

Background

In 1972, marijuana was placed in Schedule I of the Controlled Substances Act, representing that the US government considered it to have "no accepted medical use in treatment in the United States." Currently, 13 of 50 US states have approved the medical use of marijuana for qualified patients. Physicians, elected officials, scientists, parents and their children, and the general public are debating whether marijuana should be a medical option. Presently, there is an intense debate surrounding medical marijuana and the potential impact it may have on sick and dying people.

NJPN and others oppose the use of marijuana for any purpose. Marijuana has not been approved by the Food and Drug Administration (FDA) and is listed in schedule I of the Controlled Substances Act (CSA), the most restrictive schedule. The Drug Enforcement Administration (DEA), which administers the CSA, continues to support that placement and FDA concurred because marijuana met the three criteria for placement in Schedule I. Marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision. Furthermore, there is currently sound evidence that smoked marijuana is harmful. A past evaluation by several Department of Health and Human Services (HHS) agencies, including the FDA, Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA), concluded that no sound scientific studies supported medical use of marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use. There are alternative FDA-approved medications in existence for treatment of many of the proposed uses of smoked marijuana.

In 2008, New Jersey Senate Bill S119, which establishes New Jersey Compassionate Use Medical Marijuana Act was passed by the Senate in February 2009. The Assembly bill A804 recently passed out of the Assembly Health Committee and is now pending a full Assembly vote. If it passes the Assembly, it would have to go back for Senate approval because of the significant changes made in A804.

Medical Marijuana: Separating the Truth from the Myth

NJPN strongly opposes S119 and A804 due to the use of marijuana having adverse health, safety, social, academic, economic, and behavioral consequences. Astonishingly, many people view the drug as "harmless". The widespread perception of marijuana as a benign natural herb seriously detracts from the most basic message our society needs to deliver: It is not OK for anyone – especially young people – to use this or any other illicit drug.

Myth #1...

Advocates for Medical Marijuana and the bill itself quote the Institute of Medicine's (IOM) scientific review of marijuana for medical use. The IOM's 250-plus-page report concluded that "scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation." The IOM acknowledged

that marijuana currently provides the only alternative for certain people for whom approved medicines are ineffective and emphasized the desirability of further research into the effects of cannabinoids and the development of delivery systems by which the active ingredients of marijuana can be delivered to patients in a dose-controlled, smoke-free manner.

Truth...

When reading IOM's report a little further, it says, "In fact, the IOM researchers found little reason to recommend crude marijuana as a medicine, particularly when smoked, but they did conclude that active ingredients in marijuana could be developed into a variety of promising pharmaceuticals." The IOM study concluded that there is little future in smoked marijuana as medication.

Because marijuana is a crude THC delivery system that also delivers harmful substances, smoked marijuana should generally not be recommended for medical use. If a patient needs a cannabis-based medicine, there are two Food and Drug Administration (FDA) approved cannabinoid drugs already approved by the FDA-- Marinol and Cesamet. The FDA has determined that legalizing marijuana for medical use is unsafe. New Jersey should not override the FDA process.

The FDA, which opposes the use of smoked marijuana, is the federal agency that certifies what drugs are safe and those that have a medicinal benefit. It is critical that scientific research be conducted to determine the ramifications of smoking a potentially dangerous substance. In 2006, the FDA declared that marijuana has a high potential for abuse and that there is a lack of accepted safety for its use, even under medical supervision. The very idea of ingesting a "medicine" by smoking it is counter-intuitive.

Myth #2...

Advocates of the legislation claim that **"medical" marijuana will help seriously ill people** who have cancer, AIDS or glaucoma.

Truth...

The percentage of seriously ill patients using medical marijuana varies drastically from those registered for the drug. In Oregon, The program is run as a state registry program within Oregon's Department of Health. As of January 1, 2009, the Oregon Medical Marijuana Program has 20,842 individuals that legally hold "medical" marijuana ID cards and of those, 88% are treating "severe pain" rather than the more serious conditions such as cancer (3.4%), glaucoma (1.6%), and HIV+/AIDS (1.9%). Another 2,204 applications for ID cards are pending. Colorado, Hawaii, and Rhode Island have similar numbers.

Marijuana legalization advocates would have you believe that smoking marijuana is the only alternative for cancer sufferers who are going untreated for the nausea associated with chemotherapy. However, there are over 30 medications and treatments are currently available for this condition. Additionally, the American Medical Association (AMA) and the National Multiple Sclerosis Society have previously stated there is insufficient evidence to support the use

of medical marijuana. The AMA has said further research is necessary to confirm marijuana's beneficial effects while the National Multiple Sclerosis Society could not recommend medical marijuana for people with multiple sclerosis (MS) for symptom management. The National Multiple Sclerosis Society says, "Studies to date do not demonstrate a clear benefit compared to existing symptomatic therapies and because issues of side effects, systemic effects, and long-term effects are not yet clear," and long-term use of marijuana may be associated with significant serious side effects.

Myth #3...

Doctors will properly determine who needs medical marijuana with appropriate dosage directions.

Truth...

There are no established doses for smoking marijuana. It's unclear how it interacts with other drugs or medical conditions. The DEA lists marijuana as a Schedule I drug, which defines drugs in this category as being the most restrictive for use due to their high potential for abuse and addictiveness. Products in this category are also found to have no currently accepted medical use in treatment in the United States.

Physicians would not be giving a prescription but a written certification for marijuana. Since marijuana is not an approved medication, *the NJ Department of Health & Senior Services would coordinate four dispensaries for the distribution of marijuana.* New additions to the Assembly version of the bill have increased the restrictions regarding the distribution but experiences in other states should cause pause here in New Jersey.

Myth #4...

Marijuana is not as dangerous or as addictive as cigarettes are.

Truth...

The American Chemical Society cites a comparison study of marijuana and cigarette smoke. Ammonia was found in mainstream marijuana smoke at levels up to 20-fold greater than that found in tobacco smoke. Hydrogen cyanide and some aromatic amines were found in marijuana smoke at concentrations 3-5 times those found in tobacco smoke. The confirmation of the presence, in both mainstream and side-stream smoke of marijuana cigarettes, of known carcinogens and other chemicals implicated in respiratory diseases is important information for public health and communication of the risk related to exposure to such materials.

Additionally, the Thorax Journal discovered that a single cannabis joint has the same effect on the lungs as smoking up to five cigarettes in one go. The marijuana smoke diminished the number of small fine airways, which are important for transporting oxygen and waste products to

and from the blood vessels effectively and damaged the large airways of the lung, blocking airflow, and forcing the lungs to work harder. The extent of this damage was directly related to the number of joints smoked, with higher consumption linked to greater incapacity. The effect on the lungs of each joint was equivalent to smoking between 2.5 and five cigarettes in one go. The authors explain that the impact of cannabis is strongly associated with the way in which it is smoked. It is usually smoked without a filter, and at a higher temperature. Smokers tend to inhale more deeply and to hold their breath for longer.

Finally, Dr. Matthew Naughton wrote an article in *Respirology* citing patients who smoke marijuana inhale more and hold their breath four times longer than cigarette smokers. It is the breathing maneuvers of marijuana smokers that result in greater and more rapid lung destruction.

Conclusion

New Jersey, like the other 13 states, is in the process of sidestepping the protocol for approving medications. Questions regarding the use and effectiveness of medicine are for the FDA to answer, not special-interest groups, not individuals and not the state Legislature. This legislation sends a mixed message to our youth. We need to provide the facts to our youth which includes that there are no safe “smoked” medication.

In addition, drug legalizers use "medical marijuana" as red herring in an effort to advocate broader legalization of drug use. For example, California law enforcement cannot distinguish between illegal marijuana plants and plants that qualify as medical exemptions. Many self-designated medical marijuana growers are, in fact, growing marijuana for illegal, "recreational" use.

While we strive to be a compassionate society, there must be a balance between managing and alleviating pain rather than creating a system that potentially does more harm than good. The road that medical marijuana legislation is traveling is laden with potholes. There are many unanswered questions regarding this serious public policy issue. Passing this law would bypass a system that has protected the public and allow our legislators to serve as medical care gatekeepers. Our laws should follow the science and should consider the safety of the population not the perceived needs of a few.

NJPN strongly encourages public officials to consider the dangers of this legislation and hope that instead they encourage further research regarding the medical use of marijuana to ensure the safety of New Jersey residents.

Sources

American Chemical Society
<http://pubs.acs.org/doi/abs/10.1021/tx700275p>

Institute Of Medicine

"Marijuana and Medicine: Assessing the Science Base," Institute of Medicine, 1999.

Oregon.gov, Oregon Medical Marijuana Program (OMMP)

<http://oregon.gov/DHS/ph/ommp/index.shtml>

ProCon.org

<http://medicalmarijuana.procon.org/viewresource.asp?resourceID=000140>

Recommendations Regarding the Use of Cannabis in Multiple Sclerosis, National Clinical Advisory Board of the National Multiple Sclerosis Society, April 2, 2008.

Respirology

<http://www3.interscience.wiley.com/journal/119415132/abstract?CRETRY=1&SRETRY=0>

Thorax Journal

<http://thorax.bmj.com>

White House Drug Policy

http://www.whitehousedrugpolicy.gov/publications/marijuana_myths_facts/marijuana_myths_facts.pdf