



National Cannabis Coalition
5704 N. Missouri, Ave
Portland, Oregon 97217
anthony@nationalcannabiscoalition.com

Oregon Senate Health & Human Services Committee:

I urge you to support Senate Bill 281, a measure that will add post-traumatic stress disorder (PTSD) as a qualifying condition under the Oregon Medical Marijuana Act. This bill is needed because pharmaceutical drugs have proven to be ineffective combatting the symptoms of PTSD. Our veterans, and other citizens suffering from severe trauma, need help and you are in a unique position to improve their quality of life.

You will be hearing and receiving testimony from licensed medical professionals who will provide you the current status of PTSD research and I have emailed you a relatively lengthy informational packet provided by the Drug Policy Alliance when a petition was submitted to remove PTSD as a qualifying condition under New Mexico's medical cannabis law. The New Mexico Medical Cannabis Advisory Board voted unanimously to keep PTSD as a qualifying condition after considering all of the available evidence.

I have included an editorial from *The Register Guard* titled, "Military suicides on the rise: It's an epidemic that the Pentagon must address," that details the tragic number of military suicides and notes that the number of U.S. soldiers committing suicide has outnumbered soldier combat deaths in Afghanistan since 2001. The editorial concludes by stating, "The Pentagon must step up efforts in this critical fight and reverse the heartbreaking trend of soldiers taking their own lives." I have also submitted an ABC News article detailing how antipsychotics and antidepressants have been ineffective helping patients suffering with PTSD. Clearly, more research into PTSD medications, including cannabis, needs to be conducted, but cannabis researchers face too many bureaucratic hurdles and are usually denied the ability to conduct much-needed research.

Drug and Pentagon policies can get bogged down in Washington gridlock and partisan politics. The Oregon Legislature can be different. You have the opportunity to rise above politics and simply do what is right. You will hear from plenty of PTSD sufferers who will explain that medical marijuana helps their symptoms and improves their livelihoods. You will hear from medical professionals who will state that cannabis is a safe, effective medicine that has never caused a fatal overdose. After considering all of the evidence, you will have the opportunity to improve laws. You may even save some lives.

Please support Senate Bill 281 and make a real improvement in the lives of our soldiers and everyone suffering from post-traumatic stress.

Thank you,

Anthony Johnson
Executive Director, National Cannabis Coalition

confusing and uneven array of programs that currently exist across the armed services.

The Pentagon must step up its efforts in this critical fight and reverse the heartbreaking trend of soldiers taking their own lives.

Copyright © 2013 — The Register-Guard, Eugene, Oregon, USA

Antipsychotic Meds Not Effective for Combat PTSD

By LARA SALAHI

— August 2, 2011

abcnews.go.com

Study Finds Risperidone Did Not Improve PTSD Symptoms

Risperidone, antipsychotic medication normally prescribed to treat symptoms of schizophrenia and bipolar disorder, may not be effective in treating symptoms of chronic post-traumatic stress disorder, according to a study published Tuesday in the *Journal of the American Medical Association*.

Risperidone is commonly prescribed as an add-on treatment for veterans with the more severe forms of PTSD who do not respond to antidepressants.

"There are many in the VA that are exposed to multiple traumatic situations," said Dr. John Krystal, director of the clinical neuroscience division for the Veterans Affairs National Center for PTSD and lead author of the study.

Eighty-nine percent of veterans diagnosed with PTSD who are treated with medication are given antidepressants, the only type of medication that's FDA-approved to treat the disorder. But for many, antidepressants aren't enough.

"It's fallen to the art of psychiatry not the science to treat those that don't respond to medications," said Krystal.

In Krystal's study, 267 patients from 23 Veteran Administration medical centers nationwide were randomized to either receive risperidone or a placebo along with additional therapies the patients received through the centers.

Common symptoms of PTSD include nightmares, hypervigilance, anxiety, depression and unwanted flashbacks. The study found risperidone was not more effective overall in reducing any of those symptoms compared with the placebo group.

In fact, PTSD symptoms in both groups improved over six months, regardless of whether risperidone was added to their treatment equation.

"There's a tendency to believe that all of the changes happen because of one medication," said Krystal. "But sometimes it doesn't."

Still, the study is not enough to discount risperidone as an effective treatment for other forms of PTSD, said Krystal.

While the study suggested that antipsychotics did not work for some patients who did not respond to antidepressants, it did not clarify what subset of patients could potentially benefit from the treatment.

The study was limited to patients who had combat-related PTSD, and most of the patients studied were men.

Risperidone is an effective method to treat symptoms of psychosis, such as paranoia. Many of the patients

studied did not suffer from psychosis.

The data, however, is useful for doctors and a certain group of patients to discuss the continued benefit, if any, of being on risperidone, said Krystal.

"If it's treating psychosis, a case could be made," said Krystal. "But the overall avoidance and numbing symptoms of PTSD, it's not helpful."

Copyright © 2013 ABC News Internet Ventures