

Testimony Supporting HB 2919
House Health Care Committee
April 8, 2013

Chairman Greenlick, House Health Care Committee Members,

Hello, my name is Bryan Jackson. I am writing in support of HB2919. As a health care practitioner, and one who works almost exclusively with patients who have suffered physical trauma due to an accident or injury. Personally, I live each day in some kind of pain. I used to weigh 450 pounds, today I live my life at a comfortable 190 pounds. Unfortunately, as a result of carrying as much weight as I did, for as long as I did, I developed three serious compression fractures in the 11th & 12th Thoracic vertebrae as well as the first Lumbar vertebrae. In the past I had attempted the "western medicine" route for treating pain. As a result the doctor (who over prescribed) nearly killed me three times. It was then that I decided to take a more proactive role in the management of my pain. The first thing to go...pharmaceuticals. In its place, I completed all the steps and qualified to become an Oregon Medical Marijuana Program patient. For nearly four years now, I have been an active patient and advocate in the OMMP program. It has not only ensured my personal safety from dangerous pharmaceuticals, but it brought my life with the pain, insomnia, spasms, and chaos to a neutral point. Not a place where I couldn't feel anything, like the effects from narcotics, but a place where my symptoms were managed, not masked. I am still fully aware of the pain and spasms, but they are at manageable levels.

As a healthcare practitioner, I do as much research and studying I can to keep up on cutting edge technologies or treatment methodologies. But like all things, you understand something a lot better if you have first hand working experience with said "thing". For me, I used marijuana recreationally in college, but didn't really put together the benefits I was receiving from them at that time. It was not until I did my research, meet with some specialists on the subject of medical marijuana, that I finally begin to understand the massive ramifications that this simple plant could make on patients who are recovering from injury or surgery, deal with daily symptoms from pathologies, as well as establish a better quality of life. I have seen hundreds of patients in my profession and I have found time after time that those patients using medical marijuana as a part of their recovery achieve the rehabilitative results they are seeking far faster. In addition there is also more active participation from the patient. This (again a personal opinion) is the result of the added control and participation the patient has in their recovery. By not masking the symptoms, instead just "turning down" the pain receptors, and allowing the body the opportunity to heal, instead of guarding against additional injuries, a patient can receive or participate in a capacity of awareness and necessary precaution.

Currently OMMP does a good job (in my opinion) at establishing a framework in

which to provide patients with a medical option that is not only effective, but most importantly SAFE. However, it is not without its flaws. The first, and often frustrating is the effectiveness of that particular strain on the patients' symptoms.

The easiest way to understand and resolve the problem is this. Marijuana contains THC and a myriad of particular and specific CBDs or cannabinoids.

These cannabinoids bind to the patient biochemistry when ingested or inhaled.

However, if the cannabinoids of that strain do not have a cannabinoid receptor available, the desired outcome may not be what the patients is looking for.

To be legitimate and accepted by the medical community, more needs to be known not only about the specific effects of the various strains of the plant, but tested, using traditional and non-traditional methodologies. Specifically, a kind of "roadmap" needs to be implemented as to decipher the specific effects of each cannabinoid, so that ultimately a "product" could be engineered to specifically meet the needs of the individual patient.

In short, by properly studying and mapping the effects of cannabinoids, a tailor made "pill" could then be synthesized to meet the specific needs of the patient.

Gone will be the days of getting high over and over again to meet the specific therapeutic needs of the patient. He or she would be able to have a strain (potentially engineered) that meet their exact needs, or they would have access to an ingestible that would be the specific combination of cannabinoids to meet the therapeutic need.

Either way it's a win-win for everyone.

Those of us (patients, growers, caregivers, and advocates alike) who either have first hand experience from either using the medicine or witnessing it's benefits would tell you a litany of subjective stories, as to how marijuana "saved their lives", and many of those stories are like mine. Regardless of the stories, the medical community needs to see scientifically generated results that back up the subjective support. HB2919 is currently the best bet in Oregon to achieve those results.

Thank you

A handwritten signature in black ink, appearing to read 'M. Bryan Jackson', written in a cursive style.

Matthew Bryan Jackson

P.S.- Attached is a properly formatted signature as per researched methods for electronically signing a document or email