



(FORM UPDATED: 08/11/2010)

# WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

## 2009-10

(session year)

## Senate

(Assembly, Senate or Joint)

### Committee on ... Health, Health Insurance, Privacy, Property Tax Relief, and Revenue (SC-HHIPTRR)

## COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

## INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

## Senate

### Record of Committee Proceedings

#### **Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue**

##### **Senate Bill 368**

Relating to: medical use of marijuana, the regulation of marijuana distribution organizations, requiring the exercise of rule-making authority, making appropriations, and providing a penalty.

By Senators Erpenbach, Taylor and Miller; cosponsored by Representatives Pocan, Black, Roys, Hilgenberg, Berceau, Parisi, Kessler, Zepnick, Danou, Pope-Roberts, Grigsby, Pasch, Toles and Sherman.

October 27, 2009      Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

December 15, 2009    **PUBLIC HEARING HELD**

Present:    (6)      Senators Erpenbach, Carpenter, Robson, Lassa, Lazich and Darling.

Absent:    (1)      Senator Kanavas.

##### Appearances For

- Jackie Rickert, Mondovi — IMMLY
- Gary Storck, Madison — IIMLY, WI NORML
- Mark Pocan — Rep.
- Jon Erpenbach — Sen.
- Daniel Abrahamson, Madison — Drug Policy Alliance Network
- Robert Capecchi, Washington, D.C. — Marijuana Policy Project
- Mary Lynn Mathre, Howardsville — Patients Out of Time
- Michael Wolkomir, Barneveld — Dr.
- Karen Carrig, Cambridge — HOPE of WI
- Travis Massen, Galesville
- Matthew Brewer, Spring Green
- Gina Dennik-Champion, Madison — Wisconsin Nurses Association
- Brandy Zink, Detroit — Michigan Medical Marijuana Association
- Charles Ream, Ann Arbor — Safer Michigan Coalition
- Greg Francisco, Paw Paw — Michigan Medical Marijuana Association
- Maurice Cheetham, Detroit — Michigan Medical Marijuana Association
- Ryan Nofsinger, Milwaukee
- Bill Keeton, Milwaukee — AIDS Resource Center of Wisconsin
- Christine Harrington, DeSoto
- Penny Nagel, West Allis
- Sean King, Pewaukee

- Tyler Zellmer, Oshkosh
- Susanne Way, Madison
- Daniel Veerhusen, Madison
- Jeremiah Selfhofner, Green Lake
- Matt Toll, Omro
- Alex Troester, Brownsville
- Nadine Wright, Madison
- Michael Adams, Madison
- Brian Lazarik, Madison
- Mary Adams, Milwaukee
- Randall Prazuch, Eau Claire
- Gregg Hinkley, Madison
- JoAnn Price, Verona
- Richard Martin Jr., Menasha
- Marcus Mollenarro, Kenosha
- Mitchell Marieque, Madison
- Braden Hand, Janesville
- Wayne Blake, Madison
- Melissa Decoral, Madison
- Teresa Shepherd, Hartford
- Scott Shepherd, Hartford
- Stacy Harbaugh, Madison — ACLU of Wisconsin
- Daniel Schroeder, Brookfield
- Ben Masel, Madison
- Tim Paulson, Saukville
- Jon Schommer, Racine

#### Appearances Against

- Michael Miller, Madison — Dr., WI Med. Society, American Society of Addiction Medicine
- Kevin St. John — Wisconsin DOJ
- Charles Wood — Wisconsin Narcotics Officer Association
- Robert Block, Madison — Controlled Substances Board
- Tom Meyer, Madison

#### Appearances for Information Only

- Tom Engels, Madison — Pharmacy Society of Wisconsin

#### Registrations For

- Paul Schloemer, Madison
- Richard Nothnagel, Milwaukee — Milwaukee Area NORML
- Lindsay Cook, Milwaukee — Milwaukee Area NORML
- Rick Nielsen, Milwaukee — NORML
- Michael Lembke
- Jeffrey Peterson, Milwaukee — Milwaukee Area NORML
- Josh Zepnick — Rep.

- Matthew Davis, Beloit
- Lee Klestinski, Verona
- Kyle Olson, Madison
- Alex Jurovic
- Gary Karch, Madison — Madison NORML
- Brad Osborn, Madison
- Jon Hain, Madison
- David Clark
- Don Mettillie, Pewaukee
- Sean Witzling, Madison
- Travis Bahneman, Muskego
- Jennifer Kinkade, Hubertus — Milwaukee Area NORML
- Matthew Pichler, Colgate — Milwaukee Area NORML
- Ben Achten, Madison
- Lynn Paloski, Altoona
- Brittany Prazuch, Eau Claire
- Bob Paloski, Eau Claire
- Jeffrey Wilschke, Madison
- Erik Nielsen, Racine
- Teri Meronek, Racine
- Tara Sagehorn, LaCrosse
- Charles Wachtel, Oregon — Veterans for Medical Marijuana
- Tim Dean, Madison
- Patrick Brumm, Madison
- Phil Framsen, Belleville
- Ben Hallock, Fort Atkinson
- Joseph England, Greenfield
- Joe Linkowski, Sun Prairie
- Mark Schener, Madison
- Phil Fransen, Belleville
- Kyle Norton, Whitewater
- Sean Dilks, Whitewater
- Margo Bue, Galesville
- Gary Sherman — Rep.
- Jean Mellen
- Alyssa Kramer, Madison
- Aaron Winden, Janesville
- Erin Curtis, Madison — Dr.
- Christina Newsome, Milton
- Bryan Denio, Milton
- Alexandra Minter, Lodi
- Lena Taylor — Sen.
- James McCarny, LaFarge
- Genie Ogden, Madison
- Jason Glaspie, Fitchburg

- Will Kirchmayer, Fort Atkinson
- Kelly Lunney, Madison
- Bill Edming, Plainfield
- William Sanders, Milwaukee
- Jeff Barbo, Madison

Registrations Against

- Nina Emerson, Madison

Registrations for Information Only

- None.

April 22, 2010

Failed to pass pursuant to Senate Joint Resolution 1.

Kelly Becker  
Committee Clerk

SB  
368

**Becker, Kelly**

**From:** Knutson, Tryg  
**Sent:** Tuesday, October 27, 2009 8:05 AM  
**To:** Johnson, Kelly  
**Subject:** FW: Thank you for your courage!

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**From:** Eric Bauer [mailto:ericbau114@yahoo.com]  
**Sent:** Tuesday, October 27, 2009 12:39 AM  
**To:** Sen.Erpenbach  
**Subject:** Thank you for your courage!

Hello,

My name is Eric Bauer and I am a citizen of Mayville, WI. I am also the co-founder of a small group called W.A.R.M., Wisconsin Advocates for the Reform of Marijuana. Dont worry, I dont expect you to know who we are, atleast not yet, since we are relatively grass roots and small. I would like to thank you for your courageous letter in the Monroe Times. I would also like to thank you for your efforts in drafting the Jackie Rickert Memorial Act. It has been a long time coming! Finally, it may be possible for those patients who seek non-traditional, non-pharmaceutical medicine for their conditions to do so without fear of prosecution. Sir, you truly are a hero to those people, as are the rest of the people in our government that support this legislation. The other founder of my small group, W.A.R.M., has a condition known as Crohns Disease. He has not been prescribed any medicine for the severe cramps and bowel obstructions that occur due to his disease. The only treatment that he has found effective has been Cannabis. It is obscene to think that 70 years of myths and propaganda have prevented him from being able to comfortably live his life, as well as thousands of others. That is just in our state! With the passing of Mary Powers this past week, it is nice to have something positive to lean on. If there is anything further I can do, or W.A.R.M. for that matter, please let me know, and again, THANK YOU!

Eric R. Bauer



SB  
369

**Becker, Kelly**

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**From:** Knutson, Tryg  
**Sent:** Tuesday, October 27, 2009 10:42 AM  
**To:** Johnson, Kelly  
**Subject:** FW: Jacki Rickert Medical Marijuana Act

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**From:** Jeff Peterson [mailto:jpeterson8@wi.rr.com]  
**Sent:** Tuesday, October 27, 2009 10:05 AM  
**To:** Sen.Erpenbach  
**Subject:** Jacki Rickert Medical Marijuana Act

Dear Senator Erpenbach,

I am writing to thank you for writing and sponsoring the Medical Marijuana Act. I have been using Marijuana medically for over 5 years now. I was diagnosed with, and underwent treatment...chemotherapy twice for Hepatitis C. I was never a drug abuser and am a heterosexual male. (I became infected after years of cocaine use...ingesting the drug via nasal inhalation). Both attempts at treatment were unsuccessful, and I am now in end stage liver disease. Cannabis has allowed me to discontinue 3 physician prescribed, big Pharma medicines, which were too expensive for me to continue purchasing. I am disabled and have no Medical Insurance, so Marijuana has been a God Send for me.

It's time that our elected officials actually begin to listen to the wishes of their constituents, as you have, and vote Yes on the JRMMJA.

Thank you again for your conscience, wisdom, compassion and support of Medical Marijuana for Wisconsin Patients!

Sincerely,  
Jeffrey Peterson  
Medical Marijuana Patient and,  
President, Milwaukee Area NORML



**Becker, Kelly**

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**From:** Knutson, Tryg  
**Sent:** Tuesday, November 17, 2009 4:36 PM  
**To:** Johnson, Kelly  
**Subject:** FW: Medical Marijuana

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**From:** Bill.Keeton@arcw.org [mailto:Bill.Keeton@arcw.org]  
**Sent:** Tuesday, November 17, 2009 4:35 PM  
**To:** Sen.Erpenbach; Rep.Pocan  
**Cc:** Knutson, Tryg; Wavrunek, Glenn  
**Subject:** Medical Marijuana

Good Afternoon Senator Erpenbach and Representative Pocan -

The purpose of my email is to thank both of you for introducing SB 368 and AB 554 - the Jacki Rickert Medical Marijuana Act. I am also pleased to share with both of you that the AIDS Resource Center of Wisconsin (ARCW) has registered in support of both bills and that we will be requesting the opportunity to testify in support of the bills during the combined hearing on December 15th.

ARCW applauds your leadership in this commonsense approach to making sure people suffering from pain related to HIV/AIDS have access to medical marijuana as prescribed by their physician.

Please feel free to share our support with constituents, colleagues, members of the media or other interested parties as you deem appropriate.

As always, if you have any questions please do not hesitate to contact me.

Sincerely,  
Bill

Bill Keeton  
Director of Government Relations  
Director of Communications  
AIDS Resource Center of Wisconsin  
414.225.1572 (o)  
414.313.2036 (c)  
[www.arcw.org](http://www.arcw.org)



SB 368

**Becker, Kelly**

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**From:** Knutson, Tryg  
**Sent:** Wednesday, November 18, 2009 10:38 AM  
**To:** Johnson, Kelly  
**Subject:** FW: AB554

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**From:** Matt Schumacher [mailto:wolfboy1313@gmail.com]  
**Sent:** Tuesday, November 17, 2009 8:57 PM  
**To:** Sen.Erpenbach  
**Subject:** AB554

Hi Senator, I have a debilitating back injury that causes me severe pain. The doctors prescribe me Oxycontin but are worried about the long term affects and building up my tolerance so I would need even more. My wife and I discussed moving to a state that allows medical marijuana because we fear the long term affects of prescription pain killers. (I am 45 years old)  
I am asking your support of this bill. I think it would offer a safer option to people that are struggling with pain.

Matthew F. Schumacher  
3380 Deerskin Rd.  
Eagle River, WI 54521



SB  
368**Becker, Kelly**

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**From:** j smith [jaysmith333@msn.com]  
**Sent:** Thursday, November 19, 2009 2:16 PM  
**To:** Becker, Kelly; gstorck  
**Subject:** Medical Marijuana Testimonial

Dear Kelly,

I'm writing today in support of medical marijuana. Not only as a patient the uses hemp medicinally but also as a former Navy Corpsman, a medic, who's treated many patients with a great deal of different ailments and have seen, first hand, how patent medicines do little to reduce symptoms or pain but rather increase the patients chances of death by usage, chemical dependence and physical addiction. There are a great many Veteran's in treatment centers seeking cures for those addictions visited upon them in the name of Medical Science and symptom treatment.

I have seen the relief that natural medicines can bring and the less harmful effects that they bring. It wasn't until I became severely injured by being run over by a semi-truck that I found out just how dangerous patent medicines can be.

I have been a T-10 para for over twenty years. That designation means I can't feel or walk in an area that starts in the middle of my chest and goes down to my toes.

Besides not being able to walk and having digestive troubles, there is constant severe ( #10 ) pain running down both legs along with muscle spasms. The drugs that were prescribed, Baclofen 120mg four times a day, for spasms and Gabapentin 150 mg four times a day for the pain, neither of which worked and in their dosages were life threatening to me.

The baclofen, in the dosage suggested it would have caused my kidneys to fail in 18 months or less. The gabapentin didn't stop the pain so much as it gave me a 'chemical lobotomy' and I didn't get rid of the pain, it just made me too spaced out to speak.

On the other hand, the use of cannabis hemp as a medicinal treatment has given me a greatly improved living quality. I am not in as severe pain. That's down to about a #2 on the clinical pain scale, almost no muscle spasms and I have a clear, much sharper mind compared to life on gabapentin.

Using cannabis hemp medicinally has made it so I can once again compose music, perform it and even write for two online magazines. None of which I could do or would even consider doing because of the side effects of prescription medications. Because of its highly therapeutic nature, cannabis hemp has given me a life that patented medications surely took away.

I would strongly suggest to anyone that has the power to end needless suffering at the hands of patented medications to please make cannabis hemp as legal as tap water for those patients it could be effective for.

Sincerely,  
Jeffrey Smith  
N8817 Church St.  
Brillion Wi. 54110



SB 368

**Becker, Kelly**

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**From:** Bill Bradshaw [bc\_bradshaw@yahoo.com]

**Sent:** Friday, November 20, 2009 1:37 AM

**To:** Becker, Kelly

Hi.

My Mother Died of cancer in 2001.

She hated using Opiates for killing the pain, Even if it is prescription. Please help get the Medical exemption for use of cannabis passed.

Thank you

Bill Bradshaw

Spring Green



SB 368

**Becker, Kelly**

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**From:** Mariette Nowak [mmnowak@wi.rr.com]  
**Sent:** Saturday, November 21, 2009 2:02 PM  
**To:** Becker, Kelly  
**Subject:** Combined Senate/Assembly Health Committee Hearing on AB554/SB358 - Dec.15 permalink

Dear Ms. Johnson:

Please submit this email into the public record for the Dec. 15 hearing on AB554/SB58. I strongly favor the legalization of medical marijuana and urge you to approve the use of this valuable medication. I have a mother who is 95 years old and, while she is not in need of medical marijuana now, I would like it to be an option in the event that it could help reduce pain for her in the future. I, too, am getting older (68 years old now) and am having 2 biopsies for skin spots likely to be cancerous. If medical marijuana would help in the event of chemotherapy or other treatment, I would like to have it available. It is cruel to prevent sick people from getting the relief from pain, nausea and other symptoms that medical marijuana could provide

As you may know, 13 states and several countires have already approved the use of medical marijuana.

Thank you for the opportunity to comment on this bill. Please let me know that you received this email.

Sincerely,

Mariette Nowak  
N9053 Swift Lake Dr  
East Troy, WI. 53120



SB  
368

November 22, 2009

Max Wellhoefer  
P.O. Box 87  
115 West Menasha Street  
Whitelaw, WI 54247

Senator Jon Erpenbach  
Room 8 South  
P.O. Box 7882  
Madison, WI 53707-7882

Dear Senator Erpenbach:

I'm writing to you to ask your support in passing a medical marijuana law in Wisconsin. It would finally put an end to myself and countless others facing the struggle of breaking the law by otherwise law-abiding citizens.

I am a sufferer of Wilson's Disease. It is a rare liver disease that causes painful muscle spasms, headaches and joint pain. Undiagnosed, it causes neurological damage and eventually death. I was 16 when the symptoms began. I was unable to walk, speak or eat without assistance. With little knowledge of the disease, the doctors did not diagnose it until much of the damage was irreversible.

Using marijuana has cost me dearly during my life. In April of 1989, I was arrested for intent to deliver marijuana and manufacturing 19 marijuana plants. Suddenly my life became a nightmare. I was facing up to 34 years in prison and charged with two felonies. I had no idea what was going to happen to me, but I knew it was not going to be good.

In an unsuccessful attempt at suicide, I wound up in jail charged with felony bail jumping for attempting to steal two shells for my double barrel shotgun. Unable to post bail, I remained in jail until sentencing. It was 287 days of hell. I was sentenced to three years in prison and five years probation. The nine months I had spent in jail satisfied the bail jumping charge. I lost a full time job, a car, my wife and daily contact with my children and family. I was now subjected to a whole new world that I would just as soon done without. I ended up spending 23 months in prison. I did the remainder of my five-year prison term on parole. I did two of three years on probation. They cut the last year of probation because it was determined that supervision was not necessary.

In March of 2000, I was again charged with growing marijuana. The nightmare began again. This time I spent two years in prison under truth in sentencing and six years on extended supervision, and a \$4000 fine. Once again, I lost a full-time job, another marriage, \$4000 on legal fees, and daily contact with my family. The worst thing of all was not being there when my mother passed away in October of 2001.

I suffer from severe dystonia (muscle spasms) due to complications from Wilson's Disease. Smoking marijuana relaxes the spasms. Over the years, I have tried all kinds of legal drugs to help. I have been given muscle relaxers, Valium, Artane, and other barbiturates, but nothing worked like smoking marijuana.

The years I was in prison and supervision, I did not use marijuana out of fear of making my situation worse, or getting caught up in the "revolving door" syndrome.

It is possible and totally legal for sufferers of chronic pain to go to a local pain clinic and get prescriptions of powerful narcotics like morphine and methadone, but we face prosecution and jail or prison time for smoking marijuana. This sounds crazy to me..... Please, I ask you, let's end this insanity!

Sincerely,

A handwritten signature in cursive script that reads "Max Wellhoefer".

Max Wellhoefer  
Whitelaw, WI

# Whitelaw man sentenced to

## Previous conviction overshadows Wellhoefer's medical-use argument

By **ROB YOUNG**  
Herald Times Reporter

**MANITOWOC** — A 45-year-old Whitelaw man was sentenced Tuesday to two years in prison despite a defense attorney's argument that the marijuana found growing in her client's basement was for medical purposes only.

Police found 19 marijuana plants growing March 15 at the Max Wellhoefer residence, 115

W. Menasha St.

Attorney Michele K. Roberts told Manitowoc County Circuit Judge Pat Willis that Wellhoefer used the marijuana to treat Wilson's disease, a rare and painful liver disease that causes neural problems, headaches, sore joints and other symptoms.

Assistant District Attorney Michael Griesbach agreed that Wellhoefer used the drug for medical reasons and conceded

there was no evidence any of the drug was sold. But he pointed out that Wellhoefer was convicted once before, in 1989, for the same offense, committed in the same house.

"We've been down this road before," Griesbach said.

Griesbach called Wellhoefer's set-up "an extensive and somewhat sophisticated grow operation," including equipment to measure and generate carbon dioxide.

Police also found 1,229 grams of harvested marijuana.

Wellhoefer "took it upon him-

/STATE

HERALD TIMES REPORTER

# to 2 years for growing pot

self to deal with (Wilson's disease)" instead of seeking conventional medical treatment, Griesbach said.

Roberts said doctors in Wisconsin, where medical use of marijuana is illegal, won't go on record saying the drug has medical value but admit it behind closed doors.

Wellhoefer sought conventional treatment "as far as his finances would permit," she said.

She called the disease "horribly debilitating" and "excruciating."

Roberts said the three-year

sentence requested by Griesbach would be close to a death sentence in the state prison system, where doctors she spoke with had not even heard of Wilson's disease.

Griesbach said prison doctors could provide proper treatment.

Willis gave Wellhoefer less than the three years requested by Griesbach but more than the six-month minimum.

All of the marijuana possibly could have been for Wellhoefer's own use, he said.

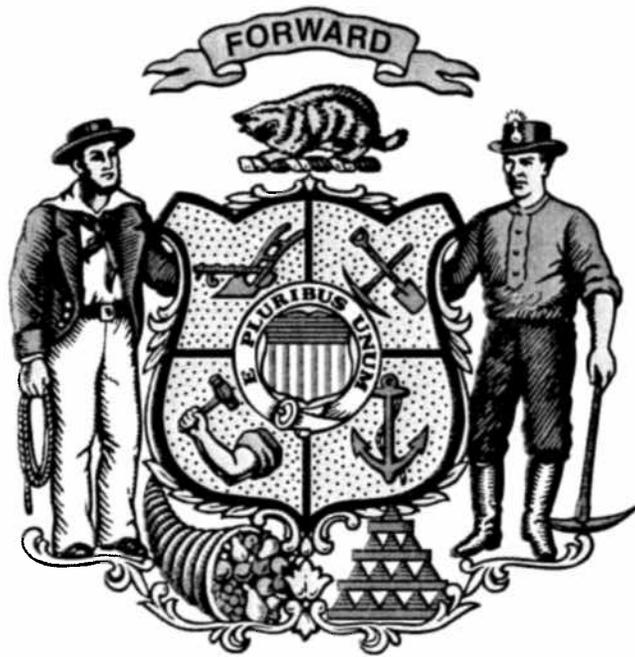
Willis called Wellhoefer's disease "an offsetting factor but not

an excuse for criminal conduct."

Many of Wellhoefer's friends and family members asked Willis for leniency. His employer said Wellhoefer has held down a difficult machine operator's job since May despite suffering severe pain.

Wellhoefer, who has a wife and 5-year-old son, will serve six years on extended supervision after the prison sentence.

Speaking in a halting voice, Wellhoefer told Willis, "I leave it up to you to decide my fate. Whatever you decide, I'll do my best to make it."



SB  
368**Becker, Kelly**

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**From:** JEAN MARGARET MELLEEN [mellen@wisc.edu]  
**Sent:** Monday, November 23, 2009 9:26 PM  
**To:** Becker, Kelly  
**Subject:** Written testimony submission in support of Jacki Rickert Medical Marijuana Act (JRMMA)

Good Morning Wisconsin State Assembly and Senate members,

My god-father, Charles 'Chuck' unanimously was diagnosed with esophageal cancer in January of 2009. The cancer had already spread to his liver and his brain by the time his doctors discovered it. He is very, very sick. One of his issues is his inability to gain weight. He can't keep very much down, including Marinol (a synthetic form of THC prescribed as a gel-tab pill). The Marinol is supposed to help with his appetite. Chuck lives 17 minutes from the Michigan state border (he was born, raised and will pass in Peshtigo, Wisconsin). Michigan has legalized marijuana for medicinal purposes, yet Chuck is unable to take advantage of this because he isn't a resident of that state. Nor will he likely move to Michigan. That is why you must vote firmly and unanimously towards the induction of the Jacki Rikert Medical Marijuana Act (JRMMA), today December 15, 2009.

Thank you for your time,

Jean M. Mellen



**Becker, Kelly**

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**From:** Knutson, Tryg  
**Sent:** Monday, November 23, 2009 10:40 AM  
**To:** Becker, Kelly  
**Subject:** FW: Senate Bill 368 & Assembly Bill 554-Jacki Richert Medical Marijuana

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**From:** Jack Sommers [mailto:[jrsommers@wi.rr.com](mailto:jrsommers@wi.rr.com)]  
**Sent:** Saturday, November 21, 2009 11:28 AM  
**To:** Sen.Erpenbach  
**Subject:** Senate Bill 368 & Assembly Bill 554-Jacki Richert Medical Marijuana

November 21, 2009

Dear Senator Erpenbach,

We support the Jacki Richert Medical Marijuana bill 368 and 554 & for the state of Wisconsin.

Sincerely,

Jacque and Corinne Sommers,  
[jrsommers@wi.rr.com](mailto:jrsommers@wi.rr.com),

W192 N5371 One Mile Road, Menomonee Falls, WI 53051  
262-252-4549



SB  
368**Becker, Kelly**

**From:** Melissa Templeman [notification+z60catyc@facebookmail.com]  
**Sent:** Monday, November 23, 2009 1:55 PM  
**To:** Becker, Kelly  
**Subject:** Medical Marijuana Law

**facebook**

Melissa  
Templeman  
11:54am Nov 23rd

**Medical Marijuana Law**

To kelly.johnson@legis.wisconsin.gov

I would like to state that the medical marijuana law will help bidding citizens in many ways. One feature of medical marijuana allows us to become less dependent on narcotics and other pill binding forms of medicine. Medical marijuana will allow us to step forward in new medical advances. I am currently enrolled for registered nursing and I have spoke to a few professors and they conducted that medical marijuana can help patients in all different forms. Don't fall behind on medical advances. We need to pass this law!

Melissa, 21, Stevens Point, Wisconsin

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i=1222110983&k=Z4G5X6WR44TF51M1QAXYS5PQV3CCY4VL&oid=1169798529593](http://www.facebook.com/p.php?i=1222110983&k=Z4G5X6WR44TF51M1QAXYS5PQV3CCY4VL&oid=1169798529593)

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Facebook's offices are located at 1601 S. California Ave., Palo Alto, CA 94304.



SB  
368

**Becker, Kelly**

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**From:** J.T. Wessel [mad\_rocker2002@yahoo.com]

**Sent:** Monday, November 23, 2009 7:34 AM

**To:** Becker, Kelly

**Subject:** Written Testimony for the AB554/SB358-Jacki Rickert MMJ Act (JRMMA)

My name is J. Wessel, I am a lifetime Madison resident and for years I have suffered with severe depression, including suicidal thoughts and actions. I was on prescribed anti-depressants for 4-5 years, with minimal results. I was still thrown into deep depressive states but never found a medication that could bring me out of that and still make me feel like a human. Then I started to use marijuana, the deep depressive states dissipated, the suicidal thoughts and actions are gone, and I can feel a full array of emotions. Even though it is still currently illegal, I regularly use marijuana to medicate. Speaking for the one in five Americans who are depressed, whether proven clinically or not, medical marijuana would be a Godsend. I would like to thank you all for your time and consideration in this very important matter.



SB  
368

**Becker, Kelly**

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**From:** Aaron Wittkowske [awittkowske@prodigy.net]  
**Sent:** Friday, November 27, 2009 10:07 PM  
**To:** Becker, Kelly  
**Subject:** Assembly Bill 554: JRMMA

I am writing this letter to share how the medical use of marijuana has been able to help my mother with her multiple ailments. To be short and concise I hate the idea of my 58 yr old disabled, school teacher mother being a criminal. I would hope you would too.

Sincerely,  
Aaron Wittkowske

12/14/2009



**Becker, Kelly**

**From:** Tim Melka [hydrogo@charter.net]  
**Sent:** Sunday, November 29, 2009 1:51 PM  
**To:** Becker, Kelly  
**Cc:** Gary Storck  
**Subject:** The Jacki Rickert Medical Marijuana Act

Dear Ms. Johnson-

I am writing to Senator Erpenbach to voice my support for the Jacki Rickert Medical Marijuana Act.

I have spinal stenosis, severe spinal arthritis, and spondylolisthesis (degrading disk disease), and have been in constant pain for over 10 years. During that time, I have tried every prescription imaginable to ease my pain--NSAIDS (like Celebrex and Vioxx), opiate narcotics (like Fentanyl patches, oxycontin, morphine, and MS contin), nerve pain medications (like Lyrica, Gabapentin) and various physical activities reputed to relieve pain such as physical therapy, aquatic therapy, ice, heat, and ultrasound treatment. None of it has relieved my constant, crushing pain. I remain totally disabled and unable to work, after working as an environmental science professional and a senior executive.

On the recommendation of Gary Storck of the group Is My Medicine Legal Yet, I tried smoking marijuana (MJ) to see what would happen. Now I had used MJ recreationally as a teenager and in my early 20s, but had stopped using it over 30 years ago. But having tried everything else imaginable, I thought I would try smoking MJ to see what would happen. For the first time in over 10 years my pain was gone--not lessened, or reduced, but GONE. On the off-chance it might have been a fluke, I decided to try again, and once again my pain was gone after smoking MJ.

Can you possibly imagine what it is like to have constant, grinding, chronic, debilitating pain for over 10 years? If you can, can you then imagine having that pain suddenly gone after 10 long years? It was a gift from God, in my humble opinion, to have that happen to me.

Before using MJ, I was unable to leave the house very often. I was unable to walk without using a cane or walker, and even then I could only walk about 50 ft. before succumbing to the pain. My life was spent in front of a TV, or on computer, because I did not have to move around and endure the extreme pain that would knock me down again. I was homebound, and my lifestyle was non-existent. On those rare occasions when I could leave my home, I had to hope there was a motorized scooter at the end of my trip, otherwise I had to sit in the car and wait, for example, for my wife to do the grocery shopping by herself. Still, I knew I would be

in constant pain during the trip, and I always was.

I lost almost all of my friends because I could not get out to interact with them, or do anything recreational that often accompany maintaining a friendship. I had to give up up camping, fishing, hiking, woodworking--all of my top hobbies because of living in constant pain and taking dangerous medications just to get to another day. It was not life; it was merely existence.

Smoking MJ has given me my life back. I can get out, I can do things, I can interact with friends and family, I am no longer a recluse because I am able to be free of pain when I medicate with MJ. However, I can only do that if I can find MJ to buy from someone. Sadly, I often must go without MJ because I cannot find any to buy, and so I fall back into my life of pain. It is really hard to find anyone willing to sell MJ to a person who is over 50.

I am sorry this is so long, but I wanted to briefly explain what I have been through, and what MJ means to me in terms of getting my life back. Truly nobody who has not experienced the pain that I do can possibly understand what a huge difference that smoking MJ makes for me. So it is absolutely critical to me to see the Jacki Rickert Medical Marijuana Act pass through committee and go to the floor of the Senate and/or Assembly for debate and a vote.

My story is only one of certainly hundreds and possibly thousands of others in the State of Wisconsin who experience similar problems as mine. I truly hope, for my sake and all of theirs, that the Jacki Rickert Medical Marijuana Act becomes law. Thank you for your time.

Sincerely,

Timothy E. Melka  
915 Ash Street  
Baraboo, WI 53913  
608-356-6041  
[hydrogo@charter.net](mailto:hydrogo@charter.net)

## Becker, Kelly

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**From:** papstisy@wi.rr.com  
**Sent:** Monday, November 30, 2009 4:25 PM  
**To:** Becker, Kelly  
**Subject:** My Medical Marijuana

To whom it my concern please read my story since I cannot attend due to my condition.

My name is Jason Braun and I'm a 37 year old male husband and loving father to a 3 year old son. I had a serious spine injury that left me with perm. nerve damage. I have daily pain levels of 8 and Chronic Cauda Equina Syndrome (Loss of Bowels). I'm currently taking strong medications such as Oxycontin, Lyrica, Prozac, and Clonazepam. I see several doctors for my problems. However, I have only found one solution and that is Medical Marijuana. However, because of Wis. Law and PM contracts I'm unable to use, not even for medical reasons. It's a shame since medical Marijuana actually allows me to decrease my narcotic pain meds, brings my pain level to a 3 and re-established nerve stimulation so I don't have to where special under pants.

As it stands now I either live a life of pain and deep depression or I break the law. And since I'm a responsible citizen I currently have choosen the pain and misfortune of not being a decent father and husband.

I would just like to let the important people know that I may never be totally normal again however with Medical Marijuana my life becomes manageable. Which is important when you want to continue on living.

Thank you, Jason



## Becker, Kelly

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**From:** Paul Armentano [paul@norml.org]  
**Sent:** Monday, November 30, 2009 3:30 PM  
**To:** Becker, Kelly  
**Subject:** Written Testimony In Support Of SB 368/AB 554: The Jacki Rickert Medical Marijuana Act

Subject: Written Testimony In Support Of SB 368/AB 554: The Jacki Rickert Medical Marijuana Act

Dear Ms. Johnson,

Please accept the enclosed testimony in support of SB 368/AB 554: The Jacki Rickert Medical Marijuana Act. I am enclosing this testimony on behalf of myself, and NORML (the National Organization for the Reform of Marijuana Laws) in Washington, DC. Please make this referenced testimony available to all members of the Assembly and Senate Health Committees prior to or during their December 15, 2009 scheduled hearing.

Please feel free to contact me directly if you have any questions or concerns. Thank you for your time and assistance.

Regards,

--

Paul Armentano  
Deputy Director  
NORML | NORML Foundation  
paul@norml.org  
707-980-6760 (land)  
703-606-7539 (cell)

Written Testimony In Support Of SB 368/AB 554: The Jacki Rickert Medical Marijuana Act, Before A Joint Meeting of the Wisconsin Health Committees

By Paul Armentano  
Deputy Director  
NORML | NORML Foundation  
Washington, DC

December 15, 2009

I applaud the members of the Wisconsin Senate and Assembly Committees on Health for holding this important public hearing regarding SB 368/AB 554: The Jacki Rickert Medical Marijuana Act -- which seeks to shield qualified patients who use cannabis therapeutically with a doctor's recommendation from criminal prosecution. The physician-supervised use of medicinal cannabis is a scientific and public health issue. It should not be held hostage by the so-called 'war on drugs' or by broader public policy disputes regarding the legalization of marijuana or other controlled substances for recreational purposes.

Professionally, I have examined the science surrounding the medicinal use of cannabis and cannabinoids since 1995, publishing more than 500 articles and white papers on the subject as the deputy director for NORML (the National Organization for the Reform of Marijuana Laws) and the NORML Foundation.

I have also served as a consultant for British biotechnology firm GW Pharmaceuticals the only company legally licensed in the world to cultivate medical cannabis and perform clinical trials on various preparations of oral spray cannabis extracts. These extracts are legally available by prescription in Canada as well as on a limited basis in Spain

and the United Kingdom under the trade name Sativex. In recent years I've also worked closely with various international health agencies, including the Canadian Public Health Association, on various issues pertaining to marijuana and health.

In 2007, and again in 2009, I researched, edited, and authored the nearly 100-page booklet, 'Emerging Clinical Applications for Cannabis and Cannabinoids: A Review of the Recent Scientific Literature' (2009, NORML Foundation), which summarizes nearly 200 clinical and preclinical trials assessing the use of cannabinoids to moderate various neurodegenerative diseases, such as Alzheimer's disease, amyotrophic lateral sclerosis, and multiple sclerosis. Copies of this booklet have been distributed to the Committee.

Despite the ongoing political debate regarding the legality of medicinal marijuana, clinical investigations of the therapeutic use of cannabinoids are now more prevalent than at any time in history. A search of the National Library of Medicine's PubMed website quantifies this fact. A keyword search using the terms "cannabis, 1996" (the year California voters became the first of 13 states to allow for the drug's medical use under state law) reveals just 258 scientific journal articles published on the subject during that year. Perform this same search for the year 2008, and one will find over 2,100 published scientific studies

Modern research suggests that cannabis is a valuable aid in the treatment of a wide range of clinical indications. A recent meta-analysis published in the April 2006 issue of the Journal of Ethnopharmacology identifies more than 70 controlled clinical trials available in the scientific literature investigating the medical safety and efficacy of cannabinoids as therapeutic agents. [1] Results of these patient trials indicate that cannabis and its constituents possess therapeutic utility as antiemetics, appetite stimulants in debilitating diseases (e.g. cancer and AIDS), and as analgesic agents to treat neuropathy and other painful conditions. Studies further indicate that cannabis provides symptomatic relief for multiple sclerosis, spinal cord injuries, Tourette's syndrome, epilepsy, and glaucoma, among other serious diseases. [2]

Published case studies as well as hundreds of preclinical studies in the scientific literature indicate that cannabis and cannabinoids also provide therapeutic utility for various other diseases, such as dystonia [3], bipolar disorder [4], fibromyalgia [5], Crohn's disease [6], and other gastro-intestinal ailments [7], as well as possess neuroprotective [8] and anti-cancer properties. [9] Animal data also demonstrate that cannabinoids may moderate the progression of certain auto-immune and neurological disorders, [10] such as multiple sclerosis, [11] Lou Gehrig's Disease, [12] Alzheimer's, [13] and diabetes, [14] and can stimulate neurogenesis. [15] Numerous animal trials, as well as one patient trial, also conclude that cannabinoids can halt the proliferation of various strains of cancer, including breast cancer [16], prostate cancer [17], and brain cancer [18]. Most recently, the first US-sponsored clinical trial assessing the efficacy of inhaled cannabis in nearly two decades reported that cannabis significantly reduced HIV-associated neuropathy, a painful nerve condition that often goes untreated by available analgesics. [19]

Many in the scientific and health community endorse legal access to the use of cannabis as medicine. More than 80 national and state health care organizations including the American Public Health Association, [20] the American Nurses Association [21] and the AIDS Action Council [22] have passed resolutions backing patients' access to medicinal cannabis under a doctor's supervision. American physicians are also supportive with nearly half of all doctors with an opinion on the subject supporting legalizing cannabis as a medicine, according to a recent national survey published in the Journal of Addictive Diseases. [23] Locally, the Wisconsin Nurses Association has been a longstanding supporter of medical cannabis law reform, resolving on October 29, 1999, "The Wisconsin Nurses Association urges the Governor of Wisconsin and the Wisconsin Legislature to move expeditiously to make cannabis available as a legally prescribed medicine

where shown to be safe and effective."

Most recently, in November of 2009, the American Medical Association concluded, "Results of short term controlled trials indicate that smoked cannabis reduces neuropathic pain, improves appetite and caloric intake especially in patients with reduced muscle mass, and may relieve spasticity and pain in patients with multiple sclerosis." [24] The AMA resolved, "[The] AMA urges that marijuana's status as a federal Schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines." [25]

Public support for the physician-supervised use of medicinal cannabis is also high with approximately 80 percent of US voters backing cannabis<sup>1</sup> availability as a prescription medicine [26]. To date, voters have enacted statewide medical marijuana protections in nine states, and only once have they rejected such a proposal. [27]

Federal scientific reviews from several Western nations strongly support the legal use of medicinal cannabis. These include a 1998 report by Britain's House of Lords Science and Technology Committee that concluded: 'The government should allow doctors to prescribe cannabis for medical use. ... Cannabis can be effective in some patients to relieve symptoms of multiple sclerosis, and against certain forms of pain. ... This evidence is enough to justify a change in the law.' [28]

A 1999 review by the US Institute of Medicine (conducted at the request of the White House Office of National Drug Control Policy) added, 'The accumulated data indicate a potential therapeutic value of cannabinoid drugs, particularly for symptoms such as pain relief, control of nausea and vomiting, and appetite stimulation,' [29] and recommended Congress immediately authorize single patient clinical trials whereupon subjects could legally use inhaled cannabis medicinally in a controlled setting. [30]

The Institute of Medicine also reviewed the medical efficacy of the FDA-approved synthetic oral THC drug Dronabinol (Marinol) and concluded it to have 'poor bioavailability,' slow onset, and adverse effects such as 'anxiety, depersonalization, dizziness, euphoria, dysphoria, [and] somnolence' in approximately one-third of patients who use it. [31] Authors noted that many patients prefer natural cannabinoids or inhaled cannabis over this legal alternative because they are fast-acting (allowing consumers to self-titrate the dose), less dysphoric, and, in general, provide greater therapeutic relief than synthetic THC. Many experts believe that the synergism of the multiple cannabinoids found naturally in cannabis is likely more efficacious than the administration of synthetic THC alone. [32]

More recently, an overview of cannabis<sup>1</sup> medical efficacy conducted by the Canadian Senate's Special Committee on Illegal Drugs in 2002 advised Parliament to revise federal regulations so that any 'person affected by one of the following [medical conditions]: wasting syndrome; chemotherapy treatment; fibromyalgia; epilepsy; multiple sclerosis; accident-induced chronic pain; and some physical conditions including migraines and chronic headaches, whose physical state has been certified by a physician or an individual duly authorized by the competent medical association of the province or territory in question, may choose to buy cannabis and its derivatives for therapeutic purposes.' [33] Today, Canadians can legally choose between using natural cannabis, as authorized by Health Canada, or the natural marijuana extract spray Sativex. [34]

Thirteen US states Alaska, California, Colorado, Hawaii, Maine, Montana, Michigan, Nevada, New Mexico, Oregon, Rhode Island, Vermont and Washington have now enacted laws, either legislatively or by voter initiative, protecting authorized medical cannabis patients from state prosecution. These laws are operating as voters and legislators intended and abuses by the public are minimal. According to a federal General Accounting Office (GAO) report examining the implementation of statewide medical cannabis laws in Alaska, Hawaii, Oregon, and a handful of California counties: 'Officials from over half of the 37 selected federal, state, and local law enforcement

organizations we interviewed in the four states said that the introduction of medical marijuana laws had not greatly affected their law enforcement activities. In addition, none of the federal officials we spoke with provided information to support a statement that abuse of medical marijuana laws was routinely occurring in any of the states, including California.<sup>2</sup> [35]

Reviews by the National Academy of Sciences Institute of Medicine and others have also concluded that state medical cannabis laws have not altered adolescents' perceptions of the risk associated with the recreational use of marijuana. [36] In fact, no state that has enacted medical marijuana legalization has seen an overall increase in teen marijuana use since the law's passage.

In closing, the goal of SB 368/AB 554: The Jacki Rickert Medical Marijuana Act is not to sanction the use of cannabis by the general population. Rather it is to protect patients and doctors who recognize that cannabis has medical utility, and uphold the sanctity and privacy of the doctor-patient relationship. State laws already allow the medical use of many controlled substances, such as cocaine and morphine, which can be abused in a non-medical setting. Likewise, Wisconsin law should also properly differentiate between medicinal cannabis and other controlled substances. As opined by the New England Journal of Medicine: '[A]uthorities should rescind their prohibition of the medical use of marijuana for seriously ill patients and allow physicians to decide which patients to treat.'<sup>2</sup> [37]

#### REFERENCES

- [1] Mohamed Ben Amar. 2006. Cannabinoids in medicine: a review of their therapeutic potential. *Journal of Ethnopharmacology* 105: 1-25.
- [2] Ibid.
- [3] Roca et al. 2005. Cannabis sativa and dystonia secondary to Wilson's disease. *Movement Disorders* 20: 113-115.
- [4] Ashton et al. 2005. Cannabinoids in bipolar affective disorder: a review and discussion of their therapeutic potential. *Journal of Psychopharmacology* 19: 293-300.
- [5] J. Ludovic Croxford. 2003. Therapeutic potential of cannabinoids in CNS disease. *CNS Drugs* 17: 179-202
- [6] Jeff Hergenrather. 2005. Cannabis alleviates symptoms of Crohn's Disease. *O'Shaughnessy's* 2: 3.
- [7] Di Carlo et al. 2003. Cannabinoids for gastrointestinal diseases: potential therapeutic applications. *Expert Opinion on Investigational Drugs* 12: 39-49.
- [8] Hampson et al. 1998. Cannabidiol and delta-9-tetrahydrocannabinol are neuroprotective antioxidants. *Journal of the Proceedings of the National Academy of Sciences of the USA* 95: 8268-8273.
- [9] Manuel Guzman. 2003. Cannabinoids: potential anticancer agents. *Nature Reviews Cancer* 10: 745-755.
- [10] Carter et al. 2004. Medical marijuana: emerging applications for the management of neurologic disorders. *Physical Medicine & Rehabilitation Clinics of North America* 15: 943-954.
- [11] Pryce et al. 2003. Cannabinoids inhibit neurodegeneration in models of multiple sclerosis. *Brain* 126: 2191-2202.
- [12] Raman et al. 2004. Amyotrophic lateral sclerosis: delayed disease progression in mice by treatment with a cannabinoid. *Amyotrophic Lateral*

[13] Ramirez et al. 2005. Prevention of Alzheimer's Disease pathology by cannabinoids. Journal of Neuroscience 25: 1904-1913.

[14] Weiss et al. 2006. Cannabidiol lowers incidence of diabetes in non-obese diabetic mice. Autoimmunity 39: 143-51.

[15] Jiang et al. 2005. Cannabinoids promote embryonic and adult hippocampus neurogenesis and produce anxiolytic and antidepressant-like effects. Journal of Clinical Investigation 115: 3104-3116.

[16] Di Marzo et al. 2006. Anti-tumor activity of plant cannabinoids with emphasis on the effect of cannabidiol on human breast carcinoma. Journal of Pharmacology and Experimental Therapeutics Fast Forward (E-pub ahead of print).

[17] Sarfaraz et al. 2005. Cannabinoid receptors as a novel target for the treatment of prostate cancer. Cancer Research 65: 1635-1641.

[18] Guzman et al. 2006. A pilot clinical study of delta-9-tetrahydrocannabinol in patients with recurrent glioblastoma multiforme. British Journal of Cancer (E-pub ahead of print).

[19] Abrams et al. 2007. Cannabis in painful HIV-associated sensory neuropathy: a randomized placebo-controlled trial. Neurology 68: 515-521.

[20] American Public Health Association, Resolution #9513: 'Access to Therapeutic Marijuana/Cannabis.' The resolution states, in part, that the APHA 'encourages research of the therapeutic properties of various cannabinoids and combinations of cannabinoids, and § urges the Administration and Congress to move expeditiously to make cannabis available as a legal medicine.'<sup>2</sup>  
<American Journal of Public Health. March 1996, Vol. 86: 441-442>

[21] American Nurses Association, June 2003 Resolution: 'The ANA will § Support legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis.'

[22] AIDS Action Council, "Resolution in Support of Access to Medical-Use Marijuana," adopted by the Public Policy Committee of AIDS Action Council: November 15, 1996. The resolution states, in part, that the Council 'supports the elimination of federal restrictions that bar doctors from prescribing marijuana for medical use by individuals with HIV/AIDS.'<sup>2</sup>

[23] Charuvastra et al. 2005. Physician Attitudes Regarding the Prescription of Medical Marijuana. Journal of Addictive Diseases 24: 87-93.

[24] AMA Council on Science and Public Health. 2009. Use of Cannabis for Medicinal Purposes.

[25] AMA COUNCIL ON SCIENCE AND PUBLIC HEALTH REPORT - USE OF CANNABIS FOR MEDICINAL PURPOSES  
<http://www.ama-assn.org/assets/meeting/mm/i-09-ref-comm-k.pdf>

[26] CNN/Time telephone poll conducted October 23-24, 2002 by Harris Interactive.

[27] NORML webpage guide to active state medical marijuana programs:  
[http://www.norml.org/index.cfm?Group\\_ID=3391](http://www.norml.org/index.cfm?Group_ID=3391)

[28] House of Lords Press Office. 'Lords Say, Legalise Cannabis for Medical Use.'<sup>2</sup> November 11, 1998. London.

[29] National Academy of Sciences, Institute of Medicine. 1999. Marijuana and Medicine: Assessing the Science Base. Washington DC: National Academy

Press. page 3.

[30] Ibid. page 8.

[31] Ibid. page 203

[32] A. Holdcroft. 2001. Cannabinoids: from plant to patient [PDF]. Investigative Drugs Journal. 4: 773-775. (See specifically: Abstract: "The active constituents of cannabis, predominantly cannabinoids and possibly flavonoids, are more effective than a single cannabinoid. ... Government ... clinical trials of cannabis ... should enable evidence to be presented to regulatory bodies documenting the medicinal uses of standardized cannabis plant material.")

[33] Canadian Special Senate Committee on Illegal Drugs. 2002. Cannabis: Our Position for a Canadian Public Policy. Ottawa. Proposals for Implementing the Regulation of Cannabis for Therapeutic and Recreational Purposes, page 51.

[34] Canada News Wire. 'Sativex: Novel cannabis derived treatment for MS pain now available in Canada by prescription.' June 20, 2005.

[35] General Accounting Office. 2002. Marijuana: Early Experiences With Four States' Laws That Allow Use For Medical Purposes [PDF]. Washington, DC, page 4.

[36] National Academy of Sciences, Institute of Medicine. 1999. Marijuana and Medicine: Assessing the Science Base. Washington DC: National Academy Press. page 104.

[37] Editorial: 'Federal Foolishness and Marijuana.' January 30, 1997. New England Journal of Medicine 336: 366-367.

**Becker, Kelly**

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**From:** jeff boyce [jboyce11@new.rr.com]  
**Sent:** Wednesday, December 02, 2009 2:43 PM  
**To:** Becker, Kelly  
**Subject:** to many pills

To who it may concern:

My name is Jeff Boyce and I am writing in favor of the medical marijuana bill. I am 42 years old and in 1991 I had an accident on the job. I was working construction building houses when a 450lb eye beam fell on me. My back was broken at the L4-L5 through S1-S2. Since that time I have had 5 major back surgeries and I have more metal in me than the tin man (except mine is titanium). I now have what is considered failed back syndrome, which means I am in constant chronic pain and there is nothing that can be done. To help manage my pain (I go to a pain management clinic) I take a mixture of BACLOFEN, GABAPENTIN, PERCOCET, AND KADIEN (which is morphine). I have been taking this mixture for over 10 years, that's at 17 pills a day. Imagine what this is doing to my liver as I am to take this the rest of my life. Years ago I discovered cannabis, it lets me get through the day without having to take so many pills and also helps me live a happier and more productive life. Being on so many pills a day makes my quality of life very small as I am so tired all the time and depressed because I cant do anything with my son. Cannabis has changed all that for me, I am much more fun to be around, and feel much better about myself, and the pain management is much better. I hope you will take this into consideration when you make your decision because there are many more people out there like me who might be afraid to speak up so I am trying to speak for everyone who feels they don't have a voice.

Thank-you.

Respectfully submitted,

Jeff Boyce





**Testimony on SB 368/AB 554 Pertaining to "Medical" Use of Marijuana  
Submitted on December 2, 2009  
To the Wisconsin Senate Committee on Health, Health Insurance, Privacy, Property  
Tax Relief, and Revenue  
By Calvina Fay, Executive Director, Save Our Society From Drugs**

Dear Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue:

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 Wisconsin, be included in the hearing that is scheduled for December 15, 2009, pertaining to SB 368/AB 554.

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 as a so-called medicine. We have worked with many cities and states to help close the loopholes that often exist with these programs. S.O.S. takes 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 impact on the state of Wisconsin. Please take this opportunity to review our analysis of SB 368/AB 554.

- SB 368/AB 554 would allow an individual to possess up to three ounces of usable marijuana and 12 plants at any given time. A typical marijuana plant produces 1 to 5 pounds of materials to be smoked a year. It is estimated that 1 ounce of marijuana rolls approximately 60-120 joints.<sup>1</sup> If you take a moment and do the math, you will see that 12 plants could equal 11,520 to 115,200 joints. This amount of pot brings to mind questions of trafficking- not medicine.
- SB 368/AB 554 removes the right of an employer to sanction marijuana users in the workplace and prohibits employers from terminating a person based on a positive drug test as long as the individual tested is using marijuana under the guise of medicine. Proponents of this bill claim that its passage would not allow an individual to be intoxicated while on the job, but how will intoxication be determined? No "impairment" level has ever been established, and drug tests detect the presence of drugs, not impairment. Studies, however, indicate the impairment caused by marijuana use can persist as long as 24 hours - even though the user may no longer be aware he is still

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<sup>1</sup> Economics of Cannabis Legalization, written by Dale Gieringer, Ph.D., Coordinator, California NORML (National Organization for the Reform of Marijuana Laws). Reprinted from Ed Rosenthal, ed., Hemp Today pp. 311-24. (Quick American Archives, Oakland, CA 1994)

impaired. Therefore, observation of employees may not determine potentially unsafe employees which would be detected through drug testing. Business owners lose an estimated \$100 billion per year because of substance abuse. In addition, employees who use drugs are only two thirds as productive as non-users, and their use contributes to increased thefts, damaged equipment and other unnecessary costs in the workplace.

- SB 368/AB 554 allows for “distribution centers” to be established to manufacture, deliver, transfer, transport, distribute, supply, sell or dispense marijuana, or related supplies to registered qualified “patients.” In its current form, SB 368/AB 554 does not limit the number of dispensaries that will be allowed to open, or designate zoning areas, other than prohibiting them to be located less than 500 feet from a school. Please look to the current problems Los Angeles is having. In 2007 Los Angeles passed a moratorium on dispensaries, allowing the 186 already in operation to remain open. The moratorium had a loophole that allowed dispensaries to file a hardship exemption application. To date there are 966 marijuana dispensaries registered in Los Angeles, 779 of them have exemption applications pending, and **260 of them fall within 1,000 feet of a school, library or park.**<sup>2</sup> One dispensary, LA Collective, is operating across the street from a library.<sup>3</sup> There are some neighborhoods in Los Angeles where the number of “medical” marijuana dispensaries outnumbers the amount of Starbucks and McDonalds.<sup>4</sup> Within the last two-years, over 200 cities and 14 counties in California have banned or passed a moratorium on pot shops. This number speaks volumes about what happens when communities see through the smokescreen and are enlightened as to what pot shops really bring their communities-more illegal drug use, more crimes, and more of our youth being sold marijuana (and sometimes other drugs) from a so-called medical marijuana patient.

Problems with pot shops are not unique to California, within the last few months over 30 cities in Colorado have also voted to ban or place moratoriums on dispensaries.

Law enforcement officials are struggling to keep up with the increased crime associated with the influx of pot dispensaries.

- ✓ Dispensaries are in business to make money and will sell marijuana to anyone who produces a written recommendation. These recommendations can be obtained by paying physicians a fee and claiming any medical condition, even a headache. Dispensaries claim to operate as nonprofit, but they have been tied to organized crime gangs and are often multi-million dollar profit centers.
- ✓ Dispensaries are easy marks for criminal activities because of valuable marijuana crops and large amounts of cash. Operators of dispensaries have been attacked and murdered by armed criminals both at their storefronts and at home.

<sup>2</sup> Hollywood LAist. [Map: All 966 Registered Medical Marijuana Dispensaries in L.A.](http://laist.com/2009/09/10/map_all_966_registered_medical_mari.php) By Zach Behrens in News on September 10, 2009 8:45 AM

[http://laist.com/2009/09/10/map\\_all\\_966\\_registered\\_medical\\_mari.php](http://laist.com/2009/09/10/map_all_966_registered_medical_mari.php)

<sup>3</sup> Los Angeles Times Online. *LA Closes Loophole for Medical Marijuana Dispensaries* by John Hoeffel, June 10, 2009.

<http://www.latimes.com/news/local/la-me-medical-marijuana10-2009jun10.0.5676426.story>

<sup>4</sup> San Diego 6 on-line. *Medical Marijuana Dispensaries Popping Up* by Kristine Frazao, June 24, 2009.

[http://www.sandiego6.com/news/local/story/Medical-Marijuana-Dispensaries-Popping-Up/ZQv\\_aqZUO0eVq7nQ5EE4tA.csp](http://www.sandiego6.com/news/local/story/Medical-Marijuana-Dispensaries-Popping-Up/ZQv_aqZUO0eVq7nQ5EE4tA.csp)

- ✓ Common secondary byproducts related to dispensaries include: drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside the facilities.<sup>5</sup>
- ✓ Other secondary impacts to communities where dispensaries are located include: street dealers who hang around to sell at a lower price than the dispensary, marijuana smoking in public and in front of minors, an increase in traffic accidents and driving under the influence arrests in which marijuana is implicated, and the loss of other commercial businesses who don't want to be located in the vicinity of marijuana dispensaries.<sup>6</sup>
- SB 368/AB 554 ignores the fact that marijuana is an illegal drug and 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. This has significant implications for patient care since there are too many health risks associated with such use. There are literally dozens of FDA-approved medications that can effectively deal with the symptoms associated with the different medical conditions specified in this proposed bill.

Proponents of such legislation look to a recent policy statement from the American Medical Association in which the AMA requests that marijuana be reclassified to a Schedule II drug in order to facilitate clinical research into the development of cannabinoid-based medications. The policy statement does not mean that they approve of smoked marijuana as a medicine; in fact, the policy statement goes on to state that **“this should not be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.”** In other words, the AMA statement simply calls for marijuana to go through the same clinical standards as all other prescribed medicine and adhere to the FDA process.

- Finally, one needs to ask who will really be smoking marijuana under the guise of medicine. Proponents of “medical” marijuana want you to believe that only those with debilitating medical conditions who have unsuccessfully sought out other effective, approved treatment will qualify for “medical” marijuana. **This is not true!** One only needs to look at the numbers from other states that have passed such legislation to see how widely the programs are being abused.
  - ✓ Voters in the state of Oregon approved a “medical” marijuana act in 1998. The program is run as a state registry program within Oregon’s Department of Health. As of October 1, 2009, the Oregon Medical Marijuana Program has 23,873 individuals that legally hold “medical” marijuana ID cards and of those, 88% are treating “severe pain” (an indefinable term that is being used to cover medical conditions such as menstrual cramps, headaches, and minor arthritis) rather than the more serious conditions such as cancer (4.4%), glaucoma (1.5%), and HIV+/AIDS (2.2%).
  - ✓ Voters in the state of Colorado passed a “medical” marijuana amendment in 2000. The program is as a registry program within Colorado’s Department of

<sup>5</sup> White Paper on Marijuana Dispensaries by California Police Chief’s Association’s Task Force on Marijuana Dispensaries.

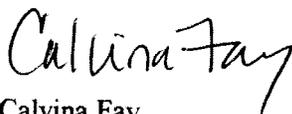
<sup>6</sup> Tim Miller, City of Anaheim Police Department: Special Operations Division Memorandum re: Marijuana Dispensary (MMD) Ban Ordinance, 25 October 2006; Johnson; Craig T. Steckler, City of Fremont Police Department: Memorandum re: Medical Marijuana Dispensaries-Potential Secondary Impacts, 20 June 2006.

Health and Environment. As of July 31, 2009, the Marijuana Registry Program has 11,094 individuals that legally hold registry ID cards, up 1,288 since May 30, 2009. Of the 11,094 ID card holders, 90% are treating "severe pain" (as explained above), and 27% are treating "muscle spasms" rather than the more serious conditions such as cancer (3%), glaucoma (1%), and HIV+/AIDS (1%).

- ✓ Even more alarming are the numbers from California. Currently, the highest percentage of individuals smoking marijuana as a so-called medicine in California is 18-25 year old males. In cities like San Diego where the issue has been closely examined, only 2% of those smoking marijuana under the guise of medicine have serious conditions such as AIDS, glaucoma and cancer. A full 98% are "treating" more minor conditions such as back and neck pain, anxiety, muscle spasms, insomnia, headaches and other insignificant conditions. But even more troubling is that 12% of the users are under 21!

Thank you for opportunity to provide testimony on this important issue. We would be happy to provide you with additional information or discuss this issue further with you, if you so desire.

Sincerely,



Calvina Fay  
Executive Director  
Save Our Society From Drugs  
[www.saveoursociety.org](http://www.saveoursociety.org)

## Who is REALLY smoking “medical” marijuana?



The following data is from the “medical” marijuana states that provide information on the types of conditions that people claim they want to smoke marijuana for.

### California

There are an estimated 300,000 to 400,000 “medical” marijuana “patients” in California. In cities like San Diego where the issue has been closely examined, **only 2% of those smoking marijuana under the guise of medicine have serious conditions such as AIDS, glaucoma and cancer.** A full 98% are claiming more minor conditions such as back and neck pain, anxiety, muscle spasms, insomnia, headaches and other conditions. But even more troubling is that 12% of the users are under 21!

Source: California Police Chiefs Association. *Medical Marijuana Dispensary Information, Medical Marijuana Dispensaries-San Diego (Power Point).* [http://www.californiapolicechiefs.org/nav\\_files/medical\\_marijuana.html](http://www.californiapolicechiefs.org/nav_files/medical_marijuana.html)

Source: CNN Money.com *How marijuana became legal by Roger Parloff. September 18, 2009*

### Oregon

As of October 1, 2009, the Oregon Medical Marijuana Program has 23,873 individuals that legally hold “medical” marijuana ID cards, and of those, 88% are claiming “severe pain” (an indefinable term that is being used to cover **medical conditions such as menstrual cramps, headaches, and minor arthritis**) rather than conditions such as cancer (4.4%), glaucoma (1.5%) and HIV+/AIDS (2.2%).

Source: Oregon.gov, *Oregon Medical Marijuana Program (OMMP)* <http://oregon.gov/DHS/ph/ommp/index.shtml>

### Colorado

As of July 31, 2009, the Marijuana Registry Program has 8,918 individuals that legally hold registry ID cards, up 1,288 since May 30, 2009. Of the 11,094 ID card holders, 90% are claiming “severe pain” (as explained above), and 27% are claiming “muscle spasms” rather than conditions such as cancer (3%), glaucoma (1%) and HIV+/AIDS (1%).

Source: Colorado Department of Public Health and Environment, *Medical Marijuana Registry Update.*

<http://www.cdph.state.co.us/hs/Medicalmarijuana/marijuanaupdate.html>

### Hawaii

As of December 2008 the program has 4,560 participants. Of the 4,560 participants, 68 % are claiming the condition of severe pain (as explained above). That was followed by 1.5% for persistent muscle spasms, 1.4% for HIV or AIDS, 1.2% for cancer, 1.1% for severe nausea, .05% for seizures and .03% for wasting syndrome.

Source: Article in the Maui News titled *Careful what you ask for*, dated 2/9/09.

<http://www.mauinews.com/page/content.detail/id/514619.html>

### Montana

Of the 1,989 participants in the registry program, 72.6% are claiming chronic pain or chronic pain with muscle spasms. Combined, the conditions such as cancer, glaucoma and HIV only represent 3.6% of the program’s participants.

Source: Montana Department of Public Health and Human Services, *medical marijuana program coordinator. March 27, 2009.*

### Rhode Island

As of December 30, 2008, 561 individuals are participating in the program. Of those, 63.71% are claiming a chronic disease or condition (chronic pain, severe nausea and severe persistent muscle spasms) rather than conditions such as cancer (11.95%), glaucoma (1.69%), HIV+/AIDS (4.50%) and Hepatitis C (9.7%).

Source: Rhode Island Department of Health <http://www.health.ri.gov/hsr/mmp>