

Dr. Leveque's Unspoken Message to Congress

Just as in California very few doctors were willing to approve the medical use of marijuana after the voters made it legal in 1996, so, too, in Oregon there was widespread reluctance. In fact, only one doctor was known to have a fearless, unbegrudging attitude back in '98: Phil Leveque. And so Leveque, a then-78-year-old PhD pharmacologist and doctor of osteopathy, started seeing Oregonians whose regular doctors wouldn't sign their applications for state-issued medical marijuana cards. Or who didn't want to ask, or didn't have regular doctors.

Leveque's license was suspended for three months in 2002 because he hadn't been conducting physicals (which were not explicitly required) or keeping records (for security reasons). The Board created "the Leveque Rule," insisting on physical exams, and Leveque hired a physician's assistant to conduct them when he resumed practice. But his license was suspended again last December, and he is convinced that the medical board is out to get him as payback for the dent he made in Prohibition.

Leveque wrote the following speech for presentation to the House Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources, after being invited to testify on April 1.

Let me introduce myself by saying that I am a World War II veteran and survivor of General Patton's army; I was a scout and point man in the infantry.

Mr. Chairman, members of the committee and hardworking staff;

Thank you for inviting me here today to dispel many of the myths about cannabis — which has in fact been used as medicine for at least five thousand years.

Let me introduce myself by saying that I am a World War II veteran and survivor of General Patton's army; I was a scout and point man in the infantry. Today I am taking care of more than 500 veterans of all wars, including World War II.

I have been a professor of Pharmacology and Toxicology for 25 years in ten different medical schools throughout the United States, including Georgetown University, and I have studied cannabis for more than 50 years.

Medical testing on cannabis was conducted by Lilly, Parke-Davis, Squibb, and Merck, long before the U.S. Food & Drug Administration ever existed. Until 1937, when it became no longer legal, Cannabis had been prescribed or recommended for more than 100 medical conditions listed in the U.S. Dispensatory, a reference guide for pharmacists.

Current medical research has affirmed those earlier studies.

Cannabis is used medicinally by 70,000 California permit-holders today. In Oregon, 10,000 patients have permits; their applications have been signed by 1,300 different physicians.

Ten states in our country already accept cannabis as treatment for glaucoma, HIV/AIDS, cancer, the wasting disease of cancer and the side-effects of cancer therapy, Alzheimer's rage, severe nausea, epilepsy, spasmodic muscle conditions (including those of the intestine), asthma and severe pain of any origin.

If cannabis use were harmful, that would certainly be a well-known statistic. It is not. In fact, there has not been a single medical report of fatal overdose of cannabis. It is less dangerous than Washington D.C. water.

In my experience, the average patient in Oregon is 47 years of age, has used cannabis effectively for about 30 years, and has

abandoned standard medications like morphine. Patients tell me and other physicians that cannabis is more effective for them than any of the standard pharmaceuticals that they had been prescribed — including Marinol, the ten-dollar-a-pill synthetic form of THC. (You will be interested to know that Oregon's Medical Marijuana Program saves the VA and the state millions of dollars.)

The Oregon Medical Marijuana Law requires that the doctor see the patient face-to-face before signing the Attending Physician Statement. All of my patients were given physical examinations, had a review of previous doctors' records with an evaluation of the therapy the patient had received. If the sum total of documentation and an observation indicated patient eligibility, I would then confirm the previous doctors' records and sign the application for the permit. After the eligible patients received the signed application, they would send the application to the Oregon Medical Marijuana Program office, which issues the permit.

I do not approve, recommend, or prescribe marijuana. My role is to document whether said patient, in my opinion, has one of the ailments that the State of Oregon has determined may be aided by the use of cannabis under the State of Oregon rules and guidelines. This is the procedure I follow, and to the best of my knowledge and understanding it complies with the "Leveque Rule" and The Oregon Medical Marijuana Law.

I thank you for this interview for myself, my 4,000 patients, my 500 veterans and the 600,000 Oregonians who overwhelmingly voted to legalize Medical Marijuana back in 1998.



PHILIP LEVEQUE, DO

photo by Al Hayward