

Committee in Session at 8:38 A.M. on Friday, April 27, 1979.

Senator Keith Ashworth in the Chair.

PRESENT: Chairman Keith Ashworth
Vice-Chairman Joe Neal
Senator Wilbur Faiss
Senator Rick Blakemore
Senator Clifton Young
Senator Jim Kosinski

GUESTS: Mr. Rick Pugh, Executive Director, Nevada State
Medical Association
Judge Keith Hayes, Clark County
Mr. Russ McDonald, State Board of Pharmacy
Mr. Paul Cohen, Administrative Officer, State Division
of Health
Ms. Candy Lusich, Private Citizen, Reno, Nevada
Mr. Gary Sheerin, Attorney, Harvey's Wagon Wheel
Mr. John J. McCuen, Attorney Association, General
Contractors of Northern Nevada
Mr. Steve Balkenbush, Attorney General's Office, Environ-
mental Protection
Mr. Dave Young, Representative for Local 3
Mr. Gil Buck, Nevada Association of Realtors
Mr. Bob Sullivan, Carson River Basin
Mr. Dwight Milliard, Home Builders of Nevada
Mr. Merlin Anderson, Nevada Commission on Postsecondary
Institutional Authorization

Chairman Ashworth opened the hearing on S.B. 470.

Mr. Rick Pugh, Executive Director, Nevada State Medical Association, stated that Dr. Neil Swissman, President, Nevada Medical Association had a last minute emergency and could not attend the committee meeting. Mr. Pugh presented Dr. Swissman's written testimony, Exhibit "A".

Mr. Russ McDonald, State Board of Pharmacy, stated the State Board of Pharmacy is not in opposition to this bill. He suggested that on Page 1, Line 15 should be directed to the Board of Medical Examiners. Judge Hayes concurred that it should be the State Board of Health. Mr. McDonald further stated in Sections 7 and 8 with the so-called pharmacies, that marihuana be stocked or delivered to the individual pharmacies who could respond to prescriptions by certified physicians from those stocks. He stated that maybe the health division would make disbursements to the doctors. Judge Hayes responded by stating that the federal government would not permit these substances to be distributed by private pharmacies, but would require that it go to a state operated agency to be dispensed by the state operated agency.

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Mr. Paul Cohen, Administrative Officer, State Division of Health, stated there are satellite clinics for the dispensing of Methadone, which can be set up in hospital pseudo-pharmacies. If this bill passes, he stated, it would be on the same principle as Methadone. There would be involvement with the Drug Enforcement Administration and the Food and Drug Administration and a program licensing of pseudo pharmacy would be established. Judge Hayes stated there would be no objection, and would be concerned that there were strict controls on the agencies, persons or businesses having any hand at all in this. Senator Young questioned if this would change Section 7. Judge Hayes stated that it says a "certified pharmacy". He further stated that it is his understanding that the federal government would not allow its being dispensed under any controls except as has been observed in the Methadone situation. Chairman Ashworth questioned if an amendment were needed to Section 7 or Section 8 of S.B. 470. Mr. McDonald stated that he felt one was necessary. He further stated that three or four of the sections should be reexamined because it does point to the authorized delivery to the individual licensed pharmacy to respond.

Judge Hayes stated he endorses what has been said by the previous witnesses. He stated there was possibly a change needed on Page 2, Line 3 to read: "At least one member from each county of a population in excess of 100 thousand", rather than specify any designated county. He stated that 30 or 40 additional letters of endorsement, unsolicited were delivered to his office, some by people in law enforcement in Clark County, Exhibit "B". Chairman Ashworth added the telephone messages as well, since the bill was introduced. Chairman Ashworth asked if we are passing a bill allowing the smoking of pot. Judge Hayes stated this "medicine" is a derivative of marihuana which would be available in tablet form. He stated that if the patient could not obtain the derivative, the patient would actually smoke the marihuana. Chairman Ashworth stated that in the pill or capsule form it accomplishes the relief of pain in the taking of chemotherapy. Judge Hayes stated that was correct. He stated it was his understanding that the derivative acts more as a calmative agent rather than giving the patient the "high" that is perhaps the criticism of marihuana. Senator Neal questioned the "whys" of the bill by stating that the only chemical property identified in the drug is tetrahydrocannabinols which is the gas or smoke that makes the "high" and relieves pressure. He stated another aspect of marihuana being used for cancer patients is the lessening of vomiting and nausea when taking chemotherapy. He questioned if this were the only value. Judge Hayes stated, "That is the only value it has, at the present time, with regard to cancer patients." He said there is medical support for that as well as for relief for the glaucoma patients. He stated that if that was the only value that it has, it certainly is worthwhile. He further stated the effect of chemotherapy on the cancer patient has a devastating effect, and if there is any agent or substance that can relieve these people of the suffering they go through in taking cancer chemotherapy, it is certainly worthwhile. He stated it would be a merciful thing to pass this bill and give the relief to those people.

Senator Neal questioned if there is any other substitute that would probably do the same thing. Judge Hayes stated that there was none at the present time that is known. This is the one that the medical people, through their research, feel is the best thing for the cancer patient at this time. Compazine is another agent but is not that attractive, he added. Senator Neal stated that from a news report that the marihuana plant has more tar properties than the ordinary cigarette. He further stated that this would be a cancer causing agent, and this point worries him. Judge Hayes stated he was aware that marihuana had tar that is even more cancer producing than tobacco, however the reality is that the people who would be using the marihuana already have cancer and it becomes a chance that they would take with the use of marihuana. He said the chemotherapy agents that people take for one kind of cancer also over a period of time can induce leukemia. He stated marihuana can become a relief from the effects of chemotherapy.

Senator Kosinski questioned how many people might be eligible for this kind of program. Judge Hayes stated that he did not know, he said it would be entirely up to the board to select those patients, who in their opinion, would be relieved in their chemotherapy. This would also include the glaucoma patient where this agent is also very important. Senator Faiss asked how these programs have worked out in the other 18 states that have them. Judge Hayes said it is his understanding that 4 other states have passed it, they are New Mexico, Florida, Illinois and Louisiana. He stated it has very beneficial effects on cancer chemotherapy patients. The bill is pending in 18 other states, but has already passed in 4 states, as of January of this year. Senator Young questioned opening up this program to other patients and asked if federal guidelines covered expansion. Judge Hayes stated this is an open door in the bill, that in the event federal agencies authorize the use of this agent for any other diseases, or conditions, it would give them the opportunity to use it without having to go back through legislation for an amendment. He said the use of it would be strictly controlled by the federal government and their dispensing agencies. Senator Young asked what a price mechanism is. Judge Hayes stated the state would control, store and dispense to the doctor who was authorized as a specialist, to dispense it directly to the patient. He further stated that after the passage of the bill it would take them at least a year to process an application with the federal government. He urged that the Senate pass the bill so they can get into moving it along.

Mr. Paul Cohen, Administrative Officer, State Division of Health, stated in making application to the National Institute of Drug Abuse, the regulations in garnering any controlled substance would comply with the Food and Drug Commission and the Drug Enforcement Administration as with Methadone. They do not implement any type of pharmaceutical dispensing situation in a hospital for Methadone unless they involve the two aforementioned federal agencies.

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Mr. Cohen stated that there is no fiscal note attached to this bill. He stated the chemical would have to be determined how it was to be taken, whether smoked, orally, internally or it could even be ingested in food. He stated they are not against the bill but wish to bring to attention that there are some financial impacts related to it, there are other agencies that have to be dealt with. Senator Faiss questioned if he felt this bill would then require a fiscal note. Mr. Cohen stated he definitely did feel it would require a fiscal note. Senator Young asked him to trace the flow of the marihuana, where it would come from, where it would be stored, etc. Mr. Cohen said in terms of the legal implications there are no negotiations with Drug Enforcement and Food/Drug Administration when you accept a controlled substance under Chapter 453 NRS. Methadone, he stated, is one of those controlled substances. He further said you must have a specific type of safe, a certain amount of safety controls, have it monitored periodically, you must follow their regulations to the letter of law. He stated, in terms of the costs, as far as charging the clients depends on whether or not it is in the application. An application to the institute, Drug Abuse, must show financial implications whether or not you are just asking for the chemical; and the controls to be through the Food Drug Administration, Drug Enforcement Administration and the institute; or you are asking for the funds for the research itself. He said if you want to charge your clients, then you have to develop this into your rules and regulations as you must do through open hearings. Chairman Ashworth asked what the initial cost of furnishing the 40 dollar per diem to the board for travel expenses would be. Mr. Cohen did not have a figure to give him. Mr. Cohen stated he does not have any disagreement after having lost four members of his family to cancer in the past 23 months, he is for anything that would benefit the cancer patients. He said he would like to meet with Judge Hayes and Mr Pugh from the Medical Society to project a "start of cost" in staff time and travel.

Chairman Ashworth asked Mr. Cohen if he would be willing to meet with Judge Hayes and the division, if the committee was amenable to process this bill, to come up with a fiscal note and recommended amendments necessary to process this bill. Mr. Cohen stated he would be willing to do so. Senator Kosinski asked how soon he could get the information back to the committee. Mr. Cohen stated that as soon as he could get together with Mr. Bennett, Mr. Hamm and Judge Hayes to find out what their parameters are. He stated that Dr. Carr is the State Health Officer and will be back Monday, he is one of the food and drug commissioners in the state and is quite extensively read in this area so he could talk with research-medical knowledge. Senator Neal felt the "kids" would interpret the passing of this bill as saying it is all right for them to smoke "pot". Mr. Cohen agreed with Senator Neal and stated it is the emotion of the association of the compound, and psychologically we are telling people that this is a good thing. Chairman Ashworth suggested changing the name to Tetrahydrocannabinols, Mr. Paul Cohen said that most of the people know that compound. Mr. Cohen asked, in terms of direction, what was specifically wanted of him.

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Chairman Ashworth stated that after further testimony a consensus of the committee would be taken and he would direct him after that.

Ms. Candy Lusich, Private Citizen, Reno, Nevada, stated she is a diabetic, which started 14 years ago. She started having eye problems approximately two years ago from diabetes, the second stage is glaucoma which she also has. She was placed on drugs and lost a considerable amount of weight, as the medication made her sick to her stomach and she could not eat. She started smoking marihuana because she heard it was being used for glaucoma treatment. She stated she has a hard time obtaining marihuana and it is very expensive and hard to locate. During the smoking of marihuana she said her glaucoma disappeared and when she stopped smoking it the glaucoma reappeared, she has been smoking it for about two years daily. Senator Neal asked what the effect was other than relief of the eye pressure. Ms. Lusich responded that it gave her an appetite, made her feel good because of the relief of the eye pressure and nausea. She stated she does not get "high" on it any more. She stated she had been going to the Stanford Hospital, last year 11 times, for the laser treatment. Chairman Ashworth asked if her doctor has prescribed smoking marihuana to which Ms. Lusich replied "no, he did not". Senator Faiss questioned side effects from the use of marihuana. Ms. Lusich stated she had no bad side effects.

Chairman Ashworth stated in order to process this bill an amendment would have to be added, it would also need a fiscal report and be referred to the Finance Committee. Senator Kosinski suggested the legalization of marihuana. Chairman Ashworth took the consensus of the committee with five in favor of processing the bill. Mr. Cohen was directed to meet with Judge Hayes, Mr. Edmundson, with the recommendations of Russ McDonald and the people of the Pharmacy to come up with an amendment and next week get the testimony of Dr. Carr for the record. Senator Neal felt more testimony was necessary but was not against it.

Chairman Ashworth closed the hearing on S.B. 470.

Chairman Ashworth opened the hearing on S.B. 499.

Mr. Gary Sheerin, Attorney, Harvey's Wagon Wheel, spoke in support of S.B. 499. He stated particularly in the Lake Tahoe area people have been bringing suits to prohibit construction of various facilities. He stated the intent of this legislation is to cause someone who wants to enforce the laws and stop construction, to require them to put up a bond on injunctive relief. He said the bill drafter went to Chapter 445 of NRS in order to accomplish this wording in S.B. 499. He stated NRS 445 is the general law pertaining to water pollution and basically concerns the state regulating water permits. He said there was no objection to amend the bill so that the state does not have to put up a bond; but aim legislation more toward the private groups or individuals who want to get involved in stopping construction projects. Chairman Ashworth questioned, if this bill were passed, could it extend to other sections of the law other than polluting water

Mr. Sheerin stated no, that is why chapter 445 NRS is a good single place for it to be, limiting it to private persons. He suggested that Chapter 441.540 is a better place for it to be in. Chairman Ashworth stated this bill should probably be processed by the Judiciary Committee. Senator Neal stated this is a Tahoe Basin type of bill and that this committee should kill the bill. Mr. Sheerin stated that the legislation is broader than the Lake Tahoe Basin and should go into Chapter 441. Senator Neal stated this is not aimed at the broad aspect. Senator Blakemore asked if a transient, who does not like the look of a building under construction, could get an injunction to stop the construction. Mr. Sheerin stated they could do it without bond, without an injunction bond. He stated that in Chapter 445 it says you do not have to have a bond. He stated this refers to line 23 of S.B. 499. Senator Neal asked why this bill was not sent to Natural Resources. Mr. Sheerin said to take it to any committee and they will support it. Chairman Ashworth stated if they are going to rule the water, it should be in this chapter. Mr. Sheerin stated it was their intention to submit written amendments to broaden the bill to make it apply specifically to what the Senator wanted it to do, and to probably leave it so the state can do it without a bond. Senator Ashworth asked if the Judiciary Committee should look at this bill. Senator Neal stated that Natural Resources handles all the water problems. Senator Ashworth suggested because of the temporary or permanent restraining orders that maybe the Judiciary Committee should be alerted to this legal aspect, because it is a legal problem. Mr. Sheerin stated he had no objections to it going to Natural Resources either. He further stated that if the committee intends to process the bill further he would furnish amendments to make it broader and to eliminate the state from the bonding requirement. Senator Young questioned a bond being "permanent", that a temporary injunction or temporary restraining order would be more appropriate. He further stated this bill appears to be ill drafted, with the requirement of a permanent bond.

Mr. John J. McCuen, Attorney Association, General Contractors of Northern Nevada, stated he does not agree that this bill should go to the Judiciary Committee as this is special act of NRS 445. He stated willingness to exclude the state director as far as the bond is concerned. He said the bill was not introduced with respect to Lake Tahoe, but with the construction industry generally. He stated the bill should say Chapter 445 inclusive and not include 445.354, because it controls the whole area of water and air and should relate to the whole thing. He stated he did not feel we should be faced for the next two years with the possibility of these various suits arising. He stated we should not have a law that causes economic distress. He said it was not necessary to go to Judiciary as this covers water and air control, and covers the whole state. Senator Young asked him if he felt the word "permanently" should be in the bill. Mr. McCuen stated that the word "permanently" should not be in the bill. He further stated that this bill should be processed and it should say Chapter 445. Senator Neal asked if he would prefer that people be allowed in court to seek a permanent injunction. Mr. McCuen stated that they could go for a permanent injunction now, that is the harder route because they have to have

a "show cause" order. He stated they are worried about being stopped on a construction project, putting men out of work and running up the costs. Senator Blakemore felt this is a legal problem and should be in the Judiciary Committee.

Mr. Steve Balkenbush, Attorney General's Office, Environmental Protection, stated he wanted to voice their objection to the bill in its present form. He said he did not see that they could require the state to put up a bond, he felt there was a separation of powers. Chairman Ashworth felt there were going to be a lot of amendments and problems to this bill, and should probably go to the Judiciary Committee. Senator Kosinski questioned 445.327 as to how it addresses giving a private person the right to file the action without a bond. Mr. Balkenbush stated that the director was the one who could move without a bond. He stated he has not seen or heard of anyone filing action without a bond. He said he has not heard of any environmental group using this particular provision to persuade the court that they do not have to post a bond. He said there is a possibility of this occurring.

Senator Blakemore moved to refer S.B. 499 to Judiciary Committee. The motion died for lack of a second.

Mr. Dave Young, Representative for Local 3, stated his company has in the past been confronted with this problem in California, Utah, the Pacific Islands and Guam, and have had to combat it in a variety of different ways and it has cost a lot of money. In this general area they are looking at rapid growth, their problems are mostly with the water and sewer. He stated the people in Nevada need protection from the special interest groups, such as friends of the animals, conservationists and others.

Mr. Gil Buck, Nevada Association of Realtors, stated they would like to go on record in favor of the bill except for the bonding for the state. He stated that if the people wish to file suit for injunctive relief against these projects, "they should put their money where their mouth is".

Mr. Bob Sullivan, Carson River Basin, Council of Governments of counties of Douglas, Carson City, Lyon, Churchill, stated they support the concept of S.B. 499, even with the exception of the State of Nevada. He stated the counties have to exist on public participation, environmental projects have to exist on public participation, and they cannot succeed without that public participation. He further stated that public participation has its own channels.

Mr. Dwight Milliard, Home Builders of Nevada, stated they would also like to go on record in support of S.B. 499. They feel this is the proper section for it to be in because of the future development of water and water quality that is going to be involved. He further stated they have no objections to the state being excluded.

Senator Young asked if anything was accomplished if you take the state out. Mr. McCuen stated that if you make it apply to the whole Chapter 445 you have an entirely different situation with the local air pollution control areas where there is provision that any citizen, any person, may bring any action or seek injunction without a bond. He further stated

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he would like to see this bill adopted to make it apply to the entire Chapter 445, and not specifically only to the water pollution. Mr. Sheerin stated that the bill in its present form is not correct and he would like to bring in some amendments for processing. Chairman Ashworth stated the committee, if amenable to processing this, would ask for amendments as it should be cleared up. He said that Mr. Sheerin should clear with the state, Mr. McCuen and the introducers, and hear the bill again next week. Senator Kosinski stated he was not convinced that it was not desirable, by social and public policy, to leave the discretion in court as to whether or not a bond is required. Senator Young stated he felt somewhat the same although perhaps the law can be improved. He stated he agreed with them coming up with an amendment. The committee agreed to have the above named bring in an amendment, no action was taken at this time.

There being no further testimony on S.B. 499 Chairman Ashworth closed the hearing.

Chairman Ashworth opened the hearing on S.B. 412.

Chairman Ashworth presented the new amendment for S.B. 412 that replaces Amendment No. 582, Exhibit "C".

Mr. Merlin Anderson, Nevada Commission on Postsecondary Institutional Authorization, stated he took the direction which had been discussed last time. This section, NRS 394.371 consisted of one basic paragraph, Section 1; two paragraphs have now been made of the one section. Mr. Anderson stated you are exempt from the provisions of the Postsecondary Educational Authorization Act if you meet the requirements of Section 2, subsections (a) through (d). Senator Kosinski questioned Section 2, subsection (d) stating it did not offer advanced training to persons already licensed or employed. He stated it is advertising, but not representative. He questioned if it would not represent instruction and training to prepare persons at the entry level and would not satisfy the first part of that paragraph. He stated it would have to represent that the instruction is offered only as advanced training for persons already licensed or employed in one or more particular fields. Mr. Anderson concurred and asked if there were a suggested word that could be inserted. Senator Kosinski stated that perhaps the last part of the paragraph is all that is needed. Chairman Ashworth stated, under Section 2 subsection (b) should also be extracted, as that would preclude having a seminar on a university campus. He stated you could word it, "to be held in a public place". Senator Kosinski suggested wording it, "it does not offer instruction recognized as college credits, and does not lead to an academic degree". He further stated that the way it is now you are mandating education.

Mr. Anderson stated he felt the language should be cleaned up as Senator Kosinski had suggested. He stated regarding the subsection (b) that the concern was for the public safety. Chairman Ashworth suggested replacing the words "hotel, motel or convention center" with "in a public place", or leave the subsection (b) out altogether.

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S.B. 412 (Exhibit "D")

Senator Kosinski moved to Amend and Do Pass S.B. 412.

Seconded by Senator Faiss.

Discussion: Senator Ashworth stated we are amending the amendment by taking out (b) completely and rewording (d) to read: "Its advertising does not represent that the instruction or training will prepare persons at the entry level for those fields or occupations".

Motion carried unanimously.

There being no further testimony Chairman Ashworth closed the hearing on S.B. 412.

Chairman Ashworth opened the hearing on S.B. 467.

Chairman Ashworth presented a letter dated April 27, 1979 from the Division of Health, Exhibit "E", to withdraw from any further consideration S.B. 467.

S.B. 467 (Exhibit "F")

Senator Neal moved to Indefinitely Postpone S.B. 467.

Seconded by Senator Faiss.

Motion carried unanimously.

There being no further testimony Chairman Ashworth closed the hearing on S.B. 467.

Chairman Ashworth opened the hearing on S.C.R. 24.

S.C.R. 24 (Exhibit "G")

Senator Neal moved to Do Pass S.C.R. 24.

The motion was lost for lack of a second.

Discussion: Chairman Ashworth asked if the committee wished to continue the hearing as some money needed to be added for continuing study.

Senator Kosinski moved to Indefinitely Postpone S.C.R. 24.

Seconded by Senator Young

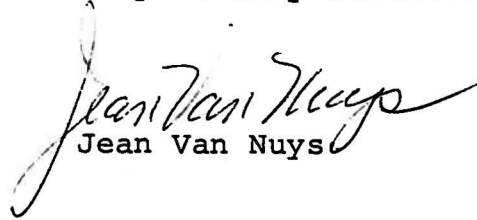
Motion failed.

Yeas - - 3

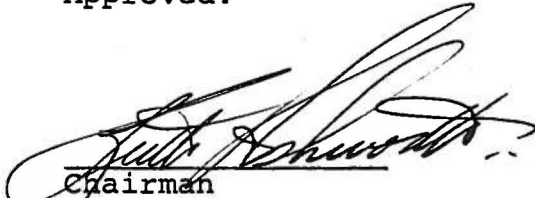
Nays - (Blakemore, Faiss, Neal)

Meeting adjourned at 10:48 A.M.

Respectfully submitted,


Jean Van Nuys

Approved:


Chairman
Keith Ashworth

NEVADA
STATE
MEDICAL
ASSOCIATION

3660 Baker Lane • Reno, Nevada 89509 • (702) 825-6788

April 26, 1979

TO: Senate Human Resources Committee

FROM: Neil Swissman, M.D.

SUBJ: Testimony for S.B. 470

In 1979 two thousand one hundred Nevadans will be diagnosed as having cancer. One out of four of us will develop a cancer sometime in our lifetime, and two out of three families in Nevada will be touched by this dreaded disease. These are indeed devastating statistics. The picture, however, is not without hope because with early diagnosis and treatment medical science can now effect a cure in 50% of all cancer cases.

The bill you are hearing today, S.B. 470, concerns itself not with cancer cures but with a relief of the symptoms of therapy and rapid return to useful life for cancer patients.

Organized medicine in Nevada strongly supports the passage of S.B. 470. This is not quackery or the illegal use of an agent. This bill conforms to federal regulation allowing tetrahydrocannabinol to be used for the treatment of cancer and glaucoma patients under very strict federal guidelines. It has passed in at least 18 states.

This passage of S.B. 470 is humane, medically appropriate and scientifically sound.

4-24-79

phone call from:

Ms. Candy Lusich - On 4/27th
wishes to testify on S.B. 470
Glaucoma and Cancer bill.
She says she has glaucoma.

private citizen



To Sen. O.
 Date 4/25 Time 9:15

WHILE YOU WERE OUT
 M. Pat Riggs
 of LV
 Phone 451-3758

Area Code	Number	Extension
TELEPHONED	<input type="checkbox"/>	PLEASE CALL
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT

RETURNED YOUR CALL

Message In support of SB 470

Operator _____

EFFICIENCY® LINE NO. 4725 AN AMPAD PRODUCT

To Sen. O.
 Date 4/17 Time 2:40

WHILE YOU WERE OUT
 M. Dave Druz
 of LV
 Phone 384-2465

Area Code	Number	Extension
TELEPHONED	<input type="checkbox"/>	PLEASE CALL
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT

RETURNED YOUR CALL

Message Support of SB 470
Will send package
to be presented
at the hearing

Operator _____

EFFICIENCY® LINE NO. 4725 AN AMPAD PRODUCT

To Sen. Frank Albritton
 Date 4-18 Time 8:50a

WHILE YOU WERE OUT
 M. Mary Shotton
 of LV
 Phone 702 454-8545

Area Code	Number	Extension
TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT

RETURNED YOUR CALL

Message In support SB 470

Operator SM

EFFICIENCY® LINE NO. 4725 AN AMPAD PRODUCT

To Sen. O.
 Date 4/18 Time 1:50

WHILE YOU WERE OUT
 M. Candy Luich
 of _____
 Phone _____

Area Code	Number	Extension
TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL
CALLED TO SEE YOU	<input checked="" type="checkbox"/>	WILL CALL AGAIN
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT

RETURNED YOUR CALL

Message In favor of
SB 470 - will probably
come & testify on the
27th

Operator _____

EFFICIENCY® LINE NO. 4725 AN AMPAD PRODUCT

APR 26 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Maria Alexander

*Anyone who has suffered with
chemo therapy should definitely have this
pills available for them*



April 19, 1979

APR 22 1979

DEPARTMENT OF MEDICINE
SCHOOL OF MEDICAL SCIENCES
WASHOE MEDICAL CENTER
77 PRINGLE WAY
RENO, NEVADA 89520
(702) 785-6235/6

Senator Keith Ashworth
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for the use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patientw with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Peter R. Graze, M.D., F.A.C.P.
Vice-chairman, Department of Medicine

/sr

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SENATOR KEITH ASHWORTH
 State Senate
 Carson City, Nevada

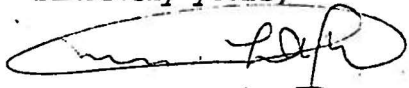
Dear Senator Ashworth:

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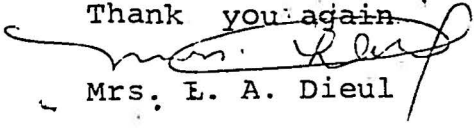
Thank you for your continuing interest in the problem.

Sincerely yours,


 Mrs. L. A. Dieul

P.S.: Since I have only an estimated 4 months to 10 months left to live ^{due to cancer}, I am particularly interested in the passage of this Bill as soon as possible

Thank you again.


 Mrs. E. A. Dieul

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April 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Raymond H. Clark . Patient
P.O. Box 3
Searchlight, Nev. 89046

709-A 8th St., S.E.
Washington, DC 20002
April 19, 1979

APR 24 1979

Senator Keith Ashworth, Chairman
Senate Human Resources Committee
State Capitol
Carson City, NV 89201

Dear Senator Ashworth:

Although I am not a citizen of Nevada, I am writing you in support of pending legislation which would permit marijuana's therapeutic use by glaucoma patients, and by individuals afflicted with cancer who are undergoing chemotherapy treatments.

Since 1976, I have enjoyed legal access to federal stocks of marijuana for therapeutic use in the treatment of glaucoma, a blinding eye disease. The medically supervised use of marijuana of a known potency has made the difference between retaining my vision and going blind. Thus, my interest in this question is far from abstract, but instead grows from a long experience both with the problems faced by patients confronting the Hobson's choice between medical relief and criminality, and the federal policies which seriously complicate discussion and resolution of the question.

Marijuana's utility as a therapeutic agent, both in glaucoma and as an anti-emetic for chemotherapy, was found by accident. Many thousands of patients are able to recognize these benefits absent medical expertise. For a glaucoma patient, marijuana offers lowered intraocular pressures and potentially prolonged vision. (Left to conventional therapies, for example, I would now be blind, yet the use of marijuana, in combination with conventional agents, has added four years of sight I might otherwise not have enjoyed.) In cancer chemotherapy patients, suffering from the nausea and vomiting which follow chemotherapy and radiation treatments, marijuana's action is readily apparent.

The question is not if these patients will or will not use marijuana. American Medical News (AMA) reports "thousands -- perhaps tens of thousands -- of glaucoma and cancer patients across the country" are smoking marijuana for medical relief. The question becomes under what conditions patients will be permitted to receive marijuana. Without reforms, like those proposed in Nevada, federal law and the sheer complexity of federal regulations will force these patients into the streets -- into an illegal, unregulated black market -- for relief. With reform along those lines adopted in New Mexico, patients unable to obtain relief through conventional drugs have the legal alternative to try marijuana under medically ethical conditions of supervision and guidance.

In my understanding, the proposed Nevada law seeks to extend compassionate medical relief to glaucoma patients and cancer patients receiving chemotherapy who are not responsive to conventional drugs. In the process of extending this relief, the Nevada law also hopes to advance the collection of information

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EXHIBIT 2

regarding marijuana's various therapeutic utilities. I think this approach, stressing the compassionate, humane and medically ethical import of patient care over the less therapeutically advantageous regimen of manipulative research environments, is excellent and well advised.

The only flaw in the approach is, I think, in the proposed legislation's neglect of organic cannabis preparations in favor of synthetic marijuana-like substances. Of the seven states which have thus far adopted therapeutic use measures, only Florida has passed a similar exclusionary clause.

I cannot emphasize enough the dangers which reliance on synthetic cannabis poses. For example, in my own situation synthetic forms of marijuana, notably Delta-9-THC, have proven ineffective. Smoked doses of cannabis, available in highly controlled potencies from federal agencies, however, continue to offer me the beneficial reduction in ocular tensions required for the medical control of my disease.

Delta-9-THC, the preparation of synthetic marijuana now available, was developed for abuse oriented research. It is not marijuana's most therapeutically active substance, but merely its most psycho-active. Delta-9-THC, in short, is what makes people feel "high." When researchers discovered that glaucoma and cancer patients were smoking marijuana for medical relief, federal agencies shifted Delta-9-THC into programs of therapeutic study.

Evidence suggests Delta-9-THC is effective in some cases. This is true for both glaucoma control and as an anti-emetic. Yet the evidence also indicates that the oral preparations of Delta-9-THC are inferior to marijuana in smoked form. In a recent study conducted by the National Cancer Institute fifteen cancer chemotherapy patients were tested. Initially, all were placed on oral Delta-9-THC. At the conclusion of the study, however, all patients had been transferred to smoked marijuana. In effect, Delta-9-THC became ineffective while the federally developed, dose controlled cigarettes continued to offer relief. Perhaps the most surprising finding in this study was that smoked marijuana placed almost twice as much active cannabis agents in the bloodstream as did the Delta-9-THC pill.

In the final analysis, of course, it is the quality of relief received by the patient which should remain uppermost. Since the THC vs. marijuana discussion too often begins to appear a contest, I have enclosed a memorandum issued by the National Cancer Institute in May, 1978, discussing the issue. Doctor Monroe Wall, responsible for producing both the cannabis cigarette and Delta-9-THC, offers opinions which should guide the committee in its deliberations.

My interest also lies with the relief patients may receive. The choice to employ cannabis or synthetic THC or the ability to employ both agents at different times, permits physicians and patients to elect among options. Nothing is more vital to meaningful medical care than the close and intimate communion between an individual and his doctor. It is in this protected, sensitive environment that final

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decisions on the use of marijuana and/or its synthetic agents should be made. I hope the Nevada legislature seeks to accept and protect this ability to elect by including federally grown marijuana.

There are many additional issues within the general question of marijuana's therapeutic use which might be discussed. But, because I am not a citizen of Nevada, I feel I should leave you to your good judgements. The spirit and impulse, clear among the many states, to provide patients like myself with medically competent access to marijuana under legal sanctions is a compassionate, humane and direct legislative response to evident problems in the current, too generalized prohibition.

If I may be of any help to you, your committee or the legislature in understanding the technicalities of such legislative approaches, I would be happy to assist in whatever way possible. With appreciation for this opportunity to comment, I remain,

Sincerely yours,



Robert Randall

RCR:pes
Enclosure: NCI Memo 5-15-78

A STUDY OF MARIJUANA'S THERAPEUTIC POTENTIAL

Prepared by:

The Hawaiian School of Public Health

Marijuana Task Force

October 26, 1977

Reprinted by:

The Center for the Study of Non-Medical Drug Use

2317 M Street, N.W.
Washington, DC 20037
Price: \$10

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Attached ✓

I. Glaucoma

At present, glaucoma is responsible for 14% of all new cases of blindness and is the second leading cause of blindness in the United States. While different types of glaucoma exist, a common characteristic among all varieties is an abnormally high intraocular pressure (IOP) which eventually damages the optic nerve and results in blindness. According to Dr. R.S. Hepler of the Jules Stein Eye Institute at U.C.L.A. School of Medicine, there is no clear understanding as to how an elevated IOP affects the optic nerve, however, it is believed that an elevated IOP interferes with the blood supply to the optic nerve thus causing the latter to atrophy. Peripheral vision is initially lost and later the loss of central vision also occurs. "Vision once lost to glaucomatous optic atrophy can never be regained." (Emphasis added.) (Hepler, Petrus, 1976).

Currently, glaucoma, which is incurable, is controlled through the use of conventional medications. However, many glaucoma patients experience little or no relief and others experience potentially serious side effects from conventional medications.* Surgical therapy, another alternative for controlling glaucoma, is generally looked to as a last resort as there is both a high incidence of cases where surgery fails to control glaucoma and a significant amount of risk involved. Serious complications may occur as a result of surgery. (Hepler, Petrus, 1976).

The possibility of using marijuana as a means of controlling open-angle glaucoma first came to light in 1971 when Hepler and Frank discovered that smoking marijuana reduced intraocular pressure. A series of studies testing the effects of marijuana and its derivatives on IOP have since followed. All have indicated that the active ingredient of marijuana, delta-9-THC, and other marijuana derivatives do indeed reduce IOP. Green and Podos (1974) and Purnell and Gregg (1975) among others have confirmed the IOP reducing effects of cannabinoids.

*The following medications have been conventionally used for the treatment of glaucoma and may have the following side effects:

- 1) **Miotics:** Can cause blurred vision during the day and impaired vision at night. They are suspected of contributing to the development of cataracts, and may pre-dispose a patient to uveitis and retinal detachment.
- 2) **Epinephrine:** Causes local ocular irritation and chronic redness of the eyes. May create cardiac arrhythmias and hypertension.
- 3) **Carbonic Anyhydrase Inhibitors:** Causes electrolyte imbalance, fatigue, anorexia, weight loss and renal stones. (Hepler, Petrus, 1976).

Dr. Hepler, in a study conducted in 1974, tested for the ocular effects of smoking marijuana, and concluded that there are "no indications of any deleterious effects of smoking marijuana on visual function or ocular structure." (Hepler, et al., 1972). More specifically, while reducing IOP on an average of 4-5 hours (in the Hepler, Frank and Petrus study), marijuana had no cumulative effects on visual function and ocular structures. Further study by Hepler, Frank and Ungerleider indicated that while the pupils actually constricted (rather than dilating as is commonly believed) after smoking marijuana, normal responsiveness to light was not affected. Other visual function tests concluded that visual acuity, refraction, peripheral visual fields, binocular fusion and color vision were not altered significantly. Dr. Hepler concludes that marijuana may be more useful than other conventional medications and furthermore may reduce IOP in a way that conventional medications do not, thus making marijuana a potential additive. (Hepler, et al., 1972.)

Cooler and Gregg, while noting the effects of IOP reduction by the administration of marijuana to glaucoma patients, conducted studies to further describe the effects of marijuana administered intravenously to subjects with normal IOP. They discovered an average reduction in IOP of 37% and 29% among subjects receiving approximately 3.0 mg. and 1.5 mg. respectively. They also observed that there were no statistically significant changes in respiration or blood pressure and no appreciable analgesic properties. There was a significant increase in anxiety among subjects receiving both dosages of delta-9-THC. (Cooler, Gregg, 1976.)

The remaining obstacles to overcome where the use of marijuana for controlling glaucoma is concerned appear to be in the manner in which the drug is administered and in determining dosage. The National Institute of Drug Abuse (NIDA) is currently experimenting with administering delta-9-THC in oral tablet form, and studies using marijuana in eyedrop form have successfully been conducted on rabbits.

It should be noted that in November, 1976, the Washington, DC, Superior Court handed down an unprecedented decision allowing Robert Randall to smoke marijuana as a means of controlling his glaucoma. Mr. Randall's condition was first treated in 1972 with conventional medications which eventually became ineffective as he developed a tolerance to these drugs. By 1974, he had suffered complete loss of vision in his right eye and vision in his left eye was severely impaired. Mr. Randall sought relief for his glaucoma condition by smoking marijuana. His subsequent arrest for possession of the drug led to his participation in experimental studies which indicated that smoking marijuana did indeed normalize Mr. Randall's IOP and lessened visual distortion. Mr. Randall was eventually acquitted by reason of medical necessity. For fourteen months, Mr. Randall participated in another research program at Howard University in Washington, DC. Following termination of that program in January, 1978, the federal government denied Mr. Randall access to marijuana for nearly five months. After filing suit in federal court, Mr. Randall once again received medical supplies of marijuana, this time in a conventional physician-patient-pharmacy relationship.

BibliographyGlaucoma

1. Cooler, P.; Gregg, J.M. The Effect of Delta-9-Tetrahydrocannabinol on Intraocular Pressure in Humans. The Therapeutic Potentials of Marijuana. S. Cohen and R.C. Stillman (eds.). New York, Plenum Medical Book (1976).

Purpose of study: to describe further the effects of intravenous delta-9-THC on IOP in subjects with normal IOP.

Study population: 10 males, 20-30 years old. Double blind study using:

- 1) Delta-9-THC average 3.0 mg. total dosage
- 2) Delta-9-THC average 1.5 mg. total dosage
- 3) Diazepam sodium (valium) avg. 10 mg. total dosage
- 4) Placebo: human serum albumin

Delta-9-THC solubilized and administered intravenously. Results:

- 1) At higher dosage of delta-9-THC, IOP reduced in all nine subjects receiving higher dose average 37% reduction.
- 2) At lower dosage, delta-9-THC, 9 of 10 subjects IOP reduced average 29% reduction.
- 3) Valium reduced IOP in 6 of 10 subjects average 10% reduction.
- 4) Placebo reduced IOP in 3 of 10 subjects average 2% reduction.

Other observations:

- 1) No statistically significant change in respiration or blood pressure.
- 2) No appreciable analgesic properties with either cutaneous or periosteal stimulation.
- 3) Anxiety levels increased markedly in subjects receiving both levels of delta-9-THC and only slightly in subjects receiving placebo and valium.

2. Hepler, R.S.; Petreus, R. Ocular Effects of Marijuana Smoking. Pharmacology of Marijuana. Vol. II, pp. 815-828 (1976).

Purpose of study: to determine the effects of smoking marijuana on the eye. The study population included normal human studies, glaucoma patients and rabbits. A double-blind study was conducted using:

- 1) natural marijuana with standard delta-9-THC content.
- 2) synthetic delta-9-THC blended into placebo marijuana material (THC spiked placebo).
- 3) oral THC — synthetic delta-9-THC dissolved in sesame oil and administered in capsules.
- 4) placebo — marijuana without THC.

Results: Humans with normal IOP

Pupils: There was a statistically non-significant constriction in the pupils at five minutes after drugs were administered in groups using the first three drugs.

IOP: There was a statistically significant reduction of intraocular pressure after smoking or ingesting marijuana or THC. IOP dropped on an average of 30% among those smoking natural marijuana and 2% THC. Those smoking the placebo also experienced an average 10% reduction in IOP indicating that marijuana without THC may contain other cannabinoids which may have caused the reduction.

Chronic and Cumulative Effects: Pupils showed no sign of chronic or cumulative effects resulting from marijuana. The reduction in IOP lasted four-five hours and showed no indication of cumulative effects.

Results: Glaucoma patient studies

Of eleven patients studied, seven experienced substantial drop in IOP averaging 30%.

Results: Animal studies

There were insufficient observations to draw statistical conclusions.

3. Hepler, R.S.; Petreus, R. Experiences with Administration of Marijuana to Glaucoma Patients. The Therapeutic Potential of Marijuana. S. Cohen and R.C. Stillman (eds.). New York, Plenum Medical Book. pp. 63-77 (1976).

Purpose of study: to determine what if any effects marijuana might have on glaucoma.

The patient population consisted of 12 persons with open-angle glaucoma. Those with mild or moderate glaucoma discontinued their customary medications 24-48 hours prior to receiving marijuana. Those with severe glaucoma continued using medications until their arrival at the research centers. The patients received marijuana either in smoked form or orally during three sessions. They were observed for four hours following the administering of marijuana and their intraocular pressure measured repeatedly.

Results: 10 of 12 patients experienced a reduction in IOP of 30% (on the average) and lasting 4-5 hours. There is no explanation for lack of effect on the remaining two patients.

Marijuana appears to be additive to the effects of conventional medications.

4. Hepler, R.S.; Frank, I.M.; Ungerleider, J.T. Pupillary Constriction After Marijuana Smoking. American Journal of Ophthalmology. pp. 1185-1190. December (1972).

Purpose of study: to determine ocular effects of marijuana especially with respects to pupillary effects.

Results: Indicated that the size of the pupils actually decrease after smoking marijuana while maintaining normal responsiveness to light. There were decreases in tear secretion, intraocular pressure, and conjunctival hyperemia. Tests measuring any change in visual function were applied, specifically, tests for visual acuity, refraction, peripheral visual fields, binocular fusion and color vision, and indicated no significant alteration in visual function.

5. Perez-Reyes, W.D.; Wall, M.D.; Davis, K.H. Intravenous Administration of Cannabinoids and Intraocular Pressure. Pharmacology of Marijuana. Vol. II, pp. 829-832.

Purpose of study: to determine whether cannabinoids other than delta-9-THC reduce intraocular pressure significantly and have less intense psychological and cardiovascular effects than delta-9-THC.

Six cannabinoids were intravenously administered into subjects with normal intraocular pressure. The six cannabinoids were: 1) delta-9-THC, 2) cannabiniol, 3) cannabidiol, 4) 11-hydroxy-delta-9-THC, 5) delta-8-THC, 6) 8-hydroxy-delta-9-THC.

Results:

- 1) Delta-9-THC and 11-hydroxy-delta-9-THC decreased intraocular pressure but also resulted in intense psychological and cardiovascular effects although doses administered were moderate.
- 2) Delta-8-THC decreased intraocular pressure more than any of the other cannabinoids and produced only moderate psychological and cardiovascular effects.
- 3) The remaining drugs had only a moderate effect on intraocular pressure, and cannabidiol had a placebo effect.

Conclusion:

Delta-8-THC is the least expensive and most abundant synthetic cannabinoid. Its intraocular pressure reducing properties and the fact that it produces psychological and cardiovascular effects that are less intense than delta-9-THC may indicate that it is the most appropriate cannabinoid for treatment of glaucoma.

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
NATIONAL CANCER INSTITUTE

DATE: May 15, 1978

: Distribution

EXHIBIT B

FROM : Special Assistant to the Director, DCT, NCI

SUBJECT: Minutes of the May 9, 1978 Meeting on the Current Status of Research with Tetrahydrocannabinol and Nabilone for the Control of Cancer Chemotherapy-Induced Vomiting

The meeting convened at 9 a.m. in Building 1, Wilson Hall. An introduction was given by Dr. Brian Lewis who described the increased level of interest in the study of Schedule I drugs for cancer patients and the need for the Division of Cancer Treatment to make a programmatic decision about further involvement and support of research in emesis control.

Dr. Monroe Wall of the Research Triangle Institute gave a brief overview of the preclinical research history of tetrahydrocannabinol. In addition to a review of the pharmacokinetics of THC and related compounds, he made the point that i.v. administration of THC was possible by combining the drug with commercially available human serum albumin. He noted that 40 to 50 percent of the active material in a cigarette can be inhaled by trained smokers and re-emphasized the point that NIDA's THC-containing cigarette is now highly standardized and is a reliable and reproducible method of administering the drug. This point came up repeatedly during the meeting in response to comments about the erratic absorption which is seen with orally administered THC as well as the problems in giving an orally administered drug to patients who are vomiting.

Dr. Stephen Sallan spoke on the studies of THC which have taken place at the Sidney Farber Cancer Center. The first study, which was published in 1975, asked the question whether oral THC was an effective anti-emetic in the setting of patients receiving cancer chemotherapy. It was a randomized, placebo-controlled cross-over study in which patients were examined on three sequential days of chemotherapy and were randomized to receive either THC, placebo, and placebo, or THC, THC, and placebo. Their conclusion was that THC had anti-emetic properties and that it was better in preventing vomiting than in treating existing vomiting. The second study, which is still ongoing, was a comparison of THC vs. prochlorperazine.

At the present time, 73 patients are on study and 22 are unevaluable. Of the 51 evaluable patients, 17 have completed single courses and 34 have completed the planned three courses. The majority of patients are adults with sarcoma with a median age of 32 years who are receiving either high-dose Cytosan + adriamycin + cis-platinum. Of the 17 patients who had only single courses of THC, 7 of 7 who had Compazine vomited while 7 of 10 who had THC vomited. The other 3 on THC vomited but reported being "too high." Thirty-four patients had three courses. Sixteen of 34 reported differences between the anti-emetics, and 18 of 34 had the same results with both drugs. Of the 16 patients who noted differences, 12 of 16 thought THC was better, and 4 of 16 thought Compazine was better. This difference had a p value of .12, but it should be noted that had the differences been 13 of 16 vs. 3 of 16, the p value would have been .04. Of the 12 patients who thought THC was better, 10 had a high and 2 had no high. Of the 4 patients who thought Compazine was better, 1 had a false high and three had no high. Of the 18 patients who noted no differences in the therapies, 5 of 18 had no vomiting, and 5 of 5 had a high with THC. Of the 13 of 16 who had some vomiting, 1 of 13 was high with THC and 12 of 13 had no high with THC. Interestingly, in the first study of THC vs. placebo, toxic psychological reactions were noted in older, naive patients, while in the second study, the reactions were seen in the more experienced users of THC. There was also question as to whether the 15 patients who received THC and had no high were non-absorbers of the drug.

The next speaker was Dr. William Regelson of the Medical College of Virginia. He presented an overview of his past studies which mainly aimed at examining THC as an anti-depressant and appetite stimulant in cancer patients. The study was really not set up to examine the question of THC's anti-emetic properties. He did feel there was some evidence that THC prevented the weight loss seen in an out-patient chemotherapy program, and he urged that any future studies include weighing of the patient before and after therapy with THC as a means of further examining this property.

Dr. John Laszlo of Duke University presented a chronicle of the correspondence and interactions involved with the regulatory agencies in his attempt to get approval for his study of THC. Basically, his study was designed to examine the effect of THC in patients who had failed the "standard" treatment of nausea and vomiting with agents such as the phenothiazines. 15 mg/M² of THC was given orally one hour before chemotherapy. This has so far been found to be a highly sedative dose in older patients. The drug was then continued every six hours for

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four doses in the original study, but it has since been modified to be continued until chemotherapy was completed. Six patients have been entered, and 3 of the patients have received two courses of therapy for a total of nine courses given so far. The results are summarized on the attached sheet. An unusual side effect noted was a high incidence of facial edema.

Dr. Stephen Frytak then reviewed the experience at Mayo Clinic. This study involves a comparison of oral THC vs. Compazine vs. placebo in GI cancer patients who are receiving 5-FU and methyl CCNU at a minimum + other chemotherapeutic agents. 15 mg of THC is given per dose. 10 mg of Compazine constitutes the other treatment arm. Therapy is given two hours before chemotherapy and then at two and eight hours after the initial dose of drug. Ninety-six patients have been entered on study, 23 have been taken off prematurely, 11 because of excessive nausea and vomiting and 12 because of toxicity. Four have had dizziness and 3 have had syncope. The results are still blinded, but they will be asking their statistician shortly to see whether there is any significant difference in the treatment arms and how many more patients will need to be accrued to finish out the study. They originally targeted around 150 patients, but they may be able to stop the study before this number has been reached.

Dr. Fred Chang of the Surgery Branch at NCI reviewed their study of THC vs. placebo in patients on high-dose chemotherapy. Part of their intent is to determine the absorption and effective serum concentrations of THC. The patients were receiving either high-dose methotrexate or adriamycin plus Cytoxan. Patients were initially randomized to receive THC followed by placebo with a subsequent rerandomization to placebo followed by THC (or vice versa). Patients served as their own control, and after three paired trials, they were reclassified according to whether they were responders or nonresponders. Responders went on to enriched THC trials while nonresponders had an elevation of the THC dose and re-entered the original randomization scheme. 10 mg/M² of THC is started at 7 a.m. on the day of chemotherapy and given at three-hour intervals for a total of five doses. If patients vomit, they then smoke a THC (or placebo) cigarette containing 17 mg of THC (or placebo) for each dose in lieu of the capsule. To date, 8 patients ages 15 to 49 have been entered, 7 on high-dose methotrexate, and 1 on adriamycin and Cytoxan. There has been a 95 percent compliance rate for THC, and a 90 percent compliance rate for placebo. Five of 8 have had excellent responses, and 3 of 8 have had marginal responses to THC. There appears to be some question of a late breakthrough of nausea and vomiting after prolonged use of THC in patients who initially responded, raising the

question of the development of tolerance. There has been some sedation, and the patients reported themselves to be subjectively more comfortable on THC. Dr. Chang anticipates that three to four more patients will need to be added to the study.

Dr. Solomon Garb of the American Cancer Research Center then reviewed a study which is only in its initial phase. The study compares THC plus a "standard" anti-emetic to the anti-emetic alone, and the patient is used as his own control. The study is randomized and double blind, and on the first course, the patient receives the standard therapy plus a dummy capsule, and on the other course standard therapy plus THC. 15 mg + 5 mg of THC is given one to two hours before chemotherapy and then continued q four hours. Dr. Garb noted that they have used a "double evaluation" system in determining the patients' responses since experienced physicians seem to elicit a different kind of history than that which is obtained by students. Apparently, the patients are more interested in pleasing the staff physicians and tend to report less adverse reactions to them, whereas they seem to be more frank with the students. Only one patient has been entered so far.

Dr. J. T. Ungerleider of UCLA next discussed the history of his difficulties in obtaining approval from the FDA and described his study as a comparison of THC vs. Compazine in a cross-over double blind design. 7.5 to 12.5 mg. of oral THC is being used. They anticipate accruing 200 patients, and so far 126 patients are on study. Forty-three patients have completed both phases, and another 10 are about half way through. The drug is given one-half hour before chemotherapy and then q 3 hours thereafter in both in-patients and out-patients on two days of chemotherapy. The study is blind, and there are yet no data to report.

Dr. Irwin Krakoff of the University of Vermont reviewed his history of involvement in THC research. He did an early Phase I study using marijuana cigarettes and was not convinced then that it was an effective anti-emetic. He next studied a small number of patients using THC vs. Compazine, and noted that about half the THC patients thought THC was Compazine, but no Compazine patients thought the drug was THC. Some patients refused further THC because they did not like the dysphoric effect produced while they were vomiting. They are now planning to start up a study of Nabilone.

DISCUSSION OF THC

Following these presentations, there was a general discussion of the preceding talks. Dr. Tocus and Dr. Kartzinel of FDA fielded questions and comments about the difficulties which have pertained in the past in obtaining approval for studies with THC. It was pointed out that the policies at FDA and the ability to process applications have changed considerably, and investigators should find far less difficulty in the future. It was agreed that the studies to date have, by necessity, been quite diverse and have not utilized sufficiently comparable methodology or evaluation systems. Each investigator designed his study and obtained the permission to proceed with his trial independently of the others, and clearly for the future, more effort needs to be directed to the design of complementary and comparative studies and to agreeing upon a common terminology and rating system for measuring the impact of the drugs upon nausea and vomiting. The oral absorption of THC is erratic, and the current formulation of THC was felt by Mr. Davignon to not be acceptable. There was also some concern about using the standard NIDA cigarette in non-experienced smokers, but it was noted that all in all the cigarette may be the best means of administering the drug. The drug distribution system of DCT was reviewed, and it was pointed out that even if DCT did become involved in the distribution of THC and in the support and review of further studies, the distribution of the drug would still be quite tightly controlled. To wit, it would be available at most to investigators supported by the DCT through contracts or grants to do clinical trials research and possibly through the cancer center directors.

NABILONE

Dr. Robert Schulman of Eli Lilly & Company lead off the afternoon session by discussing the background of Nabilone. It is available in an oral form as a crystalline substance, and it differs from THC in having a ketone at the 9 position instead of a hydroxyl group and in having a different side chain. It cannot be derived from THC and represents a totally synthetic compound. It is well absorbed orally, its metabolites are detectable for 20 hours after administration of a dose, and its side effects include euphoria and hypotension. To date, 110 patients have received Nabilone in anti-emetic studies, and the next trials which Lilly anticipates will be placebo-controlled double blind cross-over studies. They anticipate being able to file for an NDA in the first quarter of 1979.

be noted that even with Compazine on days 2, 3, 4, and 5 of chemotherapy, the vomiting decreased. Overall, 38 patients had less emesis with Nabilone, i.e., 81%, and 7 patients had less emesis with Compazine, 15%. In their results with open label use of Nabilone, 79% of patients had continued relief, while 21% had loss of the anti-emetic effect. Side effects included orthostatic hypotension, euphoria, dysphoria, and lethargy. Nine of 47 patients on Compazine and 21 of 47 patients on Nabilone had blood pressure drops of at least 30 mm of mercury. In sum, patients received significant relief from nausea and vomiting with Nabilone compared to Compazine, and Dr. Einhorn felt there was no doubt about the decrease in protection by Nabilone from nausea and vomiting over time in testicular cancer patients. The 15 pound weight loss which these patients had averaged in the past during platinum therapy was now no longer present with Nabilone. Future studies will include determination of serum levels, further studies of premedication, and comparison of Nabilone to placebo.

Dr. Terence Harman of the University of Arizona reviewed two studies with Nabilone. Protocol No. 1 was a dose-seeking study on hospitalized patients who were on a stable regimen of chemotherapy and had exhibited refractoriness to standard agents for the control of nausea and vomiting. The first 6 patients received 1 mg po q 8 hours x 5 days and the second 7 patients received 2 mg po q 8 hours x 5 days. Two doses were given prior to chemotherapy, and in retrospectively analyzing the study, the authors divided the patients into two dose ranges when the doses were normalized to body surface area. The high-dose group had a significantly better degree of protection from nausea and vomiting than low-dose patients, and the orthostatic blood pressure changes did not seem to be dose-related. Only 3 of 13 patients felt a high, 100 percent had somnolence, 92 percent had dry mouth, and 85 percent had dizziness. Nabilone also produced a marked increase in appetite.

The second study was a double blind cross-over. In course 1, patients received either Nabilone 2 mg po q 8 hours or Compazine 10 mg po q 8 hours. For course 2, they were crossed over to the other drug. Thereafter, they blindly continued on the drug of their choice. These were out-patients who had a history of severe nausea and vomiting and were evaluated by a questionnaire. Thirty-one of 37 were evaluable, 13 had Hodgkin's disease, 7 had non-Hodgkin's lymphoma, 3 had breast cancer, and 2 had sarcoma. Twenty-six patients reported more vomiting with Compazine, 15 patients reported more vomiting with Nabilone, and 17 patients noted no difference between drugs. Twenty-four patients preferred Nabilone, 1 preferred Compazine, and 6 preferred neither. Dry mouth, somnolence, and dizziness occurred in 91 percent, 87 percent

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and 71 percent of patients on Nabilone, while with Compazine these same set of symptoms occurred but with a lesser degree of frequency, i.e., 35 percent, 48 percent, and 29 percent, respectively. Seventy percent of patients on Nabilone noted a decreased level of coordination.

DISCUSSION OF NABILONE AND OVERVIEW OF ANTI-EMETIC RESEARCH

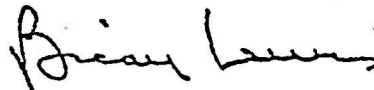
In the discussion that followed, several points emerged:

1. Both Nabilone and THC appear to have promising anti-emetic properties in patients receiving cancer chemotherapy, but the numbers and kinds of studies and the number of patients studied to date do not provide definitive answers. There was general agreement that the field would benefit from more coordination and that it deserves a high priority because of the significant degree of morbidity and of noncompliance with therapy caused by chemotherapy-induced nausea and vomiting.

2. Nabilone had a relative advantage over THC in that it was free of the red tape and societal stigma associated with THC. It also had the sponsorship of a private drug company which was well along in the pre-NDA stage of development. Dr. Paul Stark of Eli Lilly felt that his company would be more than willing to cooperate with the CTEP in working with the DCT grantees and contractors who are involved in clinical trials research.

3. It was felt that this working group had been valuable by bringing together for the first time the investigators studying the control of emesis in cancer chemotherapy patients, that it or some part of it should serve as an advisory group in helping to plan further studies, and that this should be only the first in what should be continued as a recurring series of meetings.

4. It was agreed that the DCT staff would circulate the names and addresses of participants in the meeting so that they could cross-communicate and that the DCT would disseminate the results of its policy decision.



Brian J. Lewis, M.D.

APR 24 1979

APR 19 1979

Box 875
Boulder City NV 89005
18 April 1979

Dear Judge Hayes:

May I commend you for your stand relative to the use of marijuana by cancer patients?

My husband, a pharmacist, never believed in easing penalties for the use and possession of marijuana by teenagers as he felt marijuana was the first step toward use of more powerful drugs. However, used in the alleviation of chemotherapy pain, it has much merit.

You may remember that you presided at our hearing over the ownership of our driveway. Herb passed away last month from multiple myeloma. I know very well the "unspeakable agony of chemotherapy" that you mentioned.

Anything that can be done to ease this agony must be done.

Sincerely,

Kene J. Brennan

Mrs. H. F. Brennan

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

C. Lawrence G. Soatz

Sir:

As a cancer patient I would be very grateful for any thing you can do to help us relieve the suffering we have.

Thank you

Mr & Mrs C. L. Soatz

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

S. Victoria Ferrimore Grate
(MULTIPLE MYELOMA)

3841 So. AVILA ST.
LAS VEGAS NEV. 89103

DON BORAX
HOSTDESERT INN
and Country Club

LAS VEGAS NEVADA 89109 (702) 733-4444

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

APR 24 1979

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

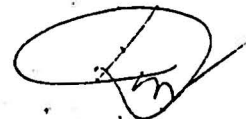
Sincerely yours,

Dear Keith;

I have been taking Chemotherapy, for about 18 months, and it does not effect me in any way, no loss of hair, no nausea etc.

But every thursday when I go for my treatment, I see so much suffering it makes me feel terrible, I have several people say if it was not for my wife or family, I would rather be dead, then go thru with the treatment. Keith what ever you can do for these people, it would be a God sent;

Best always
your freind Don Borax



APR 24 1979

EXHIBIT B

April 19, 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

Green Tapscott
4521 E. Viking
Las Vegas, Nevada

89121

4/17/2007

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Vera L. Brackin

*I've been on chemo-therapy for 24 years & I do
get some bad side effects now & then. If this
will help I'll try it.*

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

Hilrud F. Turer

HILTRUD F. TURER, M.D.
4230 Burnham Avenue #202
Las Vegas, Nevada 89109

EXHIBIT B -- APR 24 1979

*April 19, 1979
1107 S. L St.
Las Vegas, NV. 89104*

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

*Mrs. Julius Jensen - patient of Dr. J. M. Zuagliano
Wife of Dr. Julius Jensen*

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

*Rosally A. Hamner
a cancer patient*

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

Ruby E. Parker

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Stella Fleming

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Ed Fleming". The signature is written in dark ink and is positioned to the right of the typed name "Ed Fleming".

APR 22 1973

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

J. H. Brown
Cancer Doctor

J. H. Brown
1119 Pawnee
Henderson, Nev.
89015

APR 24 1978

19 April 1978

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

M. B. Sweeten
4470 Vegas Valley Dr. #140
Las Vegas, NV 89121

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Stanford P. Sax (HANSFORD P.
SAX)
3984 Central Park Dr. #4
Las Vegas, Nev. 89109

APR 21 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

*Marc French - Patient
Chemo - Radiation*

364 W Blvd Hwy

Las Vegas Nev. 89121

APR 24 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

*Mary French, a patient
of Chemo -
3642 Boulder, R.V.
89121*

APR 18 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well-being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,



APR 18 1973

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

Patricia Powell
3711 Kawai Ume
R.O. Box 89104

APR 18 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

*Ethel M. Whittemore
3711 Las Vegas Ave
Las Vegas, Nev. 89104*

APR 18 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well-being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Anita Gubser
5190 W. Harper Ave
Las Vegas, N.V. 89108

APR 18 1973

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Pete Goldman

339 DJ R.

Las Vegas Nev

89109

JOSEPH M. QUAGLIANA, M.D., PROF. C
3201 SOUTH MARYLAND PARKWAY
SUITE 500
LAS VEGAS, NEVADA 89
CORP.

J109

APR 18 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,



339 David L. Paul
Las Vegas Nevada 89109

1010

APR 21 1979

April 18, 1979

Honorable Keith Ashworth
Nevada State Senate
Capitol Complex
Carson City, Nevada 89710

Dear Senator:

I wholeheartedly support S.B.470, to allow use of some constituent ingredients of marijuana by persons undergoing cancer therapy. I know from firsthand observation of friends and acquaintances that chemotherapy is a devastating process that no one would undertake were the alternative not, bluntly, death. Anything to relieve the suffering that these people must undergo in an attempt to stay alive can only be beneficial.

As one charged with enforcing the laws of this state, I firmly believe that there is no danger whatever that improper or "recreational" use of marijuana would be encouraged by this bill.

Sincerely,



L. J. O'Neale
Deputy District Attorney

LAS VEGAS

LJO:lg

P.S. Please note that these are my personal views and do not necessarily represent those of my office.

APR 21 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

Coretta McGinty
1011 E. Stewart
Las Vegas, NV

APR 21 1965

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

*Joseph M. Quagliana MD.
Medical Oncologist
Las Vegas*

APR 21 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

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Thank you for your continuing interest in the problem.

Sincerely yours,

Benjamin T. Marshall MD

APR 21 1979

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,

Robert G. Gagliardi MD

April 19, 1979

APR 21 1979

APR 21 1979

ST 470

SENATOR KEITH ASHWORTH
State Senate
Carson City, Nevada

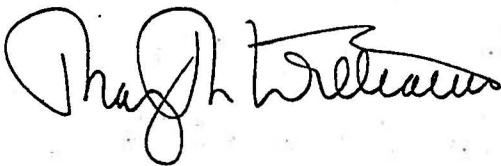
Dear Senator Ashworth:

I understand that at the present time there is a bill being proposed which would legalize marijuana for use in cancer patients in the state of Nevada. As I understand it, this bill is quite similar to that in other states where marijuana has already been legalized for this use.

I would like to take this opportunity to state that I would be strongly in favor of such a bill providing the drug be restricted to use in cancer & *glaucoma* patients and that the distribution be strictly controlled. I understand that this drug can be used effectively in cancer *glaucoma* patients to control nausea and vomiting induced by chemotherapy, to possibly decrease pain, and to improve the well being of patients with advanced malignancy.

Thank you for your continuing interest in the problem.

Sincerely yours,



PS: Although I have been a cancer patient, I have successfully concluded my chemotherapy. I do understand and have experienced the problems of the cancer patient and feel this drug would be a very helpful control for them.

Mary M. Williams (Mrs. Howard C.)
2010 Driscoll Drive
Reno, Nv. 89509

1979 REGULAR SESSION (60TH)

ASSEMBLY ACTION.		SENATE ACTION		Senate	AMENDMENT BLANK
Adopted	<input type="checkbox"/>	Adopted	<input type="checkbox"/>	AMENDMENTS to	Senate
Lost	<input type="checkbox"/>	Lost	<input type="checkbox"/>	Bill No.	Joint
Date:		Date:		412	Resolution No.
Initial:		Initial:		BDR	34-1445
Concurred in	<input type="checkbox"/>	Concurred in	<input type="checkbox"/>	Proposed by	Committee on Human
Not concurred in	<input type="checkbox"/>	Not concurred in	<input type="checkbox"/>		Resources and Facilities
Date:		Date:			
Initial:		Initial:			

Amendment No. 775

Replaces Amend. No. 582.

Amend section 1, page 1, by deleting lines 1 and 2 and inserting:
 "Section 1. NRS 394.371 is hereby amended to read as follows:

394.371 1. The following kinds of education and institutions are exempted from the provisions of the Postsecondary Educational Authorization Act:

- [1.] (a) Institutions exclusively offering instruction at any level from preschool through the twelfth grade.
- [2.] (b) Education sponsored by a bona fide trade, business, professional or fraternal organization, so recognized by the commission solely for the organization's membership, or offered on a no-fee basis.
- [3.] (c) Education solely avocational or recreational in nature, as determined by the commission, and institutions offering such education exclusively.
- [4.] (d) Education offered by eleemosynary institutions, organizations or agencies, so recognized by the commission, if such

o: E & E
 LCB File
 Journal
 Engrossment
 Bill

Date 4-25-79 Drafted by JW:iw

1017

Amendment No. 775 to Senate Bill No. 412 (BDR 34-1445) Page 2

education is not advertised or promoted as leading toward educational credentials.

[5.] (e) Postsecondary educational institutions established, operated and governed by this state or its political subdivisions.

[6.] (f) Schools licensed under other provisions of Nevada law.

[7.] (g) Flying schools certificated by the Federal Aviation Administration.

(h) Educational seminars which qualify for exemption pursuant to the provisions of subsection 2, and institutions conducting in this state only educational seminars which so qualify.

2. An educational seminar is not exempt from the provisions of the Postsecondary Educational Authorization Act unless:

(a) It includes fewer than 40 clock hours of instruction;

(b) It is held in a hotel, motel or convention center;

(c) It offers only continuing education units or other types of instruction for which the units earned are not recognized as college credits and do not lead toward an academic degree; and

(d) Its advertising represents that the instruction is offered only as advanced training for persons already licensed or employed in one or more particular fields or occupations and does not represent that the instruction or training will prepare persons at the entry level for those fields or occupations.

Amendment No. 775 to Senate Bill No. 412 (BDR 34-1445) Page 3

Prop The commission shall adopt regulations relating to the criteria for exemption set forth in this subsection and may prescribe conditions and procedures for the granting of exceptions."

Amend the bill as a whole, by deleting sections 2 through 11.

Amend the title of the bill to read:

"AN ACT relating to private education; providing for the exemption of certain educational seminars from the licensing requirements of the Postsecondary Educational Authorization Act; and providing other matters properly relating thereto."

(REPRINTED WITH ADOPTED AMENDMENTS)

FIRST REPRINT

S. B. 412

 SENATE BILL NO. 412—COMMITTEE ON HUMAN
RESOURCES AND FACILITIES

APRIL 2, 1979

Referred to Committee on Human Resources and Facilities

SUMMARY—Requires permit to conduct certain informational
seminars. (BDR 34-1445)FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: No.

 EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to private education; providing for the exemption of certain educational seminars from the licensing requirements of the Postsecondary Educational Authorization Act; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. NRS 394.371 is hereby amended to read as follows:
2 394.371 1. The following kinds of education and institutions are
3 exempted from the provisions of the Postsecondary Educational Author-
4 ization Act:
5 [1.] (a) Institutions exclusively offering instruction at any level from
6 preschool through the twelfth grade.
7 [2.] (b) Education sponsored by a bona fide trade, business, pro-
8 fessional or fraternal organization, so recognized by the commission
9 solely for the organization's membership, or offered on a no-fee basis.
10 [3.] (c) Education solely avocational or recreational in nature, as
11 determined by the commission, and institutions offering such education
12 exclusively.
13 [4.] (d) Education offered by eleemosynary institutions, organiza-
14 tions or agencies, so recognized by the commission, if such education is
15 not advertised or promoted as leading toward educational credentials.
16 [5.] (e) Postsecondary educational institutions established, operated
17 and governed by this state or its political subdivisions.
18 [6.] (f) Schools licensed under other provisions of Nevada law.
19 [7.] (g) Flying schools certificated by the Federal Aviation Adminis-
20 tration:
21 (h) *Educational seminars which qualify for exemption pursuant to the*

— 2 —

- 1 provisions of subsection 2, and institutions conducting in this state only
2 educational seminars which so qualify.
- 3 2. An educational seminar is not exempt from the provisions of the
4 Postsecondary Educational Authorization Act unless:
- 5 (a) It includes fewer than 40 clock hours of instruction;
- 6 (b) It offers only continuing education units or other types of instruc-
7 tion for which the units earned are not recognized as college credits and
8 do not lead toward an academic degree; and
- 9 (c) Its advertising does not represent that the instruction or training
10 will prepare persons at the entry level for any field or occupation.
- 11 The commission shall adopt regulations relating to the criteria for exemp-
12 tion set forth in this subsection and may prescribe conditions and proce-
13 dures for the granting of exceptions.

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STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

APR 27 1979

April 27, 1979

MEMORANDUM

TO: Senator Keith Ashworth, Chairman
Committee on Human Resources & Facilities

FROM: Paul Cohen, Administrative
Health Services Officer

SUBJECT: Senate Bill 467

It is the concensus of the representatives from the Clark and Washoe County Health Departments and the Nevada State Division of Health, that Senate Bill 467 be withdrawn from any further consideration by your committee.

On behalf of all parties concerned, we want to thank you for the offer to have a bill drafter assigned to assist us in the writing and final preparation of this bill for consideration by the 1981 Legislature.

I would also like to take this opportunity to thank you and your committee for the introduction of our agency's bills.

PC/bws

cc: Otto Ravenholt, M.D.
Howard Clodfelter
Ralph Bailey
Dick Mayne
Alex Coon
Loretta Bowman
Joe Melcher
Joan Swift

SENATE BILL NO. 467—COMMITTEE ON HUMAN
RESOURCES AND FACILITIES

APRIL 12, 1979

Referred to Committee on Human Resources and Facilities

SUMMARY—Substantially revises provisions of law relating to vital statistics.
(BDR 40-1476)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State or on Industrial Insurance: Yes.



EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

AN ACT relating to vital statistics; substantially revising the provisions of law relating to vital statistics; providing penalties; and providing other matters properly relating thereto.

The People of the State of Nevada, represented in Senate and Assembly, do enact as follows:

- 1 SECTION 1. Chapter 440 of NRS is hereby amended by adding
2 thereto the provisions set forth as sections 2 to 50, inclusive, of this act.
3 SEC. 2. *As used in this chapter, unless the context otherwise requires,*
4 *the words and terms defined in sections 3 to 15, inclusive, of this act*
5 *have the meanings ascribed to them in those sections.*
6 SEC. 3. *“Board” means the state board of health.*
7 SEC. 4. *“Dead body” means a human body or parts of a human body*
8 *in a condition from which it can be reasonably concluded that death has*
9 *occurred.*
10 SEC. 5. *“Fetal death” means death which occurs before the fetus is*
11 *born or extracted from the mother’s body, evidenced by the failure of*
12 *the fetus to breathe or show other evidence of life, including heartbeat,*
13 *pulsation of the umbilical cord or definite movement of voluntary*
14 *muscles.*
15 SEC. 6. *“Final disposition” means burial, interment, cremation,*
16 *removal from the state or other authorized disposition of a dead body*
17 *or fetus.*
18 SEC. 7. *“Funeral director” means a person who:*
19 1. *Is licensed as a funeral director pursuant to chapter 642 of NRS;*
20 *or*
21 2. *Completes the requirements of this chapter relating to registration*
22 *of death without compensation.*

S. C. R. 24

 SENATE CONCURRENT RESOLUTION NO. 24—
 SENATORS FORD AND LAMB

MARCH 22, 1979

Referred to Committee on Human Resources and Facilities

SUMMARY—Urges board of regents of University of Nevada to continue preparations for establishment of law school. (BDR 1749)

 EXPLANATION—Matter in *italics* is new; matter in brackets [] is material to be omitted.

SENATE CONCURRENT RESOLUTION—Urging the board of regents of the University of Nevada to continue preparations for and make current a prior study concerning the establishment of a law school.

- 1 WHEREAS, The legislature in 1973 declared that a law school should
 2 be established at the University of Nevada at Las Vegas, and that a study
 3 of the feasibility of such a school should be undertaken by the board of
 4 regents; and
 5 WHEREAS, The law school study completed in 1974 documented the
 6 legitimate need "to provide opportunity for legal education for young
 7 Nevadans, to provide a center for legal studies and research for Nevada,
 8 to provide Nevada with its own law-trained graduates to serve in public
 9 and private assignments, to enrich the university and to provide the State
 10 of Nevada with a professional school of great promise of public service
 11 and benefit to the State"; and
 12 WHEREAS, The factors leading to the conclusions of that study have
 13 not diminished and it continues to be increasingly difficult for Nevada
 14 students to enter law schools that are restricting the number of out-of-
 15 state students; and
 16 WHEREAS, More than 70 Nevada residents applied for the 18 law
 17 scholarships available through the Western Interstate Commission for
 18 Higher Education in 1977; and
 19 WHEREAS, The board of regents, in December 1978, reaffirmed their
 20 support of the creation of a law school and its inclusion in the University
 21 of Nevada at Las Vegas' Comprehensive Plan for 1977-1983; and
 22 WHEREAS, Members of the community, including the gaming industry,
 23 have indicated a willingness to make sizeable contributions toward meet-
 24 ing the financial needs of such a law school; and
 25 WHEREAS, It appears that the Moyer Student Union Building at the
 26 University of Nevada at Las Vegas will be available for remodeling and
 27 possible utilization as a law school facility within the next few years; and
 28 WHEREAS, It continues to be the intent of the legislature to, authorize

1 the establishment of a law school at the University of Nevada at Las
2 Vegas, although the time of the establishment is as yet undetermined;
3 now, therefore, be it

4 *Resolved by the Senate of the State of Nevada, the Assembly concur-*
5 *ring,* That the board of regents is urged to continue to make preparations
6 for the establishment of a law school at the University of Nevada at Las
7 Vegas, the preparation to include seeking commitments of money and
8 other contributions from private and governmental sources and develop-
9 ing plans for the necessary physical plant, faculty and library; and be it
10 further

11 *Resolved,* That the board of regents, after consultation with the State
12 Bar of Nevada, the University of Nevada at Las Vegas Pre-Law Asso-
13 ciation and other interested persons and groups, revise the law school
14 study submitted to the 58th session of the Nevada legislature to make it
15 current and resubmit the study, as so revised, to the 61st session of the
16 legislature.