

DATE 3/11/10
#B16

Members of the committee and attendees—thank you for your attention. Allow me to introduce myself, my name is Kay Parmiter. I was born and raised in Eureka, Montana and have lived all of my adult life in Montana, currently in Missoula. I work as an office nurse, am married, and the mother of five children and grandmother of ten. My husband and I raised two daughters and a son, all of whom are responsible adults. In 2003 after ten years of enjoying an “empty nest”, we met a young man who impressed us as a kind and caring individual and who was wonderful with our young grandchildren. He was, at that time, 14 years of age, and 1 of 5 children who had been removed from their home due to parental drug addiction. He was living in a Missoula group home. His other siblings were in foster care.

The abuse and neglect the children suffered prior to being removed from their parents is a long and chilling tale but suffice it to say, my husband and I were moved to act and took the necessary steps to become foster parents. We were hoping to be a safe and loving home where all five children could come together periodically in a healthy environment. Although that never came to fruition for various reasons outside of our control, we were approached by Missoula Youth Homes to consider being foster parents for the 14 year old boy, Dan. After much prayer, contemplation, and discussion with our three grown children, we decided to welcome him into our home as family. He came to us with a diagnosis of Oppositional Defiant Disorder and although tentative, we were hopeful that a stable and loving home could make a difference. Two weeks after he arrived, we received another phone call from Missoula Youth Homes to consider providing a home for the youngest of the five children, age 6, as he wanted to be with one of his brothers. So again, after much prayer and discussion, we agreed. I was then 52, my husband 54 and frankly, we felt way too old to be the parents of a 6 year old. But his older brother advocated for him telling us, “you’re never too old to be a good parent”. We then opened our home to him as well, and this 6 year old boy came to us with no clothes, no shoes that fit, and one toy. He also came with a diagnosis of severe ADHD, PTSD, Reactive Attachment Disorder and Anxiety Disorder. Thanks to our 14 year old, the Reactive Attachment Diagnosis was most likely wrong as this little boy was very much attached to his older brother.

By the accounts of their eldest half-sister and their memory, the 14 year old was the parent of the other four—changing diapers when he, himself, was only 4 years old; procuring food, sometimes when pet food was the only option left by the parents; and protecting them from physical and sexual

abuse. One and a half years later, we adopted both boys into our family and gave them our name.

Our kid's biological parents did not become addicts overnight. They started by using marijuana. Our oldest can remember when he was 4 years old going into the basement "to help daddy water the plants". When he was 10, he was introduced to smoking marijuana. The parents escalated from using to dealing. When pot wasn't enough, they added heroin and methamphetamines. Our son was taking brown paper bags of pot to give to other people when he was 12 years old. HE was taught how to deal. When the kids were growing up, there was documentation of school truancy, sometimes attendance being as little as 20 days per year.

But when the children were placed in other environments, it was immediately apparent that they were bright and had enormous untapped potential. Our son, now 22 years if age, and despite being so far behind in school when he was first placed with us, graduated at 18 with decent grades. He even made the honor roll a few times. He was very well liked by his teachers, and his younger brother, now an 8th grader, thrives in an academic environment as well.

But it pains me to tell you— our 22 year old son is an addict, a marijuana addict, and that brings me before you today. I am passionate about the destructive potential of marijuana because my son is a talented artist and welder and brings joy to us and our young grandsons when he is not under the influence. But we must protect our young grandsons from exposure to their uncle due to his drug abuse. Despite his talents and potential, he was discharged from the Army after drug treatment, attended the School of Christ Drug and Alcohol Center in Missoula in 2008 for five months, and still cannot hold a job. He has been in and out of our home in the last four years more times than we can count and each time there is an emotional toll that I cannot come close to describing. He comes home broken, with nothing, and desires to be "clean". He has no car, no TV, no drivers license, and is \$50,000 in debt. Yes, \$50,000 at age 22. We have spent thousands of dollars of our money resulting in near financial ruin, and hours of time counseling with him to no avail.

When he came home the 1st of October, 2009, he again expressed his desire to be clean and really needed our help— and he was beginning to turn the corner. We were so hopeful.. He started working construction with my husband and was doing a great job, but construction has been slow and he

needed to find additional work. Then, things started changing. We could see signs of drug use starting again. He communicated to us that it was becoming increasingly difficult to stay clean because everyone was getting their medical marijuana cards and they would openly smoke because the police could not do anything about it. He then said some of his friends offered to buy his green card for him if he desired. He was still trying to fight the urge but was starting to talk about how marijuana really wasn't that bad, that it was just his attitude that caused his problems in the past. Then, his best friend went to the medical marijuana convention in Missoula to learn how to get his green card because he has back pain from a minor car accident. (The same friend who regularly participates in amateur fighting matches held in Missoula.)

So, as you can imagine, our son is no longer living in our home, but is back out in the drug world as he says, "couch surfing". He is not the only young person that we have lost to marijuana. His sister, who we also fostered for a time, should be graduating in May but resumed marijuana use last summer. She was a cheerleader with a 3.5 GPA and is now a high school dropout with only two credits left in order to graduate. She is living in an old trailer with other teenagers, does not have a job, and has been incarcerated twice. She too, has a medical marijuana card.

As I have said, I am a nurse. I fully understand the indications for Medical Marijuana; however, controls are obviously not in place for use in the absence of a solid medical diagnosis with an indication for marijuana use. It baffles me that a law with such potential for abuse, was passed with very little control that has allowed 2,635 young people in the state of Montana (April 10th Missoulian newspaper) between the ages of 21-30 to obtain a green card. Or that allows a physician, such as Dr. Wayne Kawalek, who resides in Ohio, but has a license in Montana, to prescribe medical marijuana with nothing but a brief phone consultation.

Nor can I support the argument as stated in the April 4th 2010 Missoulian supporting Medical Marijuana as a boost to our economy. It has cost not only the state of Montana and its taxpayers untold dollars, but the potential of many of our youth. It is also detrimental to parents trying to raise responsible adults. In the first 14 months of care at Watson's Receiving Home where the children resided, it cost \$163,004 and that does not include the Medicaid that they were receiving at that time. Since Watson's the estimated cost of care to date for the five kids is \$405,101.28 and for the

parents is \$12,000 for a total to date of \$417,101.28. It is indeed a bleak future if this abuse is allowed to continue. The argument that marijuana is "natural" does not negate the fact that there are multiple adverse side effects including physical, mental, and psychological— a few of which are delineated in the Natural Medicine Comprehensive Database. (Jellin et al, 2000)

In summary, my children's biological father died with a marijuana pipe in his hand. That is the future that my husband and I have worked so hard to prevent when we interrupted our lives to extend our help to these children. We believe that it DOES "take a village to raise a child", and we are hoping that the community of Montana will take its responsibility by limiting the growers and having a truly controlled situation whereby medical patients that truly require medical marijuana can legally be recipients of a therapy to contribute to quality of life, when the ravages of disease rob them of that. But it is imperative that the many loopholes that exist at present be closed to our youth and others who abuse the privilege of legalization for no other purpose than self-gain. Marijuana is NOT the answer to the pain of a lost childhood, abuse and neglect, or an easy income in a sluggish economy, but people in pain "self-medicate", with whatever substance is available, and for many, this is a gateway drug. We have the highest alcohol related deaths---- will marijuana increase those numbers exponentially as more impaired drivers "legally" get behind the wheel? Please Montana— be the village that guides our youth in the way they should go, and enable them not to depart from it. All of our futures depend on it.

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Jellin JM, Gregory P, Batz F, Hitchens, K, et al, Pharmacist's Letter/Prescriber's Letter Natural Medicines Comprehensive Database, 3rd ed, Stockton, CA; Therapeutic Research Faculty; 2000: pg 707 -708.