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**From:** Roger Tower  
**Sent:** Wednesday, May 12, 2010 8:43 PM  
**To:** Karen S MacLean  
**Subject:** Cannabis rescheduling hearing comments

Hello Ms. Maclean

My name is Roger Tower and I would like the board to consider my attached comments before going ahead and doing what they plan to anyway, regardless of the overwhelming proof that schedule II is almost as wrong as schedule I was.

See you on Tuesday

Roger Tower

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First off I would like to thank you for finally taking action in this matter. I would have thought you would have voluntarily and Proudly Rescheduled Cannabis the day the first Oregon licensed Physician legally recommended it as medicine for a patient. Instead of having the lie stay on the books that it still had no medicinal benefit for over ten years. Shame on you, for it taking a directive from people before you get around to doing the right thing.

Secondly I would hope that you will do the right thing and base your decision on medical science and not politics. You have been instructed by the legislature to remove it from its wrongful categorization and put it in the correct one. Please do it right the first time based on the facts about this non toxic herbal remedy. Not on the lies and hype of the prohibitionist and folks vested in the big budget war on drugs.

I'm somewhat concerned about what this statement actually means.

"The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business. "

The substantive goal or legislative directive as I see it is to quit the lying and be TRUTHFULL. And if the negative economic impact means the police and lawyers and treatment centers won't make as much money if it is put in something other than sched. II. And they are the ones suggesting it go there. I think there may be a conflict of interest involved.

On a personal note I do use cannabis as medicine with wonderful results, I have had several Dr.s recommend it to me over the years. It replaces the 8 Vicodin a day I am prescribed for my pain 98% of the time. I choose to grow and use cannabis because I feel and science proves it is safer for me. For the record I don't smoke pot.. I use self made tinctures or make medibles with a canna~coconut oil base.

I do not see how a honest human being could place a non toxic herbal remedy such as Cannabis in a schedule more restrictive than the pharmaceutical poison that is the drug called Vicodin.

I did a quick Google search today and found this to share.

Please read it and think about real HARM reduction when you make your ruling.

How many deaths do the folks pushing for schedule II say cannabis has caused?

The **American Association of Poison Control Centers (AAPCC)** data suggest that hydrocodone products are involved in a number of toxic exposures that have resulted in 334 deaths from 2002 through 2005. In 2005, hydrocodone was associated with more exposures that resulted in death than any other narcotic analgesic. In addition, of the 22,165 exposures reported to the American Association of Poison Control Centers (AAPCC) in 2005, 5,200 were for individuals less than 20 years of age. Data for hydrocodone exposures reported to AAPCC from 2002 thru 2005 are provided in the tables below.

**Poison Control Center Data for Hydrocodone**

	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>Total</b>
Hydrocodone Exposures	17,386	19,538	22,594	22,165	81,683

**Serious Outcomes Associated With Hydrocodone Exposures**

	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>Total</b>
<b>Deaths</b>	66	82	86	100	334
<b>Major Effect*</b>	531	606	751	808	2,696
<b>Moderate Effect**</b>	2,033	2,301	2,868	2,832	10,034
<b>Total</b>	2,630	2,989	3,705	3,740	13,064

\*Major effect: the patient exhibited signs or symptoms as a result of the exposure that were life-threatening or resulted in significant residual disability or disfigurement.

\*\*Moderate effect: the patient developed signs or symptoms as a result of the exposure that were more pronounced, more prolonged or more systemic in nature than minor effects.

Respectfully Submitted by  
 Roger S Tower  
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