



# PUBLIC POLICY & INFORMATION

Promoting Addiction Prevention, Treatment and Recovery Through Advocacy and Education

## POSITION PAPER No. 5/213th Legislature (2008-09)

### ISSUE:

Establishes “New Jersey Compassionate Use Medical Marijuana Act,” which allows a qualifying patient suffering from a debilitating medical condition to grow and possess six plants of marijuana for medical purposes, if authorized by a doctor.

### BILL NO.

S-119 (Scutari, Whelan)

A-804(ACS) (Gusciora, Carroll, Voss.)

### NCADD-NJ POSITION:

NCADD-New Jersey opposes S-119/A-804(ACS) because marijuana in smoked form has not been approved by the Food and Drug Administration (FDA) for treatment of any medical condition, and enactment of this bill will create more access to this drug.

The Federal Food, Drug and Cosmetic Act requires that drugs be shown to be safe and effective for their intended use before being marketed. The FDA is the federal agency that reviews the safety and efficacy of drugs. The approval process requires scientific, well-controlled clinical trials that provide the necessary scientific data upon which the FDA determines whether a drug is safe and effective for its intended use. Its purpose is to protect citizens.

The FDA does not support the use of smoked marijuana for medical purposes. It determined that “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.” It further found that there is sound evidence that smoked marijuana is harmful, and a past evaluation by the FDA concluded “that no sound scientific studies supported medical use of (smoked) marijuana for treatment in

the United States, and no animal or human data supported the safety or efficacy of marijuana for general medical use.”

Efforts that seek to bypass the FDA drug approval process do not serve the interests of public health. S-119/A-804(ACS), which makes smoked marijuana available for a variety of medical conditions upon a doctor’s recommendation, is inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the Food Drug and Cosmetics Act.

Marijuana is an addictive drug (i) that poses significant health consequences to its users, including those who may be using it for medical purposes. Users can become dependent on marijuana to the point they must seek treatment to stop using it. In 1999, more than 200,000 Americans entered substance use treatment, primarily for marijuana use and dependence.(ii) According to several recent studies, marijuana use has been linked with depression and suicidal thoughts, in addition to schizophrenia. These studies report that weekly marijuana use among teens doubles the risk of developing depression and triples the incidence of suicidal thoughts.(iii)

Marijuana is one of the most prevalent illegal substances used by New Jersey residents, and was used at the earliest age, peaking in first use among residents between the ages of 15 and 17 (40%). (iv) More than a third of New Jersey high school students (36%) reported the use of marijuana. Nineteen percent of students used marijuana in the past 30 days and 5% used marijuana on school property in that time.

Allowing marijuana to be used for medical purposes will lead to increased access and perceived availability for those that are not authorized to use it. S-119/A-804(ACS) provides little assurance that it will not be easily diverted for recreational use. Eight of the ten states with the highest percentage of young people



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(age 12-25) who have used marijuana in the past month were states that allow for the possession and use of medical marijuana. They are also the majority of states in the top ten with first time marijuana use.<sup>(ix)</sup>

The U.S. Supreme Court in *Gonzales v. Angel, et al.*, stated that authorizing marijuana use for medicinal purposes will clearly lead to increases in the marijuana supply, greater use of marijuana by non-patients and more criminal activity under state law. <sup>(x)</sup>

Perceived availability of drugs is a risk factor predictive of later use. New Jersey Middle School students who reported that it would be very easy to obtain illicit drugs also reported higher levels of use.<sup>(xi)</sup> Allowing qualified patients to use this drug openly will inevitably lead to a perception that marijuana is more available and more easily accessible.

The New Jersey Legislature should not substitute its judgment for that Federal Drug Administration. For all of the reasons outlined above, authorizing marijuana for medicinal purposes is not in the interests of protecting the public safety of New Jersey's citizens, nor is it in the best interest of persons who suffer from the types of chronic or debilitating diseases or medical conditions specified in S-119/A-804(ACS). Marijuana is a dangerous addictive drug that poses significant health risks to those who use it. Authorizing marijuana for medical use will only increase the access and perceived availability of both youth and adults to marijuana. These risks coupled with the lack of FDA approval leads to unnecessary danger to New Jersey residents.

## REFERENCES

- i) Herbert Kleber, Mitchell Rosenthal, "Drug Myths from Abroad: Leniency is Dangerous, not Compassionate" *Foreign Affairs Magazine*, September/October 1998. Drug Watch International "NIDA Director cites Studies that Marijuana is Addictive;" "Research Finds Marijuana is Addictive;" *Washington Times*, July 24, 1995.
- ii) "Marijuana and Heart Attacks" *Washington Post*, March 3, 2000, p. 1
- iii) "Drug Abuse: Drug Czar, Others Warn Parents that Teen Marijuana Use can Lead to Depression." *Life Science Weekly*. 31 May 2005. [John Walters, Director of the Office of National Drug Control Policy, Charles G. Curie, Administrator of the Substance Abuse and Mental Health Services Administration, and experts and scientists from leading mental health organizations joined together in May 2005 to warn parents about the mental health dangers marijuana poses to teens.]
- iv) The 2003 New Jersey Household Survey on Drug Use and Health, Division of Addiction Services, DHS, 2005.
- v) New Jersey Student Health Survey, Department of Education, Office of Program Support Services, 2003
- vi) Initiation of Marijuana Use: Trends, Patterns, and Implications. Analysis Based on data from NHSDA in 1999 and 2000. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, 2002: <http://www.samhsa.gov/oas/Mjinitiation.pdf>
- vii) Id.
- viii) Id.
- ix) Drug Free School Coalition, the Facts About Medical Marijuana 2008(citing State Estimates of Substance Use from the 2005-2006 National Survey on Drug Use and Health, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies)
- x) *Gonzales v. Angel, et al.*, cited in F.N. 57 at p. 2215
- xi) 2003 New Jersey Middle School Substance Use Survey, Division of Addiction Services, DHS, 2003

## CONTACT

**John L. Hulick, MS, CPS**  
**Director of Public Affairs & Policy**  
**609.689-0121**  
**[jhulick@ncaddnj.org](mailto:jhulick@ncaddnj.org)**

**360 Corporate Blvd.**  
**Robbinsville, NJ 08691**  
**609.689-0121 (PH) | 609.689.3244 (FX)**  
**[POLICY@NCADDNJ.ORG](mailto:POLICY@NCADDNJ.ORG)**