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November 6, 2003

Neil Powers  
c/o City Council President Peter Steinbrueck  
City Hall, Floor 2  
600 Fourth Avenue  
Seattle, WA 98104-1860

Dear City Council President Steinbrueck,

I hereby nominate myself, Sunil Aggarwal, to be considered for either a harm-reduction advocate or a citizen member position on the I-75 mandated Marijuana Policy Review Panel. I am 24 years old and am currently a medical student at the University of Washington School of Medicine.

I believe in the harm reduction model. Traditionally it has been applied to intravenous drug use, but it can seamlessly be applied to marijuana use as well. The primary goal of harm reduction is neither to condone nor condemn drug use, but rather to reduce the harm related to drug use at the individual and societal levels. For the individual marijuana user, a significant harm is created by the standard method of delivery: burning marijuana and inhaling the smoke produced. Exposure to particulate and soot matter in the smoke causes irritation of lung tissue and respiratory tract lining. In fact, marijuana cigarettes deposit 4-5 times more tar in lungs compared to tobacco cigarettes. In addition, PAHs (polyaromatic hydrocarbons)—known carcinogens also found in tobacco smoke—are incomplete combustion by-products of plant matter found in trace amounts in marijuana smoke. These combined exposures increase marijuana smokers' propensity for developing bronchitis and increase susceptibility to cancers. One of harm reduction advocacy's goals should be to educate users about these risks and to promote safer, healthier ways of marijuana usage such as vaporization, in which the traditional flame and combustion approach is substituted for a stream of hot air which sublimates the active chemicals in a fine vapor mist. Harm reduction advocacy should also be directed towards promoting usage of marijuana in moderation to help curb addiction and dependency. According to a 1999 study by the Institute of Medicine, marijuana addicts 9% of its users (compared to 15% for alcohol, 23% for heroin users, and 32% for tobacco users). Open non-judgmental counseling services and support groups should be made available specifically for marijuana addiction and dependency instead of lumping these services together with other drugs as is currently done.

At the societal level, the great harm we face is in denying chronically ill people a safe and effective means to relieve painful and debilitating symptoms of their illnesses. Many academic journals, both basic science and clinical, have published studies on the effectiveness of marijuana (which contains a mixture of active plant metabolites) in the treatment of cachexia, nausea, and loss of appetite experienced by cancer and HIV patients due either to their primary condition or to the side effects of dominant treatment modalities. Marijuana has also been shown to be efficacious in the

reduction of intraocular pressure experienced in glaucoma, as an analgesic in the treatment of chronic pain syndromes, and again as an analgesic and muscle relaxant to treat pain and/or muscle spasticity associated with conditions such as multiple sclerosis, myasthenia gravis, fibromyalgia, and spinal cord injury. This preponderance of evidence for marijuana's tremendous medical benefit stands in opposition to its Schedule I DEA classification which categorizes it as having a "high potential for abuse" and as having "no currently accepted medical treatment." When sick people are denied a means of alleviating and soothing their symptoms because of no available safe access to marijuana treatment or because of coerced reluctance to use marijuana for fear of prosecution and arrest, an unjustified social harm is committed. Harm reduction advocacy should seek to recognize the plight of these sick people and ensure that they have the right to access medical marijuana as is legally guaranteed in Washington state, free from intimidation and coercion.

The creation of Seattle Municipal Code 12A.20.060 making marijuana arrest and prosecution the lowest law enforcement priority is a positive step in the direction of harm reduction. With a nearly 60% passing majority, I-75 sends a clear message from the people of Seattle as to how they would like to be policed. I believe one of the important roles of the Marijuana Policy Review Panel is to ensure that the rights of Seattle citizens are protected by monitoring how well the executive and judicial arms of the Seattle municipality are adhering to the new law. With the Panel comprised of representatives from all parties affected by the new law, lines of communication will be opened between citizens, police, and city and county attorneys in an unprecedented way allowing for cooperation and mutual understanding to help guide oversight and develop fair reporting criteria. In a larger sense, the job of the Panel is to assess the impact of the new law not just on law enforcement officials, but also on the health and well-being of the city population.

I believe that I can contribute significantly to the responsibilities of the Panel. Firstly, my current student status gives me an important perspective that is representative of a significant fraction of the population most adversely affected by marijuana policy. As mentioned in the preamble to I-75, students who admit to drug violations on the FAFSA (Free Application for Federal Student Aid) are routinely denied federal financial aid as a result of US Congressional amendments to the Higher Education Act. Since the HEA drug provision was first enforced in 2000, a total of 86,898 students have been denied aid. For the 2002-2003 academic year, the figure is in the 30,000 range. It is therefore important that students have a voice on the Panel. Additionally, marijuana policy disproportionately affects the younger cross-section of society. According to recent custody records publicly released by Snohomish County Jail this week, the average age of inmates with marijuana-related charges is 29 years old. Another valuable perspective I can bring to the Panel is that of a medical student. I believe that a healthcare perspective would help to better contextualize issues related to medical marijuana use, the only official state-sanctioned use of marijuana. Currently I am a second-year medical student and am part of University of Washington's Medical Scientist Training Program in which trainees receive full stipend support to pursue both an MD and a PhD. As part of my training, I will soon begin work on a PhD in the area of medical geography. Medical geography is a progressive, multi-disciplinary field of study that uses concepts and techniques drawn from geography, epidemiology, and medicine to investigate distributions and patterns of health and disease at all levels, ranging from local to global. I feel that this type of education and training will help me to contribute to the Panel's assessment of the public health and safety impacts of the new law to be included in the 2006 comprehensive report. In fact, in addition to

medical school classes, I am currently taking an advanced graduate seminar at UW entitled Geography, Law, and Social Control which is helping me to better understand the complex issues involved in assessing the social impact of the enforcement and adjudication of law.

I ask you to consider me as a candidate for appointment to the Marijuana Policy Review Panel. Please see my attached resume. If selected, I will bring my deepest commitment and passion to the Panel and work to foster cooperation and dialogue amongst the members. Not only does Seattle have the opportunity to reduce the harms associated with marijuana use and undue prosecution of adult users, but it also has a tremendous opportunity to set an example for the rest of the country and send the message that a safe and sensible drug policy towards marijuana is possible and indeed attainable.

Sincerely yours,

Sunil Aggarwal

PS: Congratulations on your recent reelection!