

MAINE STATE LEGISLATURE

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LEGISLATIVE RECORD

OF THE

***One Hundred and Ninth
Legislature***

OF THE

STATE OF MAINE

Volume II

First Regular Session

May 7, 1979 to June 15, 1979

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This being an emergency measure and having received the affirmative votes of 28 members of the Senate, was Finally Passed and having been signed by the President, was by the Secretary presented to the Governor for his approval.

Orders of the Day

The President laid before the Senate the First tabled and specially assigned matter:

HOUSE REPORT — from the Committee on Health and Institutional Services — Bill, "An Act to Establish a Therapeutic Research Program." (H. P. 523) (L. D. 665) Majority Report — Ought to Pass as Amended by Committee Amendment "A" (H-332); Minority Report — Ought Not to Pass.

Tabled—May 9, 1979 by Senator Pierce of Kennebec.

Pending—Acceptance of Either Report.

The PRESIDENT: The Chair recognizes the Senator from Cumberland, Senator Gill.

Senator GILL: Mr. President, I would like to urge adoption of the Minority Report, I would like to speak to my motion.

The PRESIDENT: The Senator from Cumberland, Senator Gill, moves that the Senate Accept the Minority Ought Not to Pass Report.

The Senator has the floor.

Senator GILL: Thank you, this bill that came before the Health and Institutional Services Committee, is an attempt to approve the drug Marijuana by establishing a Marijuana Therapeutic Research Program, by circumventing the usual scientific requirements, and the protections that are afforded the public by federal regulatory boards.

These decisions should be made by public health officials on the basis of safety. The research with Scheduled 1 drugs should proceed, but the clinical research and treatment with approved drugs should remain distinct from this.

Other schedule one drugs are Heroin and LSD, and these are recognized as having no medical value, and a high potential for abuse. The American Cancer Society's official position as quoted in the New York Times April 6th of this year, said, "Marijuana warrants more controlled clinical trials."

In this Bill, it is proposed that the State of Maine set up a research project, but Maine has no research institute, where would our research participants go?

This Bill calls for distribution by the Commission of Human Services, of this Marijuana in the Therapeutic Research Program. Is the Commissioner or his agents now expected to become experts in the field of obtaining and analyzing confiscated marijuana? Will he be able to control it, so that the proper pesticides will be used in spraying the plants to keep them healthy? Other countries do not have the same standards that we do of pesticide control and most of the confiscated marijuana does come from other countries.

We hear about quality control and drugs purchased, for filling prescriptions. I understand that there is quite a variable in the potency of marijuana depending on the condition under which it is grown and the part of the plant which is used. How will a standard of potency be maintained with confiscated marijuana? Will a patient perhaps need twice as many marijuana cigarettes to effect the same results that he or she had two weeks ago or a month ago?

If it indeed does stop vomiting after chemotherapy, what about the other side effects of marijuana, the highs, the possible visual hallucinations or visual distortions, the sleepiness involved, the depression?

I happen to have lost 4 members of my immediate family to cancer, and they all underwent chemotherapy. The latest was my mother who died this past June, and her chemotherapy continued right up until the time of half death. She was very mobile, she was not a driver, and

therefore I had to drive her to the doctors to get her chemotherapy, but in the doctor's office, if many of you have spent any time in an Oncologists office you find people who are very mobile and who do drive themselves.

I just am concerned about people driving under the influence of marijuana, and what tests there are available to decide whether they are on a high? What the level of tolerance that they have is? There are a lot of questions that I have about that.

We limit and we have statutes on the books dealing with people who are driving under the influence of liquor and that pretty much has been a known factor and we are dealing with marijuana which is really an unknown factor.

I question the interaction of marijuana and other drugs that are involved in the chemotherapy process.

I heard the Commissioner of Human Services state the other day that he needed 55 additional staff to straighten out the Medicaid problem. I am just wondering how many more people he will have to hire in the department to administer, distribute and test marijuana?

Some of those same people have complained about the escalating costs of medical care. What do you think that the cost of a research program like this may be for a proper research program.

The Bill does not get into the specifics of a research program and I know that there are many research institutes throughout the country. One of them is a very good one in Boston, it was the Sidney Farber Clinic. They carry on a large scale research project with many doctors and the New England States. I know that in the Portland Area that we have doctors who are involved in some of the research collection, with the Sidney Farber Clinic. That is a very costly operation to run, they are always looking for additional funds, to look into the research of what different drugs can do in the treatment of cancer. I cannot see the State of Maine getting involved in such a large scale project.

The other option is if we just want to hand out cigarettes, "joints," to try to make people comfortable. I am concerned in that respect, because if we do put something on the books, at this time, will we want to expand it at some later point in time because we have arthritics, who are very uncomfortable with their problem. We have people who have migraine headaches that need some sort of therapy. A back might ache and someone might want to include this in the statutes. I think that what we must remember is, that marijuana is no cure, and this is not true research project.

Physicians now can enter into agreement with the Federal Drug Administration to procure marijuana for a patient on a research project of their own if they wish. I think that we have allowed them this freedom to do this now. There has been no investigative research to determine the extent of the problems of chemotherapy or glaucoma in Maine. There have been needs assessment done. We do not know how many people need and want this legislation, and I would urge this Body to vote against the bill.

The PRESIDENT: The Chair recognizes the Senator from York, Senator Lovell.

Senator LOVELL: Ladies and Gentlemen of the Senate, and Mr. President, I am an old retired druggist and I sold marijuana back in the tincture when it was legal as an aphrodisiac and I have sold Heroin, Morphine, Cocaine and what not. In my opinion 99% of the druggists in the State of Maine are honest, and 99% of the doctors in the State of Maine are honest, but I will admit that even in the little town of Sanford, in 10 minutes a youngster can go out and buy half a dozen joints, black market, to smoke.

Now people with cancer and glaucoma both of those diseases are incurable. If I told you that you had cancer and you were going to die in 2 or 3 years, and you had some drug that

hadn't maybe been proven, but you had some drug that they said might do some good, I am sure that you would want to take it, hoping that you would not die.

Now I am getting along in years, but if I had something like that I would want to try it, if I had contracted cancer. I would want to try it, God help me, it might save my life. Now I do not know, but it is going to be handled by a pharmacist, prescriptions are going to be written by doctors. What safer method in handling medicine, whether it be codeine, morphine or any kind of number one drug, A drugs or LSD and so forth. They cannot be sold in a drug stores, they are only used in research work. But Number 2, codeine 3, 4 and 5 can be sold on prescription. So consequently my feeling is that this will not make more smoking of marijuana in Maine than there is already, because we already have plenty of it. The police cannot stop it. Oh, they catch a few dozen we pick up 1/2 a million tons or something or other off the coast once, in a while but that's not counting what gets in, and that is all sold black market.

They roll their own joints in the ghettos. Kids', from 10 to 12 years old smoke them. Now this bill is not going to help them any they are going to get just the same. But this bill might help a cancer patient, or a person suffering from glaucoma, which causes blindness, and cancer which causes death.

So I would say that I think we should give this Bill a chance, and is there a motion on the floor Mr. President?

The PRESIDENT: The Chair would answer the Senator in the affirmative, the Motion is the Motion by the Senator from Cumberland Senator Gill, that the Senate Accept the Minority Ought Not to Pass Report of the Committee.

Senator HICHENS: I would oppose that Motion and request a Division.

The PRESIDENT: A Division has been requested.

The Chair recognizes the Senator from Aroostook, Senator Carpenter.

Senator CARPENTER: Mr. President and Ladies and Gentlemen of the Senate. I would be as brief as possible I do have a great deal of information here. I would also, like the good Senator from York, Senator Lovell, oppose the pending motion to put this bill to rest.

A little bit of background for those of you who were in the 107th Legislature, just so that you will understand where I am coming from, will probably remember as I am sure the Senator from Knox, Senator Collins, remembers House Amendment 314. I think it was of the Maine Criminal Code which was my amendment which if it had passed, would have blocked decriminalization of marijuana.

I have very strong feelings on marijuana, always have had. I have not changed one iota. I was against the decriminalization, today I still am, a few little attempts have been made, and I have testified in all those bills that have been here since the 107th.

This is a controlled clinical approach to alleviating just a little bit of suffering, not very much, there are 4 million people that are going to contract cancer in this county next year, according to the latest statistics. The question some way, alleviate just maybe a little bit of terrible human suffering.

I have had dealings with people who were suffering from cancer and being treated by chemotherapy, which appears to be one about two or three accepted methods of treating cancer. Not all of them, but some of them, are terribly, terribly terribly, sick for three and four days after the chemotherapy. There has been no claim made by anybody that the use of marijuana will help the cancer one iota, but it is a proven fact supported by the National Cancer Institute, supported by the Sidney Farber Research Foundation, it is a proven fact that the use of marijuana does elevate in many cases the terrible, terrible sickness asso-

ciated with chemotherapy.

As far as glaucoma it does relieve the pressure on the eye, and it is prescribed in some cases now, by the Federal Government, by the Food and Drug Administration for use by glaucoma victims.

If you look at Committee Amendment "A" under filing of 332, this is the bill, the controls are very very, strict. It is not a foot in the door, it is not a loosening of our marijuana laws. It is a most humanitarian bill that I have seen before the legislature this year.

Now I am sure that most of you and the comments that have been around the hall in the last week know where this Bill is coming from, it is coming from a friend of ours who's husband just recently passed away, that is where it is coming from.

The question is the legality of it, the question is not whether there is going to be, cancer chemotherapy patients or glaucoma patients smoking marijuana, that is happening that is a fact of life. They are becoming criminals in order to do it. You also have some people especially I think older people and I have a case in point right now in my mind of a relative of mine who started chemotherapy 10 days ago. Who would not touch marijuana with a ten foot pole regardless probably of what he might be going through. But some of these people if the State says that we are going to help you, we are going to make this legal for you, they may try it and they may get relief.

I have 3 fairly lengthy studies here in front of me, by Nationally recognized research foundations, which point out the therapeutic benefits of marijuana, in these two cases. I would ask you to read, House Amendment 332 "Marijuana could be prescribed to people in these categories who are undergoing cancer chemotherapy or suffering from glaucoma" and it goes on it is further qualified "they must be in a life threatened situation or a sense threatening situation and they must not be responding to conventional treatment" or here are the side effects as far as the sickness "or who are suffering severe side effects, even though conventional treatment is proving effective."

I want you to ask yourself one question when we vote on this Bill. How do I go to a person who is dying of cancer and tell him that marijuana is legal because it is bad for them? That seems to me the most ludicrous question that probably could be asked.

Now I know that the arguments were made in the other body that chemotherapy patients don't become ill and that this would not help them any. I would not even grace those remarks with an answer, because I have personal experience. I do not happen to have personal experience with any person that I am certain of who has used marijuana.

Perhaps this bill is misnamed, it calls it a therapeutic program. This particular committee amendment which as I said is the Bill, said that the Administrator and the Board shall annually report their findings and recommendations regarding this program to the governor and the legislature, that is all the researchers were qualified to do.

We have the laboratory facilities available, to analyze. The Bill requires that the marijuana be analyzed and made free of impurities. The pharmacists is given immunity except in cases of gross negligence, and I would also point out that if you are getting a reaction from your doctors or your pharmacist on this that this Bill would not mandate that any doctors or any pharmacist be licensed to handle this program. This would be a purely voluntary program and any doctor or any pharmacists who handled this program would do it right up front with their eyes wide open. I am sure that they also have a copy of this in front of them.

I sympathize very much with the Senator from Cumberland, Senator Gill, when she was relating the facts dealing with her mother, I also lost my father to cancer last summer. She

mentioned though that her mother was very mobile, and she was concerned about the side effects the so called "high". I would challenge anyone to show me people who are suffering these nauseous side effects and keep in mind that they would have to be suffering these to be eligible, that these people are not very mobile. These people are not driving vehicles around the State of Maine, these people are taken home from the doctors office or the hospital and they are lying in bed for 3 and 4 days at a time.

I heard a comment about visual hallucinations, I do not think that there is any clinical evidence that marijuana does produce hallucinations, LSD and some of the other scheduled 1 drugs do, obviously.

This is a controlled clinical approach to alleviating just a little bit of suffering, not very much, there are 4 million people that are going to contract cancer in this county next year, according to the latest statistics. The question was raised as to whether the doctor could do it now, theoretically yes, realistically no. The Federal Regulations and the Red tape that you must go through is going to discourage any doctor from getting involved on the program, now.

This Bill would set up a panel of three expertise one an Oncologist, two doctors specializing in cancer treatment, and a Psychologist. This panel would review and would license the doctors and the pharmacy. They would not see the individual patients, there again as the good Senator from York, Senator Lovell said we would have to trust that to integrity and the honesty of the doctors and the pharmacist.

If this bill would help just one person wouldn't it be worth it? The question was asked how many people in Maine would this help? The Senator from York, Senator Lovell very very adequately pointed out, that right now if a person is willing to become a criminal they can walk down here, I can walk down here in Augusta. I am sure and in 10 minutes have enough marijuana to take care of anybody suffering from these sickness side effects of chemotherapy.

Would there be more smoking, there might be. I'll accept that fact because some of the people who right now will not do it because it is illegal, might take it.

I would be glad to share with anybody some of the facts and figures that I have and some of the case histories of people who were contemplating suicide because they couldn't stand the sickness any longer, who went on this program in one case a young man who was cured. I know of a case right now of a girl in Brunswick, who is suffering, she knows that she has no hope whatsoever of living. Why do her last days have to be so horrible? Why do they have to be so horrible?

I have heard people stand here on the floor of this legislature, this Senate, Ladies and Gentlemen and ask and argue and try to convince people of something. I am sitting here this afternoon and I am very sincerely begging you to read this bill, look at the controls that are placed on this, more strict controls at the State Level than are placed on codeine, morphine, and other prescriptions drugs today.

Look at this program and please consider what you might be helping to do. I am not saying that 5 years down the road somebody might not have some research similar to this and the other that I have seen that might prove that marijuana was good in some other areas. What I am saying is do not be misled by all the arguments about the foot in the door, and the other things that this will be used for. The Bill very specifically narrows it to glaucoma victims and chemotherapy people who are suffering the side effects. If you are taking chemotherapy and you are not suffering the side effect you would not even be eligible under this program. Thank you.

The PRESIDENT: The Chair recognizes the

Senator from York, Senator Farley.

Senator FARLEY: Mr. President and Members of the Senate: I'd like to relate a little story that, something that happened to me about a year and one half ago. I went to work one morning, got there about 6:30, quarter to 7, started getting cramps in my side, except for a problem of accidents, I've never been to the hospital for any sickness or anything. I don't know what it was, it got worse and worse, about half an hour or 45 minutes, and finally I told my supervisor, I got to go home, got to do something here, got to go to the hospital to the outpatient.

So I drove home about 30 miles, about every 10 seconds trying to move my body into a position that was comfortable, just was totally uncomfortable. Got out to the out-patient, Webber Hospital in Biddeford, and diagnosed as having stones.

Well, by the time they took X-rays, and everything else about an hour, it's really, really hurting then, I know a few people who have had stones, but boy I'll tell you, I never had anything like it in my life. So we got out of the X-rays and I'm on the table there, and I tell the doctor. Look, can you do something to get rid of the pain. Sure, I don't know whether he gives me 200 cc's of Demerol, waits about 20 minutes, and the pain hadn't gone away. I told him, I said, Doc, I don't know what you did, but it didn't do any good, and I'm telling you it still hurts. Okay, we'll give you 200 more. In about 10 minutes I was higher than a kite, and between my doctor being out of town and Doctor Clark in Portland scheduled this was a Monday morning. I wasn't operated on until Friday. That was 5½ days, and I'll tell you that was quite a trip.

They peddled out demoral, codeine, like the nurse said, a little discomfort? Yes. Here pop a couple of these.

Now let's not get scared with the term marijuana. I was hoping that this body would give a little more thought than be scared of that term marijuana. If it's going to relieve somebody of some discomfort. It's not going to have any medicinal aid at all, you know that, just like demerol or codeine done here. Merely for pain.

If the bill had said demerol or codeine here we probably wouldn't be debating this. I would ask the body to defeat the pending motion and sent this bill on to Second Reading.

The PRESIDENT: The Chair recognizes the Senator from York, Senator Danton.

Senator DANTON: Mr. President and Members of the Senate: If there was ever one time that I wished we had a doctor in the House, it's this point and time.

You know it's difficult for me to vote for this bill, simply because I see the news media is in this Chamber. We're discussing a form of legalizing marijuana, no matter how much it's going to be checked. I know that the good Senator from Aroostook, Senator Carpenter, 2 or 3 years ago was hard against marijuana and it's usage. I know that his heart is in the right place today and he's trying to do something to help people, but still we have young people that are out there today that are going to say: "The State Senate voted today because marijuana is good for you."

Now if they get into the details of it, that's one thing, and if they do get into the details of marijuana, whose going to read the whole article? Now if the caption is good and large, marijuana legalized, good for you, fine, that's what they're going to read and they're going to stop right there.

I can't support this Legislation, just on that reason. The next thing we'll be talking about is I don't know if these are good for you. I haven't had chemo treatments, I haven't had cancer. I don't know. No one in my family has had it. I can't speak, and I can't take Senator Farley's comments from York, as being fact or non-fact. I'm not saying he isn't telling me the truth about his pains and what have you, but you

know the truth of the matter is, we have to be very careful here, how we're going to vote on this.

Now in my business I deal with a lot of young people, and they're good young people, but you know, they often ask me one question. When are you going to legalize marijuana? I often tell them, and I tell them all the time, I'm not going to vote for it. In my way of thinking, this is one way of voting to legalize marijuana. I'm not ready to do that yet. We can find out what to do with 8,000,000 alcoholics, then I might decide to take and vote for legalized marijuana and other drugs.

The PRESIDENT: The Chair recognizes the Senator from Oxford, Senator Sutton.

Senator SUTTON: Thank you, Mr. President. Ladies and Gentlemen of the Senate. I am in deep sympathy with some of the proponents of the motion that is on the floor. Senator Gill requested that I listen carefully to what she said and I did. It really bothered me, because she has got a lot of well thought out and good points.

If I thought for one second that I was contributing to the delinquency of a minor, supporting marijuana any way shape or form, other than what this bill proposes to do, I wouldn't be on my feet.

You might be interested in that there is such a moral question involved here, and how I learned about this. I happen to be a member of the National Association of Congregational Christian Churches and on their executive board. About a year ago, a lady from California who is the secretary of that group, and has been for about the last 10 years, had been dying of cancer, off and on as you do, taking chemotherapy and she had missed a couple of our recent national meetings in the mid-west and here she showed up at this particular meeting.

I was talking with her and come to find out that she found out that by using marijuana after chemotherapy treatments it did away with all this type of nausea and sickness that she had, several days afterwards.

I do not propose for a second that it is going to cure anything, I have never heard any evidence anywhere that it is going to cure anything. My only concern and I happen to know the person who asked to have this Bill introduced, and I happen to have heard from them that it did the same thing for them. I am not supporting this for one second because I expect it to cure anybody. If someday we found that out that would be super, but I will tell you that I can not believe for 10 seconds to be making this available through the proper channels and the way that it is, and I am not interested in research either. I think that it is well that we have our 2 year sunset on this is that we can find out what if any social side effects that we have had, but in the meantime I can't for the life of me see why we can't allow physicians the opportunity of making this easier for some of their patients. I urge you to defeat the pending motion.

The PRESIDENT: Is the Senate ready for the question?

The Chair recognizes the Senator from Cumberland, Senator Gill.

Senator GILL: Mr. President. Senator Sutton brought up the question of physicians and their ability to get into a program. This exists now, physicians can get into the program without any middle man, they go and they deal directly with the Federal Drug Administration, and there are safeguards in that area. That is probably why it is a little difficult and it does exist some paper work to be done.

In this bill the physician will come to a board, he will get approval and the board might never see that physician again. The physician does not ever have to come back to the board to report. He does not have to be evaluated. He has immunity from all of this. So I would personally like to see the physician deal with the Federal Drug Administration, and have it han-

dled properly.

Remember marijuana is not a cure, we have heard the term Laetrile thrown around here today, well Laetrile is a very controversial item. There is research going on, there are clinics outside of the country that are using Laetrile and if we are going to go after something that can cure it and not just make you comfortable.

The PRESIDENT: The Chair recognizes the Senator from Penobscot, Senator Devoe.

Senator DEVOE: Thank you, Mr. President, Members of the Senate: I thank all of the Senators who have spoken on this bill this afternoon. I have found both points of view pro and con to be very helpful. I commend every Senator for the thoughtfulness that has gone into their comments.

Two points that I would like to make, first of all concerning the bill itself. If you look at the top of page 2 Committee Amendment, pharmacists are exempted for anything except gross negligence for the mis-use of marijuana.

If you look at the participation review board, there are no standards set out. It would look to me that the way that section 2405 is drafted that all any doctor would have to do is send his application and \$25 in to the participation review board and, virtually automatically, he is going to be granted the right to dispense marijuana by prescription.

Now let's look on this at the national level. Two years ago as the Senator from Aroostook, realizes I sponsored a Bill to recriminalize possession of marijuana. In the process of reading that I did to present that bill, I encountered the organization known as NORML—The National Organization for the Review of Marijuana Laws. I became convinced that that is one of the most effective and all persuasive lobbying efforts that exists in this country today. I know that there are those who disagree with me.

However, on the national level NORML is now and has been since it's organization in 1970 dedicated to the repeal of federal laws which prohibit the legalized use of marijuana for those who want to use it.

One of the arguments that NORML is using is that marijuana has medical benefits. I am sure as each state reacting to very genuine and sincerely individual expressions of sympathy of people, of friends, that they know who have been helped by using marijuana, as individual legislators succumb to this sympathy argument and 5 or 10 or 15 more states enact legislation like this, you can bet your bottom dollar, that NORML is going to be back in Congress if they are not there already, getting the fact that States have passed this Legislation, therefore, it is proof positive that marijuana has beneficial effects, and therefore will try to induce Congress to relax the laws concerning marijuana.

I think the key argument is the argument used by the good Senator from Cumberland, Senator Gill, doctors can already do this. Will someone please try to address that matter for me, it bothers me. If doctors can already do this then why do we need this law?

If somebody in here disagrees with the statement that the good Senator from Cumberland, Senator Gill, made, will they please get up and clarify this? If they do not have an argument, then I will assume that the good Senator's argument stands. If that argument stands then I am going to vote against this Bill, because it is not needed, because doctors who wish to help individual patients can already do it, and we would be kidding ourselves.

The good Senator from York, Senator Danton hit it right on the head, lots of citizens of this State are only going to read the Headlines or the first or second paragraph of the newspapers story. They are going to conclude once again that the Legislature really isn't too alarmed about marijuana, because look at what they did. Next year or when the 110th Legislature convenes NORML will be back in here

with a couple of more laws, the same in the 111th and the 112th. It alarms me I have seen some of the literature, the Office of Alcoholism and Drug Abuse are distributing it because it contains some information on this matter.

NORML Washington, D.C. these are my reasons, Ladies and Gentlemen of the Senate, and I hate to take your time late Friday afternoon. I commend once again everybody who has spoken on this bill, and I thank you for the thoughtfulness that you have expressed.

The President would ask the Sergeant-at-Arms to escort the Senator from Kennebec, Senator Katz to the rostrum to assume the duties of the President pro tem.

The Sergeant-at-Arms escorted the Senator from Kennebec, Senator Katz to the rostrum where he acted as President pro tem.

The President then retired from the Senate Chamber.

The PRESIDENT pro tem: The Chair recognizes the Senator from York, Senator Hichens.

Senator HICHENS: Mr. President and Members of the Senate: I am sorry that the good Senator from York, Senator Danton, has had to leave because this is one of the rare occasions when we can be in agreement, on a bill, I am pleased to support the remarks that he made.

In response to the good Senator from Oxford. He tells how the lady from California was helped so much. I realize that many people may be helped, but there may be a lot of other people that are hurt by the use of marijuana.

Now a great many people can take aspirin, to relieve headaches and so forth. If I take aspirin it works the other way I would be sick in bed for a day, or even longer. So I think that we can take and use those same arguments with the perscription of marijuana, and these cases.

Now in this bill it also included Optometrists. I have not had one physician in my area, get in contact with me, on this Bill, but I did speak to two good friends of mine the other night, who are Optometrists and both of them said that they would not touch marijuana with a ten foot pole. They said that the bad effect from it far offsets what it might do to help the people relieve pain of glaucoma.

So I ask you to support the motion to Indefinitely Postpone this Bill, and when the vote is taken I ask for a Roll Call.

The PRESIDENT pro tem: A roll call has been requested. Under the Constitution in order for the Chair to order a Roll Call it requires the affirmative vote of at least one-fifth of those Senators present and voting.

Will all those Senators in favor of ordering a Roll Call please rise in their places until counted.

Obviously more than one-fifth having arisen a Roll Call is ordered.

The Chair recognizes the Senator from York, Senator Lovell.

Senator LOVELL: Mr. President and Ladies and Gentlemen of the Senate: Just a few more words. Senator Hichens, the good Senator from York, my neighbor spoke of an over the counter drug such as aspirin, not agreeing with people. Fine, but on the other hand if Senator Hichens was down with cancer and knew that he was going to die in 2 years I think that he would like to try this new drug to see if it would save his life. I feel quite sure of that.

Now I do not know if it could save his life or not, but it might, and if it could I am sure that he would want to try it and he would want to take it.

Now on the other hand the red tape that it takes doctors to get to marijuana to dispense it themselves is too hard to do. There are 5 or 6 states that marijuana is legal in, at the present time, but I definitely feel that we should try this, for the sake of the people, and there are many people, for the sake of people dying of cancer, in the State of Maine. I hope that you will vote to pass this bill and give it a 2 years

trial and the doctors, and the pharmacists aren't going to put out that marijuana to the young kids. The young kids can get that marijuana now, the doctors or pharmacists are not going to put it out to them.

The PRESIDENT pro tem: The Chair recognizes the Senator from Androscoggin, Senator Minkowsky.

Senator MINKOWSKY: Mr. President and Members of the Senate: The question came up earlier this afternoon, from the good Senator from Penobscot, Senator Devoe, about the federal approach and I think that he said that he would be well satisfied if there was a reasonable explanation.

During the interim period of time I was handed a copy of the Federal IND approach. I would like to read into the record, possibly it might convince the good Senator on what his stand should be relative to this issue.

"Under existing regulations Federal marijuana may be released to the holder of an investigational new drug application referred to as IND. The IND is granted by the Food and Drug Administration, the FDA. The original intention of the IND was to exempt pharmaceutical companies from legal liabilities in intrastate shipment of drugs not yet approved for marketing. The Food, Drug and Cosmetic Act prohibits the sale of intrastate shipment of new drugs which have not demonstrated safety and efficacy. Yet in order to test the drugs in controlled human experimentation intrastate drug shipments is needed, thus the IND serves as a regulatory purpose, permitting the intrastate shipment and allowing the FDA to monitor new drug developments. Ordinarily when a new drug is developed by a pharmaceutical company only one IND is issued and the pharmaceutical company then becomes the sponsor of the new drug and contracts with various researchers throughout the county.

The researchers become co-investigators and need not apply for an IND themselves. Again investigational new drug application. The pharmaceutical company as a sponsor compiles the information collected by the co-investigators and use that data to prove the drugs safety and efficacy to the FDA.

In the USA today the pharmaceutical industry is a multi-billion dollar enterprise. For an industry of this size the IND process is not necessarily unreasonable nor overly complex."

In the case of marijuana however, there are several factors that complicate the IND process and retard marijuana therapeutic development.

The PRESIDENT pro tem: The Chair recognizes the Senator from Aroostook, Senator Carpenter.

Senator CARPENTER: Mr. President and Ladies and Gentlemen of the Senate. I apologize and I will be brief.

The organization known as NORML has been referred to here today and I understand fully well exactly what NORML is. And some of the information, some only some, what I have here is produced by NORML. I do not agree with what NORML stands for and what they are trying to do in Congress. I do not know if this is some sort of insidious attempt to bring about the ultimate legislation of marijuana or not. But I resent very much this bill being led out as an attempt to weaken or legalize marijuana laws, because I think that if you read the Bill and if you understand me, you understand where I am coming from, and where I have been coming from for the last 6 years now, you will know very well that this is not the case.

Many people may be hurt by this Bill, that is what the statement was made here a few minutes ago. I do not understand any logical explanation for that whatsoever. I do not understand who is going to be hurt by this bill. I have heard referred to that children will be given access to more marijuana if this Bill is passed. They certainly would be, if they happen to be suffering from chemotherapy, there is no age limit on

this Bill, if there is a child suffering from chemotherapy there certainly would be.

I cannot answer the questions raised by Senator Devoe, I can only partially answer them, by some information that I have here, both from the Department of Health, Education and Welfare in Washington and also the State of New Mexico, which has set up a program similar to this. It says and I quote "if you are going to apply to the Federal Government to become a licensed physician in any given state you do not have to be a masochist to do it but it helps." That gives you an idea of exactly what a doctor has to go through in order to become licensed.

I just gave the good Senator from Penobscot, Senator Devoe, my assurances that if this Bill were to receive a favorable vote here today that prior to the next reading I would attempt to get exactly what the forms are and what the bureaucratic procedure is for a doctor in the State of Maine to become licensed to handle this.

I've also heard opponents of this Bill stand here today, and say that there are medical properties to this Bill, which are beneficial but we do not like the rest of it. If there are medical properties that will help out at least 2 given situations, why shouldn't we put them to work? I'll go back to the original question that I asked the Senate originally that I really hope that you will have in your mind when you are thinking about it, and that is, how do we all go back and tell constituents or a constituent of ours who may be suffering from life threatening chemotherapy side effects, how do I tell that person that we couldn't legalize marijuana for you because it might be harmful? I am telling this to a dying person now.

This is a moral question in some regards. All right, I come from a very conservative area in the State and for any of you who might be having problems with that aspect of it. Three weeks ago, I write a newspaper column every week, three weeks ago, I put it in big headlines in my column. I did a radio show on it and I come from a very, very conservative area, and thus far to date, I have had one reaction, and that was a person who suggested another type of disease that might be helped by marijuana. When I assured him that that was not included in this Bill, he was no longer interested.

I would also point out to you that this is a position that can be explained to people who are totally and deathly opposed to legalization of marijuana, the same way that I am. I was very pleased the other day, I talked to a gentleman out here in the hallway who happens to lobby for a group who is one of the very conservative groups in this State. I am sure without me even mentioning his name, you will know who I am talking about. I went to him to explain to him why I was so passionately involved in this Bill, and his reaction was I have no problem with that Bill, I have no problem with that Bill.

So I think you know that we have a real cross section, if you look at the people throughout this legislature who are supporting this Bill, you will find a real cross section. If you look at the gentleman who sponsored this Bill, you will find that he is not exactly your wild-eyed liberal, to say the least. I just hope that we will look at the facts as they are contained in this simple little 4 page amendment, with controls on it.

I heard the question of standards. Now I do not intend to impose standards on 3 doctors, 3 licensed practicing doctors, I do not intend to tell them what they have got to look for in their fellow doctors before they can license them to dispense something that is by far on the scale way lower than other things that are taken regularly, as the Senator from York pointed out, regularly passed out in doctor's offices, pharmacies, emergency rooms, and everywhere else across the State. I sincerely hope that you will vote to defeat the pending motion and will accept the Majority Ought to Pass Report. Thank you.

The PRESIDENT pro tem: The Chair recog-

nizes the Senator from Aroostook, Senator Martin.

Senator MARTIN: Mr. President, when the vote is taken I request leave of the Senate to pair my vote with the Senator from Aroostook, Senator McBreairey. If Senator McBreairey were here he would be voting Yes and I would be voting No.

The PRESIDENT pro tem: The Senator from Aroostook, Senator Martin, asks leave of the Senate to pair his vote with the gentleman from Aroostook, Senator McBreairey, who if he were here would be voting Yea and Senator Martin of Aroostook, would be voting Nay.

Is it the pleasure of the Senate to grant this Leave?

It is a vote.

The Chair recognizes the Senator from Oxford, Senator Sutton.

Senator SUTTON: I beg leave of the Senate to pair my vote with the Senator from Penobscot, Senator Emerson, who if he were here he would be voting Yes and I would be voting No.

The PRESIDENT pro tem: The Senator from Oxford, Senator Sutton, now asks leave of the Senate to pair his vote with the Senator from Penobscot, Senator Emerson, who if he were here would be voting Yes and Senator Sutton of Oxford would be voting No.

Is it the pleasure of the Senate to grant this leave?

It is a vote.

The Chair recognizes the Senator from York, Senator Hichens.

Senator HICHENS: Mr. President and Members of the Senate: I dislike to prolong this discussion this afternoon, but I cannot sit here and not answer the statements made by the good Senator from York, Senator Lovell.

It dismays me to think that we have served in this Legislature for 2½ years and I have known him for a long time that he does not know me better than what he just said.

I can assure that good Senator that as much as I enjoy living, that I would not use drugs, I would not allow them to use machines, or I would not allow myself to use marijuana to prolong my life. As Doctor Polling, the famous editor of the Christian Herald said, "that on the day that people say that I am dead that is the day that I really begin to live." Those are my sentiments.

The PRESIDENT pro tem: Is the Senate ready for the question?

The pending question before the Senate is the motion by the Senator from Cumberland, Senator Gill, that the Senate Accept the Minority Ought Not to Pass Report of the Committee.

A Yes vote will be in favor of the motion to accept the Minority Ought Not to Pass Report.

A No vote will be opposed.

The Doorkeepers will secure the Chamber.

The Secretary will call the Roll.

ROLL CALL

YEA — Collins, Cote, Danton, Devoe, Gill, Hichens, Katz, Perkins, Redmond, Shute, Silverman, Teague.

NAY — Ault, Carpenter, Chapman, Clark, Conley, Farley, Huber, Lovell, Minkowsky, O'Leary, Pierce, Pray, Trafton, Trotzky, Usher.

ABSENT — Najarian, Sewall.

A Roll Call was had.

PAIRED — Martin-McBreairey; Sutton-Emerson.

12 Senators having voted in the affirmative and 15 Senators in the negative with 2 Senators being absent, and 4 Senators having paired their votes, the motion to Accept the Minority Ought Not to Pass Report does not prevail.

The Majority Ought to Pass, as amended, Report of the Committee, Accepted, in concurrence. The Bill Read Once. Committee Amendment "A" Read and Adopted, in concurrence. The Bill, as amended, tomorrow assigned for Second Reading.

The President pro tem laid before the Senate