

STATE OF MONTANA
COMMITTEE NO. 20
DATE 2/17/11
SB 336
FEB 16 2011

**Testimony Pertaining to the Use of "Medical" Marijuana for PTSD.
Submitted on February 16, 2011
To the Montana Senate Judiciary Committee
By Calvin Fay, Executive Director, Save Our Society From Drugs**

Dear Members of the Senate Judiciary Committee:

We respectfully request that this testimony, on behalf of Save Our Society From Drugs, a national drug policy organization with members in the state of Montana, be included in the hearing that is scheduled for February 17, 2011 pertaining to SB 336.

Save Our Society From Drugs (S.O.S.) has over ten years of experience in monitoring and making policy recommendations on drug policy issues including those pertaining to marijuana legalization. S.O.S. understands the need for a comprehensive approach to promote sound drug policy that includes education, prevention, abstinence-based treatment, scientific research, and community awareness. Our members include doctors, researchers, law enforcement officials, business leaders, lawyers, and parents, just to name a few.

We have analyzed this bill and believe that this legislation will have significant negative impacts on the state of Montana. Please take this opportunity to review our analysis of SB 336.

Marijuana is an illegal drug with no scientifically recognized medical efficacy. The Food and Drug Administration (FDA) does not approve of the use of smoked marijuana for so-called medical purposes, and its use is, therefore, unregulated. There are significant implications for patient care since there are too many health risks associated with such use.

Smoking is not a safe delivery system for any substance. Due to the significant toxins that are emitted by the combustion of the marijuana leaf, we are especially concerned about the smoking aspect of marijuana in treating PTSD patients, particularly in light of the fact that it is a brain disorder.

Marijuana remains a Schedule I drug because it has no accepted medical value and has a high potential for addiction. There is no scientifically documented benefit for the use of crude marijuana for any medical purpose. In fact, crude smoked marijuana has been rejected by major reputable national medical associations including the American Medical Association, the American Ophthalmic Association, the National Multiple Sclerosis Society, and the American Cancer Society.

Past evaluations by several Department of Health and Human Services (HHS) agencies, including the FDA, Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA), found no sound scientific studies supported medical use of crude marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of crude marijuana for general medical use.

In fact, there is no scientifically sound research on crude marijuana's effectiveness and risks as a medicine, interactions with other drugs, and impact on pre-existing conditions. Valid studies on crude marijuana do not exist that can be used to establish the quantity of dose, frequency and duration of administration, route or method of administration of marijuana for any medical condition.

Research indicates that marijuana is not as harmless as pro-drug advocates claim. Someone who smokes marijuana regularly can have many of the same respiratory problems as cigarette smokers. Persistent coughing, bronchitis, and more frequent chest colds are possible consequences. Regular use of marijuana compromises the ability to learn and to remember information by impairing the ability to focus and sustain and shift attention. Long term use reduces the ability to organize and integrate complex information.

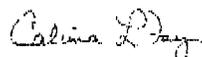
Many individuals with PTSD experience additional problems such as difficulty sleeping, chronic pain, stomach and intestinal problems, continued state of hyper-arousal or watchfulness and anxiety/panic attacks. Current research is showing that marijuana users are at high risk for developing anxiety and mood disorder, in addition to it being linked to psychosis and psychotic disorders. It is alarming that one would consider treating PTSD with a substance that is likely to aggravate the condition.

Finally, before the legislature contemplates adding additional medical conditions to the current program, one should consider who is really using marijuana as a so-called medicine in Montana. As of January 2011 there were 28,362 participants in the registry program. Of the 28,362 register users, 90% are treating chronic pain (an indefinable term that is being used to cover medical conditions such as menstrual cramps, headaches, and minor arthritis) or chronic pain with muscle spasms. Combined, the more serious conditions such as cancer, glaucoma and HIV represent 2.8% of the program's participants.

Perhaps a better use of the legislature's time would be supporting efforts to repeal the state's "medical" marijuana law instead of adding another condition to an already widely abused program.

Thank you for the opportunity to present written testimony for the February 17th hearing.

Respectfully Submitted,



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