MEDICINAL MARIJUANA PUBLIC MEETING

COUNCIL BLUFFS, IOWA

TRANSCRIPT OF PROCEEDINGS

NOVEMBER 4, 2009

Reported by: SueAnn Jones, CSR, RPR

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PUBLIC MEETING

November 4, 2009, 10:10 a.m.

Harrah's Casino, Ballroom

Council Bluffs, Iowa

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PROCEEDINGS

TERRY WITKOWSKI: Good morning, everyone. We apologize for the late start, but unfortunately, our court reporter got stuck on the interstate behind a major accident, so that's what caused our delay. But we will get started.

We want to welcome you to the fourth and final public hearing on medical marijuana. This hearing is being held by the Iowa Board of Pharmacy pursuant to Iowa Code Section 124.201(1). I am Terry Witkowski, the executive officer for the board.

With me today are two board members, Ed Maier, pharmacist from Mapleton, and Susan Frey, a pharmacist and the vice chairperson of the board from Villisca, Iowa. Also with me today is Board Compliance Officer Jennifer O'Toole at the back table.

SueAnn Jones, Johnson Reporting Services, is serving as the certified court reporter for this hearing.

The purpose of this hearing is to receive information from the public. A transcript of all comments that are received at today's hearing will be reviewed by all seven members of the Iowa Board of Pharmacy.

Iowa law imposes upon the board the duty to periodically recommend to the legislature changes in controlled substance schedules. The board views this statutory responsibility with great seriousness, both because of the specificity of Iowa Code Chapter 124 and because marijuana use and the use of drugs in general is a sensitive medical, social, and political issue.

Any board recommendation for changes to the controlled substance schedules will be preceded by a thoughtful review and analysis of the most helpful and current scientific information available to the board.

In making a recommendation to the legislature regarding marijuana, the board will consider the following 12 factors: marijuana's actual or relative potential for abuse, marijuana's pharmaceutical -- excuse me -- pharmacological effect, current scientific knowledge regarding marijuana, the history and current pattern of abuse of marijuana, the scope, duration, and significance of abuse of marijuana, the risk to the public health from moving marijuana from Schedule I to a different controlled substance schedule, the

potential of marijuana to produce psychic or physiological dependence liability, whether marijuana is an immediate precursor of a substance on some other controlled substance schedule, whether marijuana's potential for abuse or lack thereof is not properly reflected in its inclusion in Schedule I, whether marijuana lacks a high potential for abuse, whether marijuana has an accepted medical use in treatment in the United States, and whether marijuana does not lack accepted safety for use in treatment under medical supervision.

This hearing will be held according to the following ground rules and will proceed in the following manner: Both proponents and opponents of medical marijuana will be allowed to speak. All speakers are to come to the stage and speak into the microphone at the podium. Speakers must speak slowly and clearly so their comments can be accurately recorded.

Speakers need to identify themselves on the record. They should at a minimum provide their first name. Full names and addresses would be appreciated but will not be required. If speakers are representing an organization or are

speaking on behalf of an organization, they should state that before making their comments.

Speakers who wish to offer exhibits or written materials to the board need to have them properly identified for the record. Testimony that references an exhibit should identify the exhibit number.

Depending on the number of people who wish to speak at today's hearing, time limits will be imposed. In general, each person will be allowed a minimum of five minutes to speak. If feasible, additional time may be allowed. However, the board wants to ensure that every person who wishes to speak receives an opportunity to do so.

Speakers will be called according to the order on our sign-up sheet. Some speakers reserved time prior to today's hearing, and they will provide their comments as previously scheduled. Some speakers have also requested additional time. All requests for additional time will be allowed as circumstances permit.

We will notify each speaker as you approach the end of your allotted time by holding up signs indicating four minutes remaining, two minutes remaining, thirty seconds remaining, and

thank you when your time is up.

The board wishes to remind everyone that this hearing is not an opportunity for debate. We are here today to receive comments concerning the medical use of marijuana. As part of this process, I and/or the board members or board staff may have questions for the speakers. Please be aware that we are not here to receive comments regarding the legalization of marijuana.

Speakers are also reminded to avoid repetitious or irrelevant comments. Speakers should be as short and concise as possible. Speakers will only be allowed to speak once. Additional thoughts may be submitted to the board in writing following today's hearing.

Unruly behavior such as booing or hissing or harassing remarks will not be tolerated. Speakers will not be allowed to make personal attacks. Please hold any applause until each speaker has finished making their comments.

In addition to receiving oral comments at today's hearing, the board welcomes and encourages written comments. Any comments or other information received at today's hearing will be public information and may be referred to or

referenced in reports or recommendations issued by the board to the legislature.

This hearing will be in session until 7 o'clock p.m. We will take a lunch break from 11:30 to 1. We will also take two 15-minute breaks during the afternoon. Are there any questions?

We will now begin with our first speaker. We are supposed to have someone calling in on the phone in about five or ten minutes. Is there -- the next speaker would be Shane Prokop, and I apologize if I mispronounce names. I'll apologize before we get started. Is Shane ready to speak now?

Is there anyone else that would like to speak that would speak for maybe five minutes? Okay. What is your speaker number?

JACQUELINE PATTERSON: It's No. 2.

TERRY WITKOWSKI: Okay. Come up.

JACQUELINE PATTERSON: Good morning. My name is Jacqueline Patterson. I was a resident of Iowa from 1999 until 2001 when I was informed that I could not continue to pursue my criminology degree at the University of Northern Iowa because -- because my stutter interfered too much with my -- with my -- with my participation in

my -- in my -- in my -- in my -- in my classes.

I have been on many prescription medications, including -- including -- including -- including amphetamine and a new drug called Provigil. And those did not -- did not assist me in controlling -- in controlling my -- in controlling my stutter nearly as effectively as cannabis -- as cannabis -- as cannabis does. When I am able to use cannabis, there is a 90 percent reduction in my stutter and --

TERRY WITKOWSKI: Excuse me, Jacqueline.

Could you answer that?

BOARD MEMBER MAIER: Hello?

RAPHAEL MECHOULAM: Hello. This is Professor Mechoulam. I am calling from Jerusalem. I was asked to give evidence.

TERRY WITKOWSKI: Professor? Professor? Can you hold for just a moment? We do have another speaker presenting right now.

RAPHAEL MECHOULAM: I understand. I hope it's not too long. After all, I'm on an international call.

TERRY WITKOWSKI: I'm sure that it will not be. Would you prefer to wait?

RALPH SMITH: He's calling from Israel.

BOARD MEMBER FREY: Thank you.

TERRY WITKOWSKI: Okay, Professor. You may begin.

RAPHAEL MECHOULAM: Thank you. My name is Raphael Mechoulam. I am a professor of medicinal chemistry at the Hebrew University in Jerusalem. I've been involved in research in cannabinoids and marijuana for many years.

In 1960 we isolated the active component of cannabis. It's a little bit strange, but the active component of opium was isolated 100 years ago, and so was cocaine. Anyway, we isolated this. There had been a lot of work on this particular active -- psychoactive compound. For many years that we worked on the metabolism and therapeutic effects, both in animals and in humans.

Then in the 1990s, about 10 -- 10, 15 years ago, we started presenting finding the compounds in the brain that act on those particular receptors that are found in the brain and which THC by chance also works. So I'm thinking we're well aware of the whole field that that works in this respect.

Now, I was asked to tell you something about my experience or my views on medical cannabis -- medical cannabis; is that correct?

BOARD MEMBER FREY: Yes.

RAPHAEL MECHOULAM: Okay. There are several aspects. One of them, of course, is the identifying compounds, the active THC. Another one is called cannabidiol. These compounds are approved -- THC is approved in the U.S. as a compound called dronabinol, and cannabidiol may be shortly approved. It's a mixture of both, being -- which have been approved in Canada.

These compounds should be looked at as pure compounds and should be under the FDA supervision, which is what is happening, and I hope they will be more widely used than at present.

But the point is, what about medical marijuana, the mixture, the actual marijuana plant? Now, from my experience, the activity there is mostly due to the THC which used to be lower amounts than previously. Now it's very high amounts, and my view is yes, it should be used. Yes, it has to be under supervision. Just going the route of taking anything with 2 percent of THC in marijuana to 30 percent THC marijuana, in my

view is not appropriate. It should be administered under, in your case, state supervision.

We have had an intro. Our minister of health allows the use of medical marijuana under medical supervision. Patients have to get the permit through his physician to get medical marijuana. In this case it's free of charge, but this will probably change. They'll have to pay something for it. But he should know exactly what he's getting, not just anything. Even aspirin we don't take without knowing the appropriate amounts, so it should be approved under certain conditions. That's my view.

It should go through medical -- medical committee to approve it, and in Israel, for example, it is. There is a medical board that approves it, and it's used in the cases of gastrointestinal diseases, Crohn's disease, side effects of multiple sclerosis, some kinds of tremors, vomiting and nausea, even in children. We use that in children that are undergoing -- who use THC that are undergoing chemotherapy. In post-trauma, it seems to be effective.

And so this -- it should be, in my view, allowed but under supervision, not just like

any -- anybody who wants to sell it could supplement, if you wish. This is my view.

If you want to ask me about it, I'll be glad to answer. I was also asked to say something about the legalization of marijuana, not as a medical drug. Now, I think that this is not what you're interested in, and if you want me to say something on it, I'll be glad to do so.

BOARD MEMBER FREY: I think we would like to have comments confined to the use of medical marijuana, please.

RAPHAEL MECHOULAM: Yes. Like I said, it has to -- basically, it should be allowed. It should be under supervision, both in growing the plants and in its administration. Not just go to the store and pick up something. It's not a vegetable. It's not something else. It's not a vegetable.

It should be under supervision in the sense the patient should be -- should get permit. It should be allowed by a medical doctor using it, not just saying that he has a runny nose but should be allowed to use it, and they should go through a medical board that will approve it, which is most essentially what we do with any drug in a more free

way.

BOARD MEMBER FREY: Professor, I'm Susan Frey with the Iowa Board of Pharmacy. Could you maybe expand a little bit on if a patient does have a permit, where do they obtain the marijuana, and how is that governed and monitored by the medical board?

RAPHAEL MECHOULAM: Well, in our case -- and of course, I can't speak about Iowa. No idea what you will decide, but in our case, if a patient is not sufficiently taken care of by the existing therapy that he has, his physician writes a letter -- can write a letter to a medical board at the minister of health, and this medical board decides whether the case is suitable, and then it will issue a permit.

It has issued now permits to about 7, 800 patients in various diseases, and the patient then takes the permit, the written permit, and he -- he has to go to a supplier that gets it from a farm that again is under supervision. So both the farm is under supervision and the -- the registration is under supervision, and you can get it throughout -- can't get it without supervision.

It is people go to the minister of

health to allow some patients to grow small amounts of marijuana at home rather than go ahead and get the marijuana from a grower, but to the best of my knowledge, it is not yet -- not being used that way.

BOARD MEMBER FREY: So if I understand you right, are you telling me that the patient has to have tried other means of therapy before medical marijuana is considered as treatment?

RAPHAEL MECHOULAM: At the moment, this is the case -- the case for most of these things. Some of them won't and don't. In some cases in some medical situations, it's not the case.

For example, in post-trauma, nothing seems to work as well as cannabinoids, and cannabis seems to work, and it has been strong, for example, that both the crude medical marijuana and the compound which is structured -- whose structure is like THC to work in a clinical trial. So in this case I would say no, it doesn't have to be -- no drug should be used before that because nothing works.

We are using in bone -- bone marrow transplantation essentially quite -- quite a large

number of patients to get their bone marrow transplantation, these patients are that. I can't recommend that kind of treatment to anybody if you can manage without it. But they vomit. They feel badly. They have pain. They're terribly depressed, and together with the many drugs that they're getting, they're also getting in this case THC, but we would be glad to get the medical marijuana if possible, and they feel better. They start eating, which normally they don't.

So different cases in different diseases. Crohn's disease, for example, I don't think that people will start immediately with medical marijuana, only if they start with other drugs that are available, and a few are, but these medications, they don't work well, and in that case, her physician will have to go and ask for the existing drugs or give it as a solo.

BOARD MEMBER FREY: Thank you.

RAPHAEL MECHOULAM: Okay? Is that the only thing?

BOARD MEMBER FREY: You have another ten minutes, Professor, if you have anything else that you wish to add.

RAPHAEL MECHOULAM: Well, if I have

some more time, I would say that there should be some more research, clinical investigation, both on marijuana and on the pure procedures. We really don't have enough science behind medical marijuana. While we have some of it on THC, there is not enough on medical marijuana, and if it is -- the laws have changed and there is a way of using medical marijuana the way we do it here at the moment, then I would very strongly suggest that there should be -- that you should encourage clinical investigations in well-defined marijuana, whatever is set to the side, 10 percent of THC, and patients should be investigated, should be -- they should undergo clinical trials in addition to what we know at the moment because we really don't have enough well-conducted medical trials, clinical trials, with that supervision.

Anything else you would like to know? Hello?

BOARD MEMBER FREY: Yes. We're still here. Have you researched looking at our criteria of things that we need to look at? One of them is potential for abuse. Have you -- in your studies, have you looked at that aspect?

RAPHAEL MECHOULAM: We do not -- yeah.

It is known that there are many users. About 9 percent of various users do become addicted to a certain extent. Look at the addiction. It is not a very deep one and therefore sounds like every -- cocaine addictions which are very -- that are the more mild ones, and we have not seen any kind of addiction in our patients, but one has to follow that.

And like with the morphine that's being given to a lot of patients or many for pain and so on, one has to follow the possibility, and in that case seems to be we have not seen yet cases of addiction.

BOARD MEMBER FREY: In your patients that are treated on a chronic basis, do you have issues or do you see any increase in secondary medical illnesses? That might --

RAPHAEL MECHOULAM: What kind of side effects?

BOARD MEMBER FREY: Well, things that might be associated with, say, smoking, like, for instance, do you see an increase in lung cancer or lung issues?

RAPHAEL MECHOULAM: No. We -- lung cancer, it is well known that it does not produce

lung cancer. There is a very -- a group in California that has looked into it very thoroughly and very objectively, and they have not seen any cases of cancer.

There may be, because of the smoking, some information. One has to -- to take care of that to see whether there isn't any lung cancer information. It is not, to the best of my knowledge, a major issue at the moment.

Side effects that we see, not -- not really. One has to take that into consideration like with any -- any drug. Anything else you would like to -- like me to address?

BOARD MEMBER FREY: Let's see. We're kind of looking over our list here of --

RAPHAEL MECHOULAM: My main point is -- while you're looking at the list, my main point is yes, it should be allowed, but it should be under supervision like any other drug, not just going to the store and picking up some -- some marijuana. That is not the way a drug should be used. There should be -- it should be allowed use for additional properties, I think.

BOARD MEMBER FREY: Okay.

CARL OLSEN: How about the last bullet

point, safety for use under medical supervision?

BOARD MEMBER FREY: Okay. We've got a question. One of our factors is whether or not marijuana does not lack accepted safety for use in treatment under medical supervision.

RAPHAEL MECHOULAM: What do you mean by that? I mean I'm not sure I understand your question.

BOARD MEMBER FREY: When we make a recommendation to the legislature as to whether or not to reschedule this from an experimental schedule to a controlled substance or to schedule it at all, we have to answer the question whether or not marijuana does not lack accepted safety for use in treatment under medical supervision.

RAPHAEL MECHOULAM: Well, to the best of my knowledge, there's no major safety problems associated with marijuana use as long as it is supervised.

I would -- one of the things that I would suggest that a person who is being treated with medical marijuana should not be allowed to drive, for example, while he's under the effect of the treatment. Maybe he doesn't feel that he has the effect of the treatment. He should not.

Now, actually, to me to say quite a few -- it's like Valium, for example, or other drugs that I don't know what situation it's in in the U.S. and Iowa in particular, but under certain drugs, people should not be allowed to use them under something because they may not be under full control.

Now, I don't know whether under the way THC, marijuana, people will be less -- will be -- they will have these problems, but just for at the beginning at least, I would say no, one should not drive. One should not drive under certain conditions. I don't see many other problems at the moment.

BOARD MEMBER FREY: Okay.

TERRY WITKOWSKI: Thank you very much, Professor.

BOARD MEMBER FREY: And Jacqueline, would you like to finish yours, please?

JACQUELINE PATTERSON: Yeah. I'll finish it real quick.

I moved to California in -- in 2007. Also in 2007 I lost custody of one of my children to his father in Cerro Gordo County. The judge -- the -- the -- the judge told me that I wasn't a fit

parent, not only because I used medical cannabis but because I have lobbied -- because I have lobbied for fundamental changes in medical cannabis policies here.

Nobody -- nobody deserves to lose their children because of the -- because of the medicine that they -- that they -- that they -- that they -- that they -- that they use. Nobody -- nobody -- nobody deserves to feel like a criminal.

And as for medical safety, I have many doctors willing to recommend that I do use -- I do use cannabis, and the way that you worded --

BOARD MEMBER FREY: Could you speak into the microphone? Thank you.

JACQUELINE PATTERSON: What was the way that you worded your last --

BOARD MEMBER FREY: Point?

JACQUELINE PATTERSON: -- question to the professor?

BOARD MEMBER FREY: Okay. That's out of the law, and the way the law -- the way the statute reads, whether marijuana does not lack accepted safety for use under medical supervision.

JACQUELINE PATTERSON: The Institute of Medicine in 1990 -- in 1999 determined that

further studies of medical cannabis -- or of -- of cannabis's medical attributes were needed. The human body has an endocannabinoid system which -- which is why -- which is why cannabis is so -- is so effective when prescriptions are not, and the -- I think that the doctors in the 13 states in which cannabis has been made medically available have proven that it can be -- it can be -- it can be safely utilized under a -- under a physician's -- under a physician's -- under a physician's care. Thank you.

TERRY WITKOWSKI: Is Shane -- is Shane Prokop available? Brenda Peterson and Steve Gooch, if you're ready, we can move forward with yours.

RALPH SMITH: Excuse me. Do you have a phone call-in number? We've been trying to get it for some time.

(Off-the-record discussion.)

TERRY WITKOWSKI: Speaker No. 1? Is Speaker No. 1 available to speak?

RALPH SMITH: That was me except I'm going to speak whenever it was marked.

TERRY WITKOWSKI: Oh, okay. Would you let Jennifer know, because she would have your other name tag.

RALPH SMITH: I could make some comments if you need time -- if you need some time.

TERRY WITKOWSKI: We'll see who else is here. Do we have a Speaker No. 3? Are you ready to speak?

JEFF ELTON: Yes.

Hi. My name is Jeff Elton, E-l-t-o-n. I live in Des Moines. I suffer from diabetic neuropathic gastroparesis, which is Greek for paralyzed stomach. Symptoms are chronic nausea -- chronic, chronic nausea, vomiting, and if those aren't controlled, wasting -- wasting loss syndrome.

I wasn't planning on speaking today because I've spoke at the other ones, but I felt I needed to share this experience. We drove from Des Moines here this morning in my car, and I was driving. I was able to make it all the way in the parking lot, and then I had to give up the car because I kept having waves and waves of nausea. I thought I was going to vomit three different times.

My doctor gives me a prescription for Reglan, R-e-g-l-a-n, also called metoclopramide for control of chronic nausea and vomiting. If you ever watch commercial television, you'll see the

advertisements for people who have been damaged from this FDA-approved drug.

Inhaled cannabis vapors, not smoke but vapors, for me gives immediate relief from chronic nausea, stopping the vomiting and stopping the wasting syndrome. There is no drug, legal or illegal, in today's pharmacopeia that safely controls chronic nausea as safely and as effectively as cannabis.

So please do the compassionate and the right thing and make your recommendation to legalize medical marijuana for Iowa to the legislature in 2010. And thank you.

TERRY WITKOWSKI: Is Shane Prokop here? Brenda Peterson or Steve Gooch? Do we have a Speaker No. 4? Is there anyone who is scheduled for a time this morning that would like to speak now? If not, we'll just wait.

BOARD MEMBER FREY: I think we have one here in the front row.

PAUL CARTER: Excuse me. I'm scheduled for 11 o'clock, but I'll be glad to go now if you like.

TERRY WITKOWSKI: Okay. Paul Carter?

PAUL CARTER: Yes.

TERRY WITKOWSKI: Okay. Thank you.

BOARD MEMBER FREY: Thank you.

PAUL CARTER: Oh, those aren't challenging stairs at all. I do have a couple of folders that I'll share with you.

BOARD MEMBER FREY: Okay. Thank you.

PAUL CARTER: Good morning, everyone. My name is Paul Carter, C-a-r-t-e-r. I am the executive director of PRIDE Omaha, Incorporated. PRIDE is an acronym for Parents Prevention Resources and Information on Drug Education, and I thank you very much for the opportunity to appear before the board and the same for all -- everyone in the audience.

I think it's apparent that as you've already listened to some of the people that have spoken today that when you talk about marijuana and when you talk about the possibility of its use in the medical way that as you heard Jacqueline, it could be a very emotional position taken if you're living -- if you're listening to proponents and pro-drug people as you have the professor calling from Israel, I believe it was. You have the proponents' position, although I might comment that I wasn't sure with some of the comments from the

professor whether he was a proponent or opponent because it sounded like a few of his statements were more in opposition.

PRIDE, Incorporated has been working since 1978 to promote a clear, consistent no use message when it comes to drug use by young people. We are a nationally recognized organization that for 31 years has worked to change the cultural influences that encourage young children to use drugs.

In this metropolitan area, we work in eight counties surrounding the greater Omaha/Council Bluffs area, including counties in western Iowa as well as in eastern Nebraska. Drug -- drug prevention for our young people is extremely important. It is so important because studies have found that children who reach age 21 without using drugs virtually are certain that they never will.

Many of us know that the average age of first use of a drug is somewhere between 11 and a half and 12 years old and that every child you know is at risk to use drugs. In fact, drug use is the No. 1 problem facing young people today. So our concern are our children.

Legalizing medical marijuana -- and

that's hard for me to say because medical marijuana is definitely an oxymoron. And I think we need to all understand that the real issue here when we talk about legalizing medical marijuana dispensaries is what kind of message is being sent to our young people, to our children, the future of this country? Is it a message that marijuana is okay because somebody can smoke it and feel better? Is it the negative druggie role model for youth that we see too many times already in the media? And the question is then, what is wrong with permitting the use of smoked marijuana for a medical purpose?

Well, simply put, smoked marijuana is not modern medicine. The Food and Drug Administration in 2006 issued an advisory concluding that there is no sound medical scientific research or studies that have supported the medical use of smoked marijuana for treatment in this country. There's no animal data, there's no human data to support the safety and the efficacy of smoked marijuana for any kind of general medical use.

We fully realize that there are a number of states that have passed voter referenda

or legislative actions making smoked marijuana available for all kinds of medical conditions upon a doctor's recommendation or I might even say a medical provider's recommendation. It's not always a doctor's. And frankly, no medical doctor licensed in the United States of America sits down and writes a prescription on their prescription pad for any kind of drug you smoke.

According to the FDA, these measures are inconsistent with efforts to ensure medications undergo the rigorous scientific scrutiny of the FDA approval process, and as pharmacists, you certainly recognize that.

Now, we know, because there's plenty of evidentiary explanations by people that you've already heard from today, that while smoking medical marijuana in any form may allow patients to temporarily feel better, again the medical community makes an important distinction between inebriation and controlled delivery of pure pharmaceutical medication.

One of your points dealt with safety. I'm going to address that in a minute because we have to be concerned about drivers in vehicles on highways with the rest of us that are stoned.

The Institute of Medicine, which had been mentioned by Jacqueline, concluded that smoking marijuana is not recommended. The Iowa Report declared that marijuana is not modern medicine. And again, we have to talk about smoking marijuana, which may cause serious harm to patients.

Since this -- since this issue came to the forefront in the Midwest and because of a statement that I was quoted making in the Omaha World Herald, I have received phone calls from quite a few states, East Coast, West Coast, as well as in middle America, and all of them have been very passionate. That's the emotion part of medical marijuana users, but we have to understand the delicate immune system in seriously ill patients may become compromised by the smoking of marijuana.

Daily use of marijuana compromises lung function and increases the risk for respiratory diseases, often associated with the same type of diseases related to smoking cigarettes and the nicotine drug in them.

Marijuana has a high potential for abuse and can incur addiction, and I would disagree

a little bit with the professor. I'm not sure what his medical background was. He never qualified himself or even if he has any.

Existing legal drugs do exist that provide superior treatment for serious medical conditions. The FDA has approved safe and effective medication for the treatment of glaucoma, nausea, wasting syndrome, which was mentioned, cancer, and multiple sclerosis. Marinol, which is the synthetic form of THC -- again, the pharmacists are knowledgeable of that -- is already a legally available drug.

Sometime today before you conclude these hearings, someone is going to bring up the recent Gallup poll that told you that in the United States of America, Gallup's October crime poll finds that 44 percent of Americans in favor of making marijuana legal. 44 percent of Americans are in favor of making marijuana legal, and 54 percent are opposed. I've been around prevention long enough to know that those numbers have changed, and I'm going to accept that poll.

However, I think if you're going to accept the numbers in that poll, you also recognize and can't just deal with that without looking at

the numbers related to the polling of Midwestern states, which is where we reside. In that case, the numbers were 34 percent were in favor opposed to 64 percent that were against marijuana's legalization.

And I think when you realize that we are sitting here on Iowa soil adjacent to Nebraska and realize that we are in two states that are representative of very heavy social conservatism, and we look at that part of the poll, you will see that the numbers change again to only 27 percent in favor of legalization and 72 percent opposed.

Does marijuana use pose a health risk to its users? Well, absolutely. It is an addictive drug. It has significant health dangers and consequences, both short-term effects as well as long-term effects, and even the proponents in this room who are knowledgeable and have done some research could cite those short-term and long-term effects. They're not going to because that is not acceptable.

I have to tell you a story. I retired several years ago as a school district administrator, and I was called by a counselor and a principal in one of our urban schools to visit

with a third grade student. The reason they wanted me to visit with that student is that in a discussion in their third grade classroom with the teacher talking about the dangers of drugs that this young man had used terms like blunt and doobie, words that many of you are familiar with, but the students in that classroom and the counselor and the principal, while they were aware of it, didn't really understand what the significance was.

Upon investigation, we found that this young man was very knowledgeable because his 71-year-old grandmother who was suffering from some very specific and real physical ailments had been smoking marijuana to relieve some of the effects of her illnesses -- and you have to remember, the psyche does amazing things -- had been smoking in the evening while she would sit on the couch reading for an hour or so with that third grade young man.

Now, everyone knows the dangers of tobacco and secondhand smoke, and again, I would challenge anyone sitting in this room to tell me that if you're sitting in that proximity that you're not going to get stoned if Grandma is.

Marijuana contains more than 400 chemicals, including most of them are substances, again, found in tobacco smoke. More teens today are in treatment for marijuana use than for any other drug.

The Institute of Medicine conducted a very comprehensive study, again, which was already mentioned by Jacqueline in 1999 and concluded that smoking marijuana is not recommended for the treatment of any disease, and the Institute of Medicine concluded that there is little future to smoked marijuana as a medically approved medication. That doesn't have any medical value. Advocates like NORML have promoted the use of marijuana to treat medical conditions such as glaucoma, among others.

BOARD MEMBER FREY: Your time is up, sir.

TERRY WITKOWSKI: If you could just wrap it up, please.

PAUL CARTER: I will wrap up with one comment beyond just the cost and the safety factors. Marijuana is dangerous. It's an addictive drug. It has no medical value. Marijuana users are far more likely to use other

drugs like cocaine and heroin than nonmarijuana users, and drug legalizers use medical marijuana as a red herring in an effort to advocate broader legalization of all drugs.

Thank you very much to the board, and thank you for the patience of the audience. I appreciated so much the head wagging and the eye rolling. Thank you.

BOARD MEMBER FREY: Thank you.

TERRY WITKOWSKI: Is Shane Prokop here? Brenda Peterson or Steve Gooch? Do we have Speaker No. 4? Is Speaker No. 4 ready to speak? Are you ready?

RALPH SMITH: If you had time and wanted me to present some things, we could do that and come back.

TERRY WITKOWSKI: We have other speakers coming up here.

RAY LAKERS: Well, hello, everyone. Hello, ladies. Great to see you again. This will be my fourth appearance at the Iowa Board of Pharmacy medical marijuana hearings here in Iowa. The first thing I'd like to say --

BOARD MEMBER FREY: Excuse me. May we have --

RAY LAKERS: My name is Ray Lakers. I have multiple sclerosis. I'm with Iowans for Medical Marijuana. I was diagnosed in 2004. I was arrested in 2005 for less than a gram of marijuana, and this gentleman, since you are from Nebraska, you are familiar that marijuana is decriminalized in Nebraska. Okay. So if I would have been in Nebraska, I wouldn't have went to jail for a gram of marijuana. I went to jail and did six days in county in Iowa for a gram of marijuana, so that's where I'm coming from.

BOARD MEMBER FREY: Sir, this is not a debate, so please keep your comments directed to the subject.

RAY LAKERS: Thank you. I just wanted to -- thank you.

PAUL CARTER: Actually, if he's going to get to address a comment to me, I would think that the fact that Iowa has not decriminalized, Iowa would pose even a greater problem for both the Board of Pharmacy --

RAY LAKERS: It's a terrible problem.

BOARD MEMBER FREY: Excuse me, gentlemen.

TERRY WITKOWSKI: Both of you. Both

of you. This is not a debate. We're here to speak -- to allow each to speak their own piece.

BOARD MEMBER FREY: Yes.

TERRY WITKOWSKI: And therefore no comments regarding another individual's comments. Thank you.

RAY LAKERS: Thank you. Cannabis is medicine. When police arrested me for marijuana in Iowa, they have no concern if you're a medical marijuana patient or not. All that matters to them is that you have marijuana.

Monday in Iowa this week Gil Kerlikowske, director of the Office of National Drug Control Policy, specifically cited problems regulating the clinics in Los Angeles that dispense medical marijuana. He said the following: Kerlikowski, the former chief of police in Seattle, reported better results from medical marijuana law in the Washington state. It was not a significant problem for law enforcement in the state of Washington.

So you know what I did? I took a look at the state of Washington provision for medical marijuana patients. In the state of Washington, Senate Bill 6032, guidelines allowing patients to