

Rep. Teo Zagar

H.245 – Testimony to House Human Services Committee

March 17, 2015

This bill acknowledges and proposes to expand the benefit that many sick and dying people derive from responsible, therapeutic use of cannabis – a medical practice with a substantial and growing amount of scientific and anecdotal evidence to back it up. Using the cannabinoid CBD to reduce or eliminate seizures in children is a notable recent breakthrough. I've personally witnessed the relief cannabis has delivered to friends and family struggling with all the conditions proposed in this bill, as well as various forms of terminal cancer and combat-related PTSD.

My bill proposes to add four chronic, debilitating conditions (one of them terminal) to the list of “Debilitating medical conditions” on the registry, and also to simplify the renewal process for those patients with conditions for which there is no cure.

Crohn's Disease and Colitis are chronic inflammatory bowel diseases that affect the lining of the digestive tract, and there is compelling evidence that cannabis alleviates some of the unpleasant symptoms of IBD. I've shared the abstract of a peer-reviewed study from the journal of Clinical Gastroenterology and Hepatology for the documents section of your committee page. The conclusion states that: "a short course (8 weeks) of THC-rich cannabis produced significant clinical, steroid-free benefits to 10 of 11 patients with active Crohn's disease, compared with placebo, without side effects. Further studies, with larger patient groups and a nonsmoking mode of intake, are warranted." Similar studies and results are readily found online.

Glaucoma is lifelong disease of the optic nerve that can lead to significant vision loss and blindness. Cannabis has been proven since the 1970's to decrease intraocular pressure (IOP), and this is acknowledged by the most prominent, mainstream experts in the field, even if they don't endorse the use of cannabis to treat the condition. According to the American Glaucoma Society: "It has been definitively demonstrated, and widely appreciated, that smoking marijuana lowers IOP in both normal individuals and in those with glaucoma, and therefore might be a treatment for glaucoma". Skeptics will say that cannabis offers only short-term relief and therefore needs to be consumed too frequently, that it's not as effective as synthetic medication, and that it has potentially negative side effects. But therapeutic use of cannabis for treating glaucoma can be supplementary to reduce the reliance on synthetic chemicals, some of which may have side effects of their own, and it works dependably for patients for whom pharmaceutical remedies aren't effective. The side effects of cannabis can be mitigated based on the method of delivery and consumption.

Amyotrophic Lateral Sclerosis (ALS/Lou Gehrig's Disease) is a fatal neurodegenerative disorder characterized by the selective loss of motor neurons in the spinal cord, brain stem, and motor cortex, leading to paralysis and suffocation but leaving mental function and sensation fully intact. It's an almost invariably terminal condition with a life expectancy of two to three years which can be extended by using mechanical ventilation,

feeding tubes, and around-the-clock care. Under our current system, another neuromuscular disorder, MS, is an approved condition on the registry, as there is evidence to suggest that the antioxidant properties of certain cannabinoids can delay the neurodegeneration associated with MS and ALS in lab animals. Even the National MS Society and the American Academy of Neurology recognize the alleviation of spasticity and pain in MS patients following cannabis-based therapies. For ALS, The American Journal of Hospice & Palliative Medicine in 2010 reported that, "Based on the currently available scientific data, it is reasonable to think that cannabis might significantly slow the progression of ALS, potentially extending life expectancy and substantially reducing the overall burden of the disease." I refer you to page two and three of the document on your webpage for more information, including a chart for the specific ALS-related symptoms that cannabis can alleviate.

The other provision of this bill proposes to amend the requirement for obtaining medical verification from a healthcare provider on an annual basis for patients diagnosed with terminal or lifelong debilitating conditions. Unless there's a cure for HIV or MS, patients with these conditions shouldn't have to go through the inconvenience of having their doctors re-affirm their diagnoses on an annual basis. I've heard from people who have almost had their renewals rejected because of delays in getting these notes. For cancer patients, this bill proposes to require medical verification on a three-year basis. The annual renewal application and fee would remain in place.

You may hear opponents of medicinal cannabis say that the science behind it isn't conclusive, that more time and study are necessary, and that there are negative side effects. But the very same can be said for many of the synthetic chemicals manufactured by pharmaceutical companies. It's estimated that thousands of people die from the side effects of FDA approved drugs every year, and there are countless stories of dangerous, ineffective pharmaceuticals being withdrawn from the market because they simply don't work as advertised. Drug companies have been accused of deceiving the FDA about the efficacy and safety of their products, and essentially bribing healthcare providers to over-prescribe their pills – a potentially significant driver of our current opiate epidemic. There are many ways to minimize the potentially harmful side effects of cannabis, like vaporization, edibles, low-THC strains, and cannabinoid derivatives targeted at specific conditions. There is ample scientific and anecdotal evidence to warrant a responsible, compassionate approach to permitting cannabis for therapeutic use for a variety of conditions, as either a replacement or supplement to other treatments.

Cannabis isn't for everyone, and some may only consider it as a last resort, but I don't believe that we should unnecessarily restrict certain remedies that may bring some degree of relief to people who are suffering, or indirectly make them criminals for self-medicating.