Montana State Legislature

2009 Session

Exhibit 2

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Scanning by: Susie Hamilton

The Medical Uses *of* Marijuana

EXHIBIT 2 HUH
DATE 1-21-09
HB 73

"... safer than most medicines prescribed every day. If marijuana were a new discovery rather than a well-known substance carrying cultural and political baggage, it would be hailed as a wonder drug."

–Lester Grinspoon, **Harvard Medical School,** emeritus professor of psychiatry, coauthor of *Marijuana, the Forbidden Medicine*

patients & families united

Serving the Interests of Montana Medical Marijuana Patients, Safely & Legally

modern research confirms thousands of years of anecdotal and historical evidence–

medical marijuana produces dramatic beneficial effects.

Safer than Most Medicines Prescribed Every Day

Modern research documents that marijuana compares favorably to other medicines. It is not physically addictive. It presents fewer side effects – of dramatically lesser consequence and risk – than opioids and numerous other commonly prescribed pharmaceuticals. Many patients report dramatic reductions in their need for other riskier and more expensive prescribed drugs when using medical marijuana. After literally thousands of years of continuous use by peoples of all cultures and eras, there exists not a single recorded incident of death or overdose caused by marijuana.

Marijuana Helps Cancer Patients

Numerous double-blind studies document marijuana's remarkable value in addressing the symptoms of cancer and the side-effects of cancer-treatment, like pain, nausea and low-appetite. Many people are unaware that other research has documented instances of medical marijuana actually *shrinking* cancerous tumors. Lifelong cigarette smokers who also smoke marijuana have even been found to have a *lower* risk of lung cancer than smokers who don't also use marijuana. And chronic marijuana smokers get cancer no more often than people who have never smoked marijuana or cigarettes.

> *"Cannabinoids – the active components of Cannabis sativa and their derivatives – exert palliative effects in cancer patients by preventing nausea, vomiting and pain and by stimulating appetite. In addition, these compounds have been shown to inhibit the growth of tumor cells… Cannabinoids are usually well tolerated, and do not produce the generalized toxic effects of conventional chemotherapies."*

–Guzman, 2003. Cannabinoids: potential anticancer agents. *Nature Reviews: Cancer.* Volume 3, October 2003.

Marijuana Relieves Pain

Name the cause and type of pain, and chances are that recent double-blind research and/or decades of anecdotal information from patients shows that medical marijuana provides effective relief. This includes chronic pain resulting from severe injuries and conditions such as fibromyalgia, Multiple Sclerosis, cancer and neuropathy related to diabetes, HIV and other conditions. Where pain is connected to inflammation, research has found that medical marijuana delivers site-specific anti-inflammatory relief. Most patients report that marijuana doesn't reduce their ability to function normally the way opiates do, and that they can reduce dramatically or even eliminate their need for opiates and similar risky pain-relievers when using marijuana.

Marijuana Reduces Suffering from Rheumatoid Arthritis

Double-blind research documents that medical marijuana significantly improves pain on movement, pain at rest, quality of sleep, inflammation, and intensity of pain. Other research has found that marijuana effectively blocks the progression of arthritis.

> *"effectively blocked [the] progression of arthritis"*

–Malfait et al. 2000. The nonpsychoacticannabis constituents cannabidiol is an oral anti-arthritic therapeutic in murine. *Journal of the Proceedings of the National Academy of Sciences* 97: 9561-9566.

Marijuana Slows & Alleviates Multiple Sclerosis

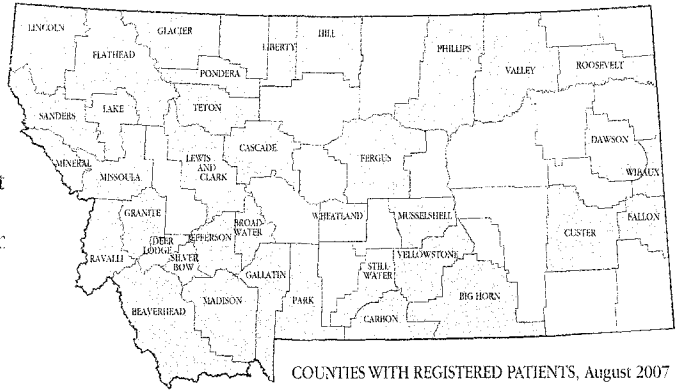
Clinical studies show that marijuana may inhibit the progression of MS. Numerous studies document medical marijuana's power in addressing the disease's many unrelenting symptoms – including pain, muscle spasms, depression, fatigue, and incontinence.

> *"The results of this study are important because they suggest that in addition to symptom management, …cannabis may also slow the neurodegenerative processes that ultimately lead to chronic disability in Multiple Sclerosis and probably other diseases."*

–Pryce et al. 2003. Cannabinoids inhibit neurodegeneration in models of Multiple Sclerosis. *Brain* 126: 2191-2202.

Smoking *Not* Required

Research documents that vaporizers eliminate completely the negative effects of smoking. Patients also can administer medical marijuana by eating it cooked in many ways – in butter, cakes, cookies, sauces, etc. Patients report medicinal benefits from drinking medical marijuana in teas and from administering via compress or tincture. **Smoking *isn't the only way*** to receive this medicine – but smoking or vaporizing are the easiest ways for patients to feel beneficial effects almost immediately, and to realize their greatest ability to make delicate adjustments in dosage.



COUNTIES WITH REGISTERED PATIENTS, August 2007

Marijuana in Pills and Other Forms

Marinol – consists solely of THC (tetrahydracannabinol), one of more than 66 known medicinally-active compounds in marijuana. It is approved by U.S. Food & Drug Administration (FDA) only for nausea-reduction and appetite-stimulation, and research suggests that it does little – and may be counterproductive – when used for pain relief. Most patients report effects decidedly inferior to those of medical marijuana or of products derived from the full marijuana flower. And Marinol costs considerably more: a typical one-month prescription costs up to $1,200, while equivalent marijuana ranges from virtually free when grown by oneself, up to approximately $500 on the open market.

Sativex – a liquid distilled from the full marijuana flower, species-and-content-controlled, administered in controlled dosages via spray. Currently approved for physician prescription in Canada; approval pending in Europe; just beginning clinical trials in the U.S. under FDA protocols in 2007. Cost expected to be significantly higher than marijuana plants.

Varieties & Strains – Just as there are different kinds of apples and tomatoes, so too for the marijuana plant; and different strains in the genus *cannabis* offer different medicinal advantages. Patients typically research and share information to learn which strains will best meet their needs.

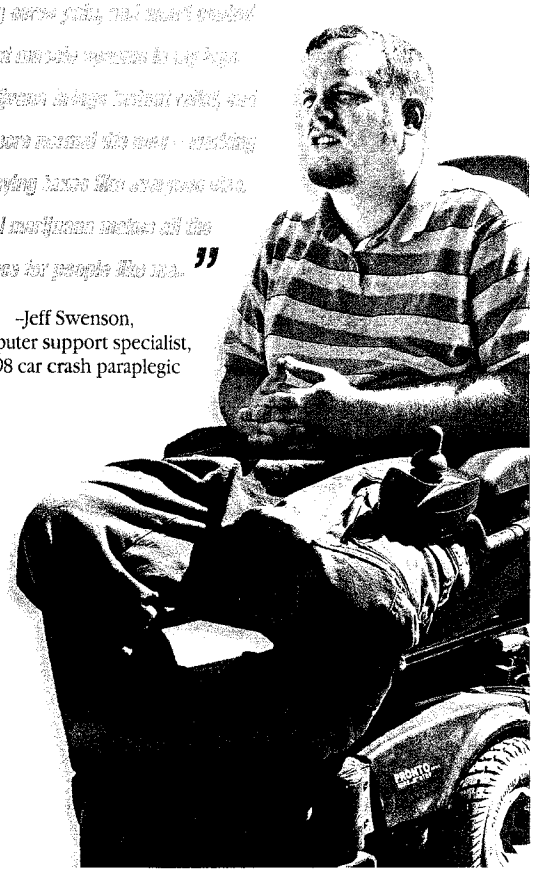
Medical marijuana, proven by modern research, benefits a wide range of conditions:

- Cancer
- Glaucoma
- HIV (AIDS)
- Wasting Syndrome (Cachexia)
- Chronic Pain
- Severe Pain
- Migraines
- Nausea
- Seizures
- Epilepsy
- Muscle Spasms
- Multiple Sclerosis
- Crohn's Disease
- Inflammation
- Arthritis
- Rheumatism
- Fibromyalgia
- Osteoporosis
- Diabetes
- Alzheimer's Disease
- Lou Gehrig's Disease
- Tourette's Syndrome
- Hepatitis C
- Hypertension
- Depression & Bipolar Disorder
- Sleep Apnea

....and more

"Over two of decades we'd all say never-ending nausea, pain, and worst of all the constant anxiety spasms in my legs. Medical marijuana is huge helper relief, and I can live a more normal life now – working full-time, paying taxes like everyone else. Medical marijuana makes all the difference for people like me."

–Jeff Swenson,
computer support specialist,
1998 car crash paraplegic



Montana's Medical Marijuana Act, passed by 62% of voters in 2004, allows physicians to make medical marijuana recommendations to patients diagnosed with certain conditions and symptoms. The law (M.C.A. 50-46) also protects physicians and indemnifies them from liability.

patients & families united is a network of Montana patients and their loved ones working together to improve each other's lives and to publicize the facts about medical marijuana. We conduct public education programs targeting everyone, especially healthcare providers, law enforcement agencies and public officials. Most people don't know that the peer-reviewed published literature about medical marijuana, including double-blind studies, is voluminous. The pace of new global research increases every year, as do the breadth and significance of the research findings.

This brochure highlights just a few illustrative examples of marijuana's benefits to patients suffering from conditions both severe and common. The studies cited or mentioned - some focused on the full marijuana flower, others focused on specific constituents unique to marijuana - demonstrate how marijuana is proven to be safe and effective medicine. This research mirrors the experiences of the thousands of patients in the growing number of states that allow the use of medical marijuana.

Learn more at our website - **www.mtmjpatients.org** - which features timely news as well as links to some of the world's leading web-based resources and published research about medical marijuana.

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Opinion

Medical marijuana law needs some work

New wrinkles in the law often need a little tweaking to straighten out snags, and Montana's voter-initiated medical marijuana measure is no exception.

Members of the medical marijuana advocacy group Patients and Families United met with the IR Editorial Board last week to explain why the tweaking is necessary. One bill would benefit patients living in rural areas far from a doctor by allowing nurse practitioners and physician assistants as well as physicians to prescribe medical marijuana. It also would let people with incurable illnesses renew their medical-marijuana registry every three years instead of every year.

an IR view

A yet-to-be-introduced bill would increase the amount of marijuana patents may have on hand so they aren't constantly on the verge of running out.

These are sensible measures that shouldn't be controversial, although they probably will be among people who can't get used to the idea that marijuana should be legal for sufferers to use.

But the 62 percent of Montana voters who approved medical marijuana in 2004 knew what they were doing.

Marijuana, which is safer than many other medicines prescribed to patients all the time, is a prover help for everything from arthritis to multiple sclerosis. Its active ingredients help cancer patients by preventing nausea, vomiting and pain and by stimulating appetite.

It is advocated by a variety of medical groups including the American College of Physicians, the American Nurses Association and the American Public Health Association.

At last count there were 1,577 Montana patients registered to use medical marijuana. These are people who need help, and it would be wrong to fail to fix a few regulations that only make their lives ever tougher.

January 21, 2008

TO: Members of the Montana House Human Services Committee

FROM: Edwin L. Stickney, M.D.

RE: HB 73

As a licensed Montana physician and past president of the Montana Medical Association, I write to urge your strong support of HB 73. I recommend a "do pass" committee vote for this proposal.

I wish I could attend your hearing to comment and answer questions in person, but my schedule interferes. However, I want all committee members to know that I would welcome the opportunity to talk with you about this should you wish to before taking action on HB 73. Please feel free to call me at the phone number listed below.

As background, I want to emphasize first that in my experience there are patients suffering from numerous conditions for whom medical marijuana can be the most helpful medicine available. Indeed, for some medical conditions, it can be a serious mistake – and risk – if medical marijuana is *not* used. This would include patients who suffer from Multiple Sclerosis, glaucoma and arthritis, which scientific research has proven can be prevented from worsening when marijuana is used. These are by no means the only examples, however. Patients who suffer chronic severe pain, as another example, often can achieve better relief with far lower side effects and risks, by using marijuana rather than prescription pain relievers. Indeed, I have worked with such patients who have reduced or entirely eliminated their need for risky pain relievers when using medical marijuana instead. These same principles can apply to a great many patients who suffer from various forms of cancer, particularly those enduring chemotherapy.

My reasons for urging support of HB 73 are simple.

HB 73 would greatly assist the many Montana patients who live in our more rural communities, which, as we know, includes a sizeable portion of our state. Many of these patients receive their ordinary continuing healthcare services from Nurse Practitioners (NPs) and Physician Assistants (PAs), and live in areas that aren't fully served by physicians. These NPs and PAs already have the authority to prescribe prescription medications that are far riskier in all respects than is medical marijuana.

Yet, under the current law, to receive consideration as prospective medical marijuana patients, the patients in these rural communities must drive long distances – often hundreds of miles, at considerable expense in time and money – to visit physicians who have never before even met

them. It makes much more medical and professional sense, and is more compassionate besides, to allow these patients to work directly with the conveniently located NPs and PAs who have been monitoring their conditions for years and who understand their medical needs best.

HB 73 also would allow those patients, for whom medical marijuana is appropriate and beneficial, to register with the state health department for a longer period of time (three years) if, in the judgment of their professional healthcare provider, their medical conditions are permanent and/or terminal. Under current law, these patients must go through the state's registration process every year, involving extra paperwork and bureaucracy as well as extra expense to the patients.

The registration fee of $50 annually may not seem a burden. But it is important to keep in mind that a very large percentage of the patients who can benefit from Montana's medical marijuana program suffer from extremely severe and debilitating illnesses – and a great many subsist on disability-level (or lower) incomes. HB 73's provision to allow longer registration periods for such patients strikes me as a matter of common sense for all concerned.

Again, I strongly urge a favorable committee decision on HB 73 – and I would welcome the opportunity to answer any questions you may have.

Edwin L. Stickney M.D.

1400 Poly Dr Apt 8BC

Billings, MT 59102-1795

406-896-1100

estickney2@bresnan.net