



**October 2008**



**Newsletter**

**Mothers Against Misuse and Abuse**

**5217 SE 28th Avenue**

**Portland, OR 97202**

**503-233-4202**

**[www.mamas.org](http://www.mamas.org)**

## **W**ho needs to hear from **you**?

**Registered patients have a unique opportunity to educate the community about the truth regarding the effects of cannabis.**

**Scare stories and reefer madness are still alive and well.**

You can help dispel these myths by talking to people in your community or by writing to candidates, legislators, commissioners, council members and newspapers. It's not hard, just tell your own story or that of a friend.

Do you find relief from cannabis that you were not able to find from other pharmaceuticals? How has it affected your life? Why are you willing to go through the process and expense of registering for the Program, raising your own medicine and preparing it for ingestion in your preferred manner? Would you like to see cannabis legal on the federal level? Do you worry about security issues?

The Governor's Council on Alcohol and Drugs, the Oregon Pain Management Commission and the Governor's Liaison on Drugs are interested in what you have to say. Let them know that we are not 2<sup>nd</sup> class citizens who should be vilified because we use cannabis, but are patients, who have made a choice to improve our quality of life through cannabis therapeutics.

The following pages contain the testimony I gave to the Governor's Council in August. There was a great deal of interest in what Tawana and I had to say and several members thanked us for providing information and insight into the Program. They need to hear from more of us good people to clear their heads of the misconceptions that have been fed to them for years by prohibitionists.

**Please, write your letter today.**

### **Governor's Council on Alcohol and Drugs**

Department of Human Services  
Addictions and Mental Health  
500 Summer Street NE E86  
Salem, OR 97301-1098  
omhas.web@state.or.us

### **Governor's Advocacy Office Pain Management Program 500 Summer Street NE**

**Salem, OR 97301-10  
dhs.info@state.or.us**



**Tawana Nichols, OMMP Director, & Sandee Burbank,  
ACMM, speak to the Governor's Council on Alcohol & Drugs**

**Testimony to Governor's Council  
on Alcohol and Drugs  
presented by Sandee Burbank, Chair,  
Advisory Committee on Medical  
Marijuana (ACMM)**



August 26<sup>th</sup>, 2008

Thank you very much for the opportunity to speak to you today. As you know I am Chair of the Advisory Committee on Medical Marijuana (ACMM) and I am also the Executive Director of Mothers Against Misuse and Abuse (MAMA).

I first came to the meetings of this body in the middle 80's when MAMA was new. We were concerned about inadequate treatment slots in Wasco County, where I reside. MAMA is concerned about reducing the harm from all drug use and though we focus more on prevention than treatment, we believe that both are necessary to ensure the best opportunity for individuals who want to avoid problems with drugs or get help when they have a problem.

MAMA, working with Mark Miller, former director of the University of Oregon Drug Information Center, has developed a program called "Drug Consumer Safety". It teaches people a method to evaluate all drug use for its benefits versus its risks, showing where to get accurate information, how to recognize potential problems and when it is important to seek help.

I have attended these Council meeting periodically for about 25 years. I can only imagine how difficult it is to try to meet your mission when there is never enough money available to adequately fund the programs that are needed. How exasperating it must be to see so much of the tobacco settlement money, intended for prevention of tobacco use, taken to help balance the budget for DHS. How frustrating to know that although Oregon has one of the highest rates of adult use of alcohol in the nation, neither the OLCC nor the beer and wine industry pay their fair share to help mitigate the known problems caused by the use of alcohol.

I am here today to talk to you about the Oregon Medical Marijuana Program. It has been legal under Oregon law for 10 years for Oregon patients, who function within very strict guidelines, to grow and ingest cannabis for relief from specific conditions. With over 20,000 patients now registered in the Program we have not witnessed any significant health problems.

Most problems for patients are caused by inadequate access to this medicine, trouble working with some law enforcement agencies that still don't understand the Program, or the risk of violence and crime as a result of the black market for those who do not qualify for the Program, but still choose to use cannabis.

Before the Program existed, due to its illegality, the definition of 'abuse' of cannabis was 'use'. Now things are not so simple. It has taken almost 10 years for this Council to actually try to understand how this program works and the lack of comprehension is alarming. This is very sad to me. Here was an occasion to do some serious harm prevention through education, but the Council chose to ignore this opportunity.

It seems like the interest in how much money can be generated by the OMMP is of interest. Remember, the Department of Human Services took \$900,000 from the OMMP to help balance the DHS budget. That was money intended only to administer the Program and paid for by seriously ill patients. As a result the fee patients pay had to be raised.

We have heard from some on the Council that cannabis is addicting.

The Institute of Medicine, Division of Neuroscience and Behavioral Health issued a report, **Marijuana and Medicine, Assessing the Science Base**, in 1999. This report was the result of a comprehensive assessment undertaken at the direction of the Governing Board of the National Research Council, which includes the Institute of Medicine, the National Academy of Sciences, and the National Academy of Engineering. On the topic "Marijuana Dependency and Withdrawal", here is the entire content of the Conclusion from the Executive Summary:

**"CONCLUSION:** A distinctive marijuana withdrawal syndrome has been identified, but it is mild and short-lived. The syndrome includes restlessness, irritability, mild agitation, insomnia, sleep EEG disturbance, nausea, and cramping."

Stepping back from the Executive Summary to the body of the report itself, the summary statement is as follows: "In sum, although few marijuana users develop dependence, some do. But, they appear to be less likely to do so than users of other drugs (including alcohol and nicotine), and marijuana dependence appears to be less severe than it is for other drugs.

If marijuana or cannabinoid drugs were approved for therapeutic uses, it would be important to consider the possibility of dependence, particularly for patients in high risk groups for substance dependence. Certain controlled substances that are approved medications produce dependence after long term use. This is, however, a normal part of patient

management and does not generally present undue risk to the patient."

It is instructive to compare this with the symptoms of caffeine withdrawal – which are:

headache; fatigue or drowsiness; dysphoric mood including depression and irritability; difficulty concentrating; and flu-like symptoms of nausea, vomiting and muscle pain or stiffness. In experimental studies, 50 percent of people experienced headache and 13 percent had clinically significant distress or functional impairment -- for example, severe headache and other symptoms incompatible with working. Typically, onset of symptoms occurred 12 to 24 hours after stopping caffeine, with peak intensity between one and two days, and for a duration of two to nine days.

MAMA teaches that no drug is completely safe and that all drug have side effects. Some worry that children will think, "If marijuana is medicine how can it be bad for me?" This underscores one of the problems MAMA has been fighting all these years. We have failed our children if they think all medicine is safe. We MUST do a better job of teaching our children the dangers of all drug use. Over-the-counter drugs such as Ibuprofen, aspirin and acetaminophen kill over 17,000 yearly, yet are readily available to youngsters, with little education of this hazard. Only those who are uneducated about drugs could think any drug is completely safe. It is advertising and the magic bullet approach that put so many at risk. Individuals can only protect themselves by treating all drug use as though it is a serious decision that requires careful thought and accurate scientific information.

Most people will make decisions that will keep them from harm, in fact isn't that the basis of a free society? To maintain credibility we must avoid misleading people, especially youngsters, with half-truths or mistruths in an effort to scare them away from drug use.

Federal law says cannabis has no medicinal value. Yet Marinol is synthetic THC and is available with a prescription. It contains much more THC than any natural form of cannabis, but we rely on reports that say cannabis is dangerous with statements that are not conclusive or scientific.

Cannabis is medicine and research is showing this truth. With 12 states now allowing medicinal use, patients themselves have proven that cannabis works to provide relief from many conditions, without the debilitating side affects of many commonly used prescription drugs.

Why else would all these seriously ill people jump through all the hoops, at risk of federal intervention and prosecution, so that they can get the relief they find from cannabis?

**The federal law is a lie. Cannabis is a very effective medicine.**

The conflict between Federal and State Law is clearly exhibited by the issue of drug testing in the workplace. Impairment in the workplace is an issue that concerns all of us. No one wants to be a risk due to the impairment of fellow employees. But impairment comes from many causes such as sleep deprivation, emotional problems, and physical pain, especially back pain. Using drug testing to determine impairment doesn't begin to address all the causes of impairment.

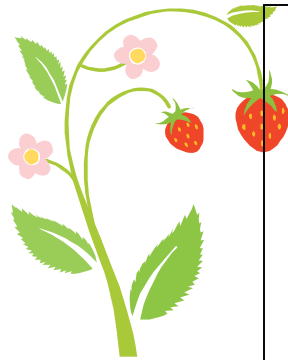
It has become increasingly clear that drug testing for cannabis does not show impairment, only that someone has used cannabis within an extended period of time. Law enforcement and the military have used impairment testing for years. True impairment testing does exist and is readily available to show general impairment, which would cover all forms of impairment and leave all workers in a safer environment.

Is it not the duty of this Council to speak the truth? If so, then it is your responsibility to say that the Federal law is wrong and to call for acknowledgement of the medicinal benefit of cannabis. Then we can get on with teaching people how to avoid problems with cannabis. It can interact with other drugs, causing some drugs to be more effective and others to be less effective. We need to inform people about where to get this information.

We can teach patients that cannabis medicine can be consumed in many forms, not just by smoking. Tinctures, oils, capsules, edibles, and vaporization are very effective for those suffering from qualifying conditions and often with little or no intoxication.

Due to the Federal law, patients in states that allow medicinal use are responsible for rediscovering and making these forms for themselves. If the Federal Government were to revise the cannabis laws based on science, then doctors could prescribe these forms and patients could get them from the pharmacies. This would be much better for those seriously ill people who have a hard time providing for themselves.

I urge you to consider carefully how to support this program, which will not quietly go away, and serve the best interests of Oregon patients by providing the educational assistance that is needed to keep medical cannabis users safe.



## MAMA's WISH LIST

Tincture bottles

Spray bottles

Paper lawn clipping bags.

Hand Towels

$\frac{1}{2}$  Pint & Pint Jars w/ Lids

Paper Shredder

Fire pit or fireplace & wood  
to warm us at parties

**Thank you to all who have so  
generously responded to  
MAMA's needs.**

**Want to Advertise in our Quarterly Newsletters?**

**Direct Mailing  
Affordable Advertising**

**Ad space starts as low as \$100**

**This newsletter goes out 4 times a year to our direct  
mailing list of over 2,500 MAMA members and  
cardholders.**

**For more information call  
503-233-4202**

**Or email [clinic@mamas.org](mailto:clinic@mamas.org)**

## Seattle Hempfest

**Saturday, August 16th & 17th**

**MAMA staff provided an information booth and sold, Sol Pops, all natural frozen juice bars, which turned out to be very popular in the mid-90's heat.**

Due to the high temperatures, Sandee was unable to attend, but Daniel Chandler agreed to speak in her place. Daniel, Darian, Kurt and Pauline staffed the booth, spreading MAMA's unique drug education program with the message that all drugs should be judged by the same standard.

**Mark your calendar for next year's Hempfest Aug 15-16!**



**Kurt, Daniel, Pauline, Darian**

### **What's new at MAMA**

The foot traffic from the backyard and the mess from our classes have presented a real challenge to keep our basement carpet clean. Thanks to the help of Edward, Mackay, Jillian, Charles, Gene and Corey, we are happy to announce that the old carpet has been replaced with easy to clean Pergo. Yaaah! We are so grateful for all the volunteers who regularly show up to help. Without them, MAMA would find it difficult or impossible to offer many of our services.

**Can you help?**

# Services

**PDX Computer  
Services**



**Mark Miller**  
**Trusted  
&  
Patient  
Friendly**

**503-709-8430**

**Need help applying for  
VA or Social Security  
Benefits?**

**Stan Chennault** shares his years of personal experience to help others file and pursue Social Security and VA benefits.

He will be available at MAMA's office

**AT NO CHARGE**

**Tues Oct. 14<sup>th</sup> 4-6 pm**



**Call MAMA  
to make an  
Appointment for  
your  
Health and Wellness  
Clinic**

**with  
Dr. Paysse**

**503-233-4202**





# HEALTH WATCH!



Article submitted by:  
Christine McGarvin, MSSW

## HEALTH WATCH: DO YOU HAVE A SPARE....?

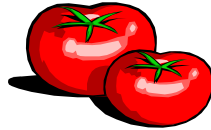
At my house we call it a doughnut. You probably think of it as a spare tire. Maybe love handles. Pot belly? Whatever you decide to call it, storing a surplus of fat around your middle is very common these days. Medically known as intra-abdominal or visceral fat, fat around your belly carries a greater health risk than fat found elsewhere on your body. We've been hearing from the experts for years now that extra weight, especially belly fat, leads to high cholesterol, high blood pressure, insulin resistance and diabetes, heart disease, trouble breathing, sleep apnea, arthritis, indigestion, and some types of cancers.

Two thirds of American adults are overweight or obese with men being more likely to gain weight in the stomach area than women. People of color are more likely to be obese than white people, and advancing age brings an even greater risk that obesity will cause problems with your health. Are you at risk? For most men, the risk factors for disease increase with a waist size over 40" and over 35" for most women.

Stress is one of the worst causes of weight gain. Other culprits that add a spare tire to your belly include health problems, poor diet, minimal physical activity, hormonal imbalances, genetics, slow metabolism, poor posture, and eating comfort foods late at night. We all know that losing weight is the answer, but losing weight and keeping it off is no simple task! It is especially difficult for those of us whose health is already challenged. Any strain on our system causes stress, and more stress causes more health problems. No matter what ailment(s) you may have, here are three simple things you can do.

**MEDITATE.** Take some time everyday to slow down and quiet the chattering in your brain. Meditation can take many forms. Some people like to sit quietly and clear their mind. Others like to listen to music and practice saying positive affirmations.

I like to walk around my neighborhood and think about everything I'm grateful for. Walking allows my body to move with a steady rhythm and my mind begins to pace itself with my steps. Thinking of all that I'm grateful for is an excellent way to clear out some of the negative energy that collects with daily life stressors.



**EAT MORE VEGGIES.** Eat at least one serving of leafy vegetables everyday. Leafy vegetables are nutritional powerhouses. They are especially high in Vitamin K, which has been shown to reduce inflammation including arthritis, help prevent diabetes, regulate blood clotting, protect bones from osteoporosis, and reduce calcium in arterial sclerosis. Other vegetables, like cherry tomatoes, make terrific snacks. Have you tried jicama? It's a delightfully juicy, slightly sweet root vegetable perfect for munching on.

**EXERCISE CORE MUSCLES:** If you have serious health problems, the idea of exercising anything feels like a taking trip down the lane of defeat. But you can do a number of core exercises lying down. Core exercises strengthen your abs, back, and pelvis. Strengthening your core muscles will make it easier to do other physical activities. The best core exercise you can do for your tummy is to lie on your back and breathe deeply and freely for a few moments. Then focus all your attention on tightening your deepest abdominal muscle – the one that contracts when you cough – and keep holding it tight for as long as you can. Repeat five times. Do this every day and you will eventually build enough strength to do this exercise twenty times at one sitting.

Try to spend about ten minutes with each activity, every day that you can. Ten minutes of meditation. Ten minutes of core exercises. Ten minutes eating a salad or steamed cabbage or broccoli. That's just thirty minutes a day – and you'll be on the road to watching your spare tire roll away.

**Citation:**

David L. Kern 2008 "How to Lose Belly Fat" on Disabled World Website for Disability and Seniors Information:

<http://www.disabled-world.com/artman/publish/belly-fat.shtml>

For more core exercises see:

<http://www.mavoclinic.com/health/core-strength/SM00047>



A Rational Approach to Drugs  
503-233-4202  
clinic@mamas.org

October 

## Schedule of Events

**Fri, Oct. 10<sup>th</sup>**

**4:20 PM – 7:30 PM**

**Bend**

***Cardholders Only***

**Potluck and Game Night**

Bend Community Center

1036 NE 5<sup>th</sup> St

**Tues, Oct. 14<sup>th</sup> - 4 to 6 pm**

**- Stan's Helping Hand -**

**Stan Chennault** shares his years

of personal experience to help

others file and pursue Social

Security and VA benefits. He will

be available at MAMA's Office at

**NO CHARGE.**

**Sat, Oct 18<sup>th</sup>**

**4:20 – 7:30 PM**

**Portland**

***Cardholders Only-***

**OCTOBERFEST**

MAMA Office

5217 SE 28<sup>th</sup> Ave.

**Suggested Donation \$5**

**Tues, Oct 28<sup>th</sup>**

**9:30 AM-3:30PM**

**Governor's Council on Alcohol**

**and Drug Abuse Programs**

Human Services Building -Room

160

500 Summer Street, Salem, OR

### **CLASSES**

**For OMMP Cardholders ONLY**

**\$25.00**

**RESERVATIONS REQUIRED**

#### **"Harm Reduction Techniques"**

Overview of the various techniques  
of using medicinal cannabis.

**Oct 13 Mon - 4 PM**

#### **"Joy of Life-1"**

**(Making Cuttings)**

Get your fingers in the dirt and  
learn to make your own healthy  
rooted clones. Organic, dirt.

**Wed - 4:20 PM**

**Oct 1<sup>ST</sup>, 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>**  
&

#### **"Joy of Life-2"**

**(Advanced Class)**

After making cuttings,  
learn what comes next.

**Wed. Oct 29<sup>th</sup>**

#### **"Chocolate Making"**

Learn how to make perfect, melt-in-  
your-mouth, chocolate truffles,  
taught by a professional chocolate  
maker. This class is a favorite  
and fills up fast

**Mon Oct 20<sup>th</sup> - 4:20 PM**

#### **"Preparations"**

Learn about making glycerin and  
alcohol tincture, butter and oil;  
expand your medicinal uses.

**Thurs Oct 30<sup>th</sup> - 4:20 PM**

#### **"Bubble Class"**

Various methods of gleaning  
medicine from waste, using water,  
ice and more.

**Tues Oct 21<sup>st</sup> - 4:20 PM**



# October, 2008

SUN	MON	TUE	WED	THU	FRI	SAT
			1 <u>** Class</u> Joy of Life	2	3	4
5	6	7	8 <u>** Class</u> Joy of Life	9	10 <b>Bend Pot Luck</b>	11 <b>Bend Clinic</b>
12	13 <u>** Class</u> Harm Reduction	14 Stan's Helping Hand	15 <u>** Class</u> Joy of Life	16	17	18 <b>Portland Pot Luck</b>
19	20 <u>** Class</u> Chocolate	21 <u>** Class</u> Bubble	22 <u>** Class</u> Joy of Life	23	24	25
26	27	28 Gov's Council Drugs & Alcohol	29 <u>** Class</u> Joy of Life Advanced	30 <u>** Class</u> Cannabis Preparations	31	





## What Oregon is doing on the Drug Return Program Front

By Mark Miller

In the August '08 newsletter I discussed Drug Return Programs internationally and around the country and promised more information about what Oregon is doing.

Oregon's efforts in Drug Return Programs started in October 2006. At that time a number of interested parties, including public water agencies, health care groups, recycling agencies, pharmaceutical companies, poison centers, and various other agencies formed a '**stakeholders group**' to research the issue of medication-related pollution.

This group, later called the Oregon Pharmaceutical Take Back Group moved rather quickly as committee's go, especially since there was a large body of national data citing extensive pollution. The Take Back Group came out with an Executive Summary and recommendations in July 2007. If implemented, Oregon should soon have a Drug Return Program based on a highly successful British Columbia Medications Return Program that has been in operation since 1996.

The British Columbia Return Program, known as the Post Consumer Stewardship Association currently collects more than 60,000 pounds of unwanted drugs annually, including about 5,400 pounds on controlled drugs such as Vicodin, Demeral and other narcotics. Interestingly while the majority of Oregon's Take Back Group has endorsed the proposal for a British Columbia style approach, the major national pharmaceutical group, the Pharmaceutical Research and Manufacturers of America (PhRMA) opposes the recommendations for Oregon.

The British Columbia model, which is being recommended by the Oregon task group, is often called a **Product Stewardship** program. In this type of program prescription and Over-the-Counter drug manufacturers are requested to devise and implement a convenient and effective program for patients to safely dispose of their medications. The manufacturers can select the type of drug return format, such as mail-back envelopes, drop boxes in pharmacies, a combination of these two strategies, or (even more interesting) whatever concept the pharmaceutical industry may choose.

The Oregon Task Group has made other recommendations for the program. One is that the Drug Return Programs seek federal waivers from the Drug Enforcement Administration so that controlled substances can be included. This would be similar to waivers that Washington, California and Maine have already requested.

In my opinion the recommendations of the Oregon Task Group are more aggressive than most governmental reports. This is because the Task Group recommends that if the pharmaceutical industry is unable to come up with a effective Drug Return Programs in the near future, they propose that legislation requiring a Drug Return Programs be introduced in the '09 Oregon Legislative session.

I also think the group report is more aggressive than many I've seen because the Task Group does not feel that the burden of the of the program should fall on consumers. The Task Group also recommends that the burden for funding of the program not fall on Oregon's overwhelmed law enforcement budget either. Instead (and this is truly shocking) the group recommends that the funding burden fall on the pharmaceutical industry.

The funding method in this case would be similar to that for the recycling of used batteries, mercury-containing thermostats, and computer equipment in Oregon. Manufacturers or assemblers of these items, such as computers, must pay a fee to the state to cover recycling costs. Thus, pharmaceutical manufacturers, to sell or operate in Oregon would have to pay a fee to be licensed to do so. To my mind, not surprisingly the national manufacturers group (PhRMA) opposes the program for this reason.

This insures that the program financing is directly related to the producers and dispensers of medications; instead of spreading the cost across the general public.

I like this. The Task Group is recommending that Oregon's Drug Take Back Program be based on the same simple routines that are being used throughout Europe and Canada for a wide range of hazardous products, including automotive fluids, batteries, electronics and yes, pharmaceuticals.

Oregon already has a program in place for battery recycling and computer electronics. A Drug Return Program would have even greater positive consequences. It can help prevent kids from finding medications by browsing medicine cabinets, can reduce accidental childhood poisonings, and oh yes, that pesky little contamination of our drinking water issue.

I'll be waiting to see if in the next few months **"the pharmaceutical industry in Oregon can make a safe and secure program for collection and disposal of unwanted drugs as easy and convenient as buying a bottle of aspirin, while at the same time bringing benefits to the health of Oregonians and the environment"**. The above quote is the final statement of the Executive Summary of the Oregon Pharmaceutical Take Back Stakeholder Group.

**I could not have said it better ... Mark**

# JOIN TODAY

**MAMA has existed since 1982 with the support of members, who generously contributed funds, goods and their time. We are still dependent on memberships, donations and volunteers to help with our daily operation and to promote MAMA's exceptional, rational approach to drugs.**

**MAMA is a 501(C)3 organization and all donations are tax deductible.**

*You may designate MAMA to receive part, or all, of your United Way pledge.*

## Sign me up for a MAMA Annual Membership

- Basic:** \$25
- Supporting:** \$50
- Sustaining:** \$120 (only \$10/month)
- Benefactor:** \$500

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

**Receive \$5 off MAMA classes and services.**