

Madame Chairperson, Members of the Committee, thank you for holding this hearing today.

My name is Anthony Taylor and I am a Director with Compassionate Oregon. I am also a Veteran.

You have been presented today with a great deal of scientific evidence that shows cannabis (marijuana) to be an effective tool in the treatment of symptoms relating to post-traumatic stress disorder. You have also been given a great deal of insight into the current process for adding qualifying conditions through the Oregon Medical Marijuana Program and why we feel it is necessary for you to make this change.

There are a couple of things I would like to add.

As I have been going from office to office meeting with members of this committee, I have noticed copies of the magazine "Veteran Benefits," set out so people can pick one up. So I did. Much to my surprise, there on page 14 was an article entitled, "Trauma and PTSD." "This is timely," I thought. It is a short article on common physical, mental/emotional, and behavioral reaction, associated with this disorder. It also gives you a link to the VA's PTSD page.

If you go to the link there is a discussion about medications used in treatment of this disorder.

Medications known as SSRI's or selective serotonin reuptake inhibitors such as Prozac, Paxil and Zoloft, while often effective in treating depression at a certain level, are often associated with *increased* anxiety and depression. We are reminded of this every time we hear a TV ad and the advertising disclaimers which caution that use of these medications "may lead to thoughts of suicide." When used in conjunction with other medications to treat PTSD, these problems can be exacerbated. There are in excess of 100,000 deaths every year from prescription drugs in the United States. To date there are no studies linking these "cocktails" to the high rate of suicide among service members but it is surely an area that needs further study.

The evidence you have heard today also offers insight into why we are convinced cannabis can be helpful. You have also seen evidence as to the Department of Veteran's Affairs and their easing of policy around its use. We are also beginning to see these changes at a state level.

The Oregon State Board of Pharmacy has recognized the therapeutic value of cannabis and re-scheduled it as a Schedule II controlled substance rather than the Schedule I status is maintains at the federal level. This gives state level protection for those physicians that wish to use cannabis as part of an effective treatment program.

The Oregon Pain Management Commission in their position statement advocates for "patient access to marijuana for therapeutic purposes." They also conclude that, "Numerous randomized clinical trials have demonstrated safety and efficacy in treating central and peripheral neuropathic pain."

The OPMC also "supports programs and funding for rigorous scientific evaluation of the potential therapeutic benefits of medical marijuana and the publication of such findings."

In addition they support, "increased research for conditions where the efficacy of marijuana has been established to determine optimal dosage and route of delivery." They go on to say, "medical marijuana research should not only focus on determining drug efficacy but also on determining efficacy in comparison with other available treatments."

We should adopt this approach and add this condition to the Oregon Medical Marijuana Program as well.

Madame Chairperson, when I went in to pick up these books I have provided for you on this issue, the young woman behind the counter and I were chatting and since she was the one that did the work she knew the topic and offered her own story.

Her husband is a veteran of the recent wars and returned with PTSD. She related that he struggled with many things and this struggled continued to increase and they received little or no help from the VA. She told me that she finally felt she could no longer risk her safety or that of their young daughter and filed for and received a divorce. She wished me good luck.

Madame Chairperson and Members of this Committee as I said earlier, I am a veteran. To be more specific I am a Vietnam Era Veteran. I was lucky though. I enlisted at the end of the war and was stateside my entire enlistment. Upon completion of my service I took advantage of the GI Bill and attended college under that program.

But over all these years I have never really thought of myself as a "Veteran." You know, with a capitol "V." I suited up for my country but I never had to pull a buddy out of a foxhole, or pick up pieces after a mortar attack, a claymore, or an IED. I have never applied for health benefits or taken a home loan because I always thought there were other veterans that could use these benefits more than I could.

There is a common feeling among veterans that somehow they did not do enough for their fellow vets. Some call it guilt. I am not sure about that, but what I am sure of is that I am able to stand up for my fellow vets on this issue. I ask the members of this committee to reflect on the message having the "Veteran Benefits" magazine available in your office sends. The message that you are concerned for our vets and that you are willing to help. Even if it is a tough call.

Mental health care is a top priority in the discussions about gun violence today and Sen. Courtney spoke just yesterday of the need to address the issue of mental health in a serious way. I ask you when considering this bill, to remember that it is not about physical pain or about abuse of the Oregon Medical Marijuana Program.

It is about mental health. It is about implementing a simple fix for a group of our fellow Oregonians who suffer from this disorder on a daily and sometimes minute-to-minute basis the medical marijuana community has been advocating for over a decade. It is a treatment tool we should make available without further delay.