

June 4, 2009

Commissioner Heather Howard
New Jersey Department of Health and Senior Services
State Capital Building
Trenton, New Jersey

Madam Commissioner and Members of the Committee:

Thank you for the opportunity to present this written testimony in support of the New Jersey Compassionate Use Medical Marijuana Act. The sanctioning of the drug for medical use is something I have long supported and one which will bring much needed comfort and support to many of your citizens, and vastly improve their quality of life.

I am the President and Chief Executive Officer of Serento Gardens: Alcoholism and Drug Services in Hazleton, PA. Serento Gardens is a 32 year old substance abuse counseling and education center which is licensed by the Pennsylvania Department of Health. I have been with the facility for the past 31 years, the last 27 as its director. My full career as an addictions counselor spans 33 years and my total social work career spans 35 years.

I hold the highest levels of Certified Addictions Counselor status from the Pennsylvania Certification Board. I have served on that Board. I am on the faculty of the University of Scranton where I teach Addiction Studies. I have also taught at Marywood University and Penn State University.

I have presented overseas on behalf of the United States Department of State on two occasions. One visit was to Iceland and the other to Cyprus. Both were in regard to substance abuse and community cooperation in battling it.

And I am and have been an ardent supporter of the compassionate use of cannabis for medical purposes. This brief paper is to specifically address the misconception that the medical use of the drug poses a danger to the general community or a gateway to addiction for our youth.

Other testimony you have heard or read has addressed the medical efficacy of the drug. Support for it is long standing. I am delighted with Attorney General Anne Milgram's statements that the Bill is workable, and with the endorsements of the New Jersey State Nurses Association, the New Jersey Academy of Family Physicians, the New Jersey Hospice and Palliative Care Organization, the New Jersey League for Nursing, and the New Jersey Leukemia and Lymphoma Society. The medical case for its use has most certainly been made and the breadth of endorsements puts New Jersey as among the leaders in the United States on this vital issue.

My purpose is to speak as an experienced substance abuse counselor and educator. There are misconceptions that legalizing cannabis for medical purposes will lead to addiction among our youth. Nothing could be further from the truth. There have been many statements that marijuana is a gateway drug to harder drug abuse. Again these statements are completely inaccurate. Furthermore, they equate medical use of any drug with the abuse of that same drug in the streets. By that standard, virtually all prescription pain medication would have to be eliminated.

Marijuana has arguably the least addiction causing potential of any drug with psychoactive properties. Others in common, sanctioned use have vastly more risk in that regard. However medications such as Xanax, Valium, Vicodin, Morphine, Oxycontin, Adderall and others serve vital medical purposes and need to remain available to patients in need. At the same time we must continue to aggressively address their illegal use on the streets. In this same way, marijuana must be made available to individuals who have legitimate use of this remarkably safe and effective medication. As noted in the American Journal of Nursing in 1996, "In the 5000 year recorded use of marijuana, not a single overdose death has been recorded because of it."

Being pathologically drug dependant, more commonly called an addict, is a lifestyle, not mere use of a drug. It is use of the drug primarily for its mind altering effect and not its medical effect. It becomes an individual's way of coping and keeping their emotional world in a state where they believe it cannot hurt them.

The American Psychiatric Association uses specific diagnostic criteria to identify this disorder. Tolerance describes needing progressively more of a substance in order to maintain the effect. Cannabis has among the lowest incidence of this effect. Other drugs such as prescription tranquilizers and pain killers show high development of tolerance. Withdrawal describes the body's reaction to the abrupt or gradual removal of an addictive substance. In this case, cannabis has never been shown to have the physical withdrawal effect, though some heavy street drug abusers might experience a psychological reaction to discontinuing it. Unsuccessful attempts to control use characterize the addicts growing loss of control, not an issue in medical cases with this drug according to the physicians I have interviewed in California who recommend the drug. Continuing use despite growing problems with family, work, or social responsibilities is obviated by the medical conditions. It's the disease that causes those effects. Neglecting responsibilities is the fifth of the criteria. By all medical accounts, individuals using cannabis for medical purposes are able to resume their activities and responsibilities, often far less dependent on opiate pain medications and relieved of pain, spasms, headaches and nausea that are crippling with many medical conditions. Obsession with obtaining the drug is another criteria and I can report from more than 30 years in the field, that the obsession is tied to prescription pain medication and prescription anti anxiety medications, not cannabis. The addict fears lack or ready availability.

Finally, the addicted individual has persistent but unsuccessful attempts to cut down on their use. Where medical use of cannabis is concerned, the literature reports that the only cutting

down is in the use of is the use of pain medication, powerful anti-spasmodic drugs, and anti-emetics.

Children are not put in danger because a person who is ill responsibly uses a drug recommended by their physician. Frankly, they are in greatest danger because the Federal Government continues to cut funding for their drug education. While they are spending millions upon millions of dollars to fight the legalization of cannabis for medical purposes, they have completely eliminated every dollar of drug education from the 2010 Federal Budget. Every child in the State of New Jersey is at risk not by those advocating medical use of cannabis, but rather their own Federal Government's inconceivable step to wipe out money for their education.

I have devoted my life to the treatment of addiction. It is both challenging and rewarding. My commitment to making cannabis available for medical purposes is to restore science over political ideology so that good people need no longer needlessly suffer when safe, effective means to help them is available.

Thank you for this opportunity. I am including appendices to further bolster the case for the use of medical cannabis.

Respectfully submitted,

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