijuana to include respiratory illness, learning and memory problems, anxiety and depression. The Food and Drug Administration has made it very clear that the raw marijuana plant is not medicine. As an example, marijuana contains 50% to 70% more carcinogenic hydrocarbons and four times the level of tar than tobacco. There is currently no accepted medical use or benefit associated with the smoking of marijuana.

Unlike all other FDA approved medications, marijuana is the only substance that is smoked. Smoking is generally considered a poor way to deliver medicine and it creates entirely new health problems.

Unlike all other medications, marijuana has not been subjected to the thorough, professional and scientific research process required by the FDA. Marijuana is not manufactured in laboratories or approved facilities subject to professional standards and oversight. Instead, marijuana is manufactured in basements, attics, garages and outdoors with no oversight. The unregulated use of various chemicals and the potential for harmful fungus is a safety concern.

HEALTH

The only true medical marijuana in existence is a pharmaceutical product called Marinol. It is available by prescription in pill form is distributed through pharmacies.

Raw marijuana is not distributed through a professional delivery system such as a pharmacy. Instead, it is often delivered in a plastic bag by a grower. Therefore, no controls, warning labels, instructions or other standard practices are followed.

Marijuana is illegal under federal law. The law was challenged at the United States Supreme Court level. The U.S. Supreme Court ruled against the legalization of marijuana, and found that marijuana had no medical value.

The Director of the Office of National Drug Control Policy, R. Gil Kerlikowske, issued a formal statement on October 23, 2009 in response to numerous, inaccurate news accounts and analysis regarding Federal guidelines for the prosecution of marijuana cases. Director Kerlikowske stated that advocates for marijuana legalization tried to cast the guidelines as a victory and a step toward full legalization. He stated neither was correct. He further stated that marijuana legalization is being sold as a cure to ending violence in Mexico, as a cure to state budget problems, and a cure to health problems. Director Kerlikowske warns the American public to be skeptical of anyone selling one solution as a cure for every single problem.

Thank you for your time and consideration on this matter.

1. Exhibit A: Statement of ONDCP Director Kerlikowske
2. Exhibit B: U.S. Drug Enforcement Administration Publication



EXECUTIVE OFFICE OF THE PRESIDENT

OFFICE OF NATIONAL DRUG CONTROL POLICY

Washington, D.C. 20503

Marijuana Legalization; A Non-Starter

ONDCP Director R. Gil Kerlikowske

October 23, 2009

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



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"Medical" Marijuana - The Facts

- Medical marijuana already exists. It's called Marinol.
- A pharmaceutical product, Marinol, is widely available through prescription. It comes in the form of a pill and is also being studied by researchers for suitability via other delivery methods, such as an inhaler or patch. The active ingredient of Marinol is synthetic THC, which has been found to relieve the nausea and vomiting associated with chemotherapy for cancer patients and to assist with loss of appetite with AIDS patients.
- Unlike smoked marijuana—which contains more than 400 different chemicals, including most of the hazardous chemicals found in tobacco smoke—Marinol has been studied and approved by the medical community and the Food and Drug Administration (FDA), the nation's watchdog over unsafe and harmful food and drug products. Since the passage of the 1906 Pure Food and Drug Act, any drug that is marketed in the United States must undergo rigorous scientific testing. The approval process mandated by this act ensures that claims of safety and therapeutic value are supported by clinical evidence and keeps unsafe, ineffective and dangerous drugs off the market.
- There are no FDA-approved medications that are smoked. For one thing, smoking is generally a poor way to deliver medicine. It is difficult to administer safe, regulated dosages of medicines in smoked form. Secondly, the harmful chemicals and carcinogens that are byproducts of smoking create entirely new health problems. There are four times the level of tar in a marijuana cigarette, for example, than in a tobacco cigarette



- Morphine, for example, has proven to be a medically valuable drug, but the FDA does not endorse the smoking of opium or heroin. Instead, scientists have extracted active ingredients from opium, which are sold as pharmaceutical products like morphine, codeine, hydrocodone or oxycodone.

In a similar vein, the FDA has not approved smoking marijuana for medicinal purposes, but has approved the active ingredient-THC-in the form of scientifically regulated Marinol.

- The DEA helped facilitate the research on Marinol. The National Cancer Institute approached the DEA in the early 1980s regarding their study of THC's in relieving nausea and vomiting. As a result, the DEA facilitated the registration and provided regulatory support and guidance for the study.
- The DEA recognizes the importance of listening to science. That's why the DEA has registered seven research initiatives to continue researching the effects of smoked marijuana as medicine. For example, under one program established by the State of California, researchers are studying the potential use of marijuana and its ingredients on conditions such as multiple sclerosis and pain. At this time, however, neither the medical community nor the scientific community has found sufficient data to conclude that smoked marijuana is the best approach to dealing with these important medical issues.
- The most comprehensive, scientifically rigorous review of studies of smoked marijuana was conducted by the Institute of Medicine, an organization chartered by the National Academy of Sciences. In a report released in 1999, the Institute did not recommend the use of smoked marijuana, but did conclude that active ingredients in marijuana could be isolated and developed into a variety of pharmaceuticals, such as Marinol.
- In the meantime, the DEA is working with pain management groups, such as Last Acts, to make sure that those who need access to safe, effective pain medication can get the best medication available.