CITY COUNCIL
CITY OF NEW YORK

------------------------X

TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON MENTAL HEALTH AND
SUBCOMMITTEE ON DRUG ABUSE

------------------------X

November 18, 2011
Start: 10:17 a.m.
Recess: 1:08 p.m.

HELD AT: Council Chambers
City Hall

B E F O R E:
G. OLIVER KOPPELL
RUBEN WILLS
Chairpersons

COUNCIL MEMBERS:
Council Member Gale A. Brewer
Council Member Daniel Dromm
Council Member David G. Greenfield
Council Member Vincent M. Ignizio

A P P E A R A N C E S (CONTINUED)

Adam Karpati
Executive Deputy Commissioner, Div. of Mental Hygiene
New York City Department of Health and Mental Hygiene

Ellen Brickman
Director of Statewide Peer Assistance
New York State Nurses Association

Kelly Crawson
Development Officer, Marijuana Policy Project
Student, New York Botanical Garden

Joanne Naughton
Representative
Law Enforcement Against Prohibition

Max Schwartzberg
Mental Health Counselor/Substance Abuse Therapist
Oasis licensed/funded residential rehab program

Nicholas Pace
Doctor, physician addiction specialist
Advocate against medical marijuana

Gregory Bunt
President-Elect, Psychiatrist
New York Society of Addiction Medicine

Arlen Williams
New York City citizen
Ganja Granny

Alanna Landecker
Advocate
New York City citizen

Noah Potter
Attorney
Cox Padmore Skolnik & Shakarchy

2 [pause]

3 CHAIRPERSON KOPPELL: Good morning,
4 everyone. I know, unfortunately several of my
5 colleagues who I'm sure will be joining are not
6 here yet. But I think it's unfair to all of you
7 and to the Commissioner, to hold up the hearing
8 any further. So, we're going to start and
9 hopefully people will be coming shortly. I have
10 an opening statement that I'm going to read. Let
11 me also say for those witnesses who are here, that
12 it's the general practice of committees of the
13 Council that spokespeople from the Administration
14 are given broad latitude with respect to their
15 statement, although I don't think that
16 commissioner Karpati has a very long statement.
17 But with respect to other witnesses, and I'm
18 saying this now so if you have remarks ready, you
19 can adjust them if you need to, five minutes for
20 each subsequent will, that'll be the limit. That
21 doesn't include time in answering questions. If I
22 or other members have questions that, that's
23 additional time. But for your prepared statement,
24 five minutes, please. And if you have written
25 statements, if you would give them to the

2 Sergeant-at-Arms so he can distribute it to the
3 members and the staff, so if you could give that
4 to the Sergeant-at-Arms in advance, it'd be
5 appreciated. I'm Council Member Olive Koppell,
6 Chair of the Council's Committee on Mental Health,
7 Mental Retardation, Alcoholism Drug Abuse and
8 Disability Services. I am pleased to join the
9 Subcommittee on Drug Abuse, Chaired by Council
10 Member Ruben Wills, who we expect will be joining
11 us shortly in this oversight hearing on medical
12 marijuana. The purpose of the hearing is to
13 examine the efficacy of medical marijuana and the
14 implementation of laws that remove criminal
15 sanctions for medical use of marijuana, define
16 eligibility for use and allow some means of access
17 either through home cultivation, dispensaries or
18 both. The Committee will specifically hear
19 proposed Resolution 94-A, calling upon the New
20 York State Legislature to pass Assembly 7347,
21 Senate 2774, and I expect we're going to be joined
22 by my former colleague in Albany, Dick Gottfried,
23 who is the sponsor, and perhaps by Senator Tom
24 Duane, who's the sponsor in the State Senate.
25 Those, that legislation would legalize medical use

2 of marijuana. And I think it's appropriate for
3 the Council to express its views. Marijuana--and
4 I have some introductory remarks to put on the
5 record--marijuana is a dry, shredded green and
6 brown mix of flowers, stems, seeds and leaves
7 derived from the plant cannabis sativa. While
8 marijuana contains more than 60 chemical compounds
9 known as cannabinoids, the main psychoactive
10 element is delta9-tetrahydrocannabinol. I'll call
11 it THC. The second most abundant cannabinoid in
12 marijuana is cannabidiol, which has no
13 psychoactive effects. The federal Controlled
14 Substances Act of 1970 included marijuana in the
15 list of Schedule I drugs. Schedule I drugs are
16 defined under the Act as having a high potential
17 for abuse, no current accepted medical uses in
18 treatment and a lack of accepted safety for use
19 under medical supervision. Obviously, that is a
20 problem, but as I'm going to indicate in a moment,
21 a number of states have enacted legislation
22 similar to the one we're considering for New York,
23 notwithstanding that Controlled Substances Act.
24 In 1996, California became the first state to
25 legalize the use of medical marijuana; currently

2 the use of marijuana for medical purposes has been
3 legalized in 16 states, and the District of
4 Columbia. I might say as a side, everybody says
5 New York is such an advanced, progressive state,
6 and yet there are 16 states that have allowed for
7 medical marijuana, and we have not. A 17th state,
8 Maryland, has limited medical marijuana defense.
9 In all 16 medical marijuana states, a doctor's
10 recommendation or certification is required. In
11 all states except California, the patient must be
12 certified by a physician as suffering from a
13 serious medical condition or symptom listed in the
14 state's law. All of the state laws include
15 cancer, AIDS and multiple sclerosis or spasms as
16 qualifying conditions, and all of the laws except
17 those in New Jersey and District of Columbia
18 include severe pain and severe nausea. Nine state
19 laws allow for dispensaries and in all except
20 California, the dispensaries are registered with
21 and regulated by the state. 15 of the laws allow
22 home cultivation in modest amounts under limited
23 circumstances. [cell phone ring] Oh, scuze me.
24 sorry. Ah, let me get rid of it. [laughs]
25 However, because marijuana is a Schedule I drug,

2 growers, dispensaries and patients continue to be
3 subject to arrest as well as confiscation and
4 destruction of their marijuana plants and supplies
5 by the DEA. This is the situation,
6 notwithstanding the fact that courts have ruled
7 that states do have the authority to create
8 regulatory schemes that legalize the use, sale and
9 cultivation of marijuana for medical, medicinal
10 purposes. The proposed New York State medical
11 marijuana bill would require a doctor's
12 recommendation and certification that the patient
13 suffers from severe, debilitating or life
14 threatening conditions or a condition associated
15 with or a complication of such a condition, or its
16 treatment, including but not limited to inability
17 to tolerate food, nausea, vomiting, dysphoria or
18 pain. Home cultivation would not be allowed under
19 the State Act, and dispensaries would be
20 registered and regulated by the State. And I want
21 to continue and say that in January 1997, the
22 White House Office of National Drug Control Policy
23 asked the Institute of Medicine to review
24 scientific evidence and assess the potential
25 health benefits and risks of marijuana. The IOM

2 report found for patients who suffer
3 simultaneously from severe pain, nausea and
4 appetite loss, such as those with AIDS or those
5 who are undergoing chemotherapy, cannabinoid drugs
6 might offer broad spectrum relief not found in any
7 other single medication. In 2009, the American
8 Medical Association conducted a review of research
9 on medical marijuana, and found fewer than 20
10 randomized controlled clinical trials of smoked
11 marijuana. The AMA review found that results of
12 short term, controlled trials indicate that smoked
13 cannabis reduces neuropathic pain, improves
14 appetite, and caloric intake, especially in
15 patients with reduced muscle mass and may relieve
16 spasticity and pain in patients with multiple
17 sclerosis. Despite the clinical studies showing
18 marijuana's efficacy in treating various
19 conditions, there's opposition to the legalization
20 of medical marijuana. The main arguments against
21 legalization of medical marijuana are one, the
22 availability of synthetic THC, a drug called
23 Marinol, concerns regarding addiction, and three,
24 the belief that marijuana is a gateway drug. I
25 look forward to hearing views on the state

2 legislation, research, advocates and opponents on
3 the topic, which is of great interest to the
4 Committee. I'd like to acknowledge that we've
5 been joined, now, by the Subcommittee Chair, Ruben
6 Wills, and we've also been joined by David
7 Greenfield, to my, to my left. And I expect that
8 Danny Dromm, who's the sponsor of the Resolution
9 will be joining us shortly. I want to acknowledge
10 the work of the staff in preparing that lengthy
11 statement, which has a lot of important
12 information, and in assisting putting the hearing
13 together: Jennifer Wilcox, to my left, Counsel;
14 Michael Benjamin, also to my left, Policy Analyst;
15 Pamela Corbett who I don't--is she here?--yes,
16 she's over there, Fiscal Analyst. Also like to
17 acknowledge the substantial work done by Jaman
18 Sool [phonetic], my counsel, who also assists the
19 Committee as counsel. Jaman himself suffers from
20 a condition that might actually benefit from the
21 use of medical marijuana, and maybe that makes me
22 somewhat prejudiced in this, but I think it's
23 prejudiced in an appropriate manner. So, with
24 that, Council Member Wills, do you have a
25 statement?

2 CHAIRPERSON WILLS: Yes. Good
3 morning. My name is Ruben Wills and I am the
4 Chair of the Subcommittee on Drug Abuses. Before
5 I begin, I would like to thank my Co-Chair, Oliver
6 Koppell, for his leadership on this issue. We are
7 here today to discuss medical marijuana, and we
8 will also be hearing proposed Resolution 94-A,
9 sponsored by Council Member Danny Dromm, which
10 calls upon the State Legislature to pass A.7347
11 and Senate S.2774, legalization that would require
12 medical marijuana to be used. Currently, there
13 are 16 states as well as the District of Columbia
14 that have enacted laws or passed ballot measures
15 which authorize the use of medical marijuana.
16 Despite this, marijuana remains a Schedule I
17 substance under the federal Controlled Substances
18 Act. This means that the Drug Enforcement Agency
19 asserts that marijuana has a high potential for
20 abuse. It currently has no accepted medical use
21 and treatment, and there is a lack of accepted
22 safety protocols for using the drug under medical
23 supervision in New York City, and approximately
24 730,000 people reported using marijuana in 2009
25 alone. This accounts for twelve percent of the

2 City's population, making marijuana the most
3 commonly used illicit drug in New York. Due to
4 the prevalence of marijuana use, we must be
5 vigilant and ensure that any legalization of
6 medical marijuana contains proper safety guards in
7 place. Turning to A.7347 and S.2774, sponsored by
8 Assemblyman Gottfried and Senator Tom Duane, would
9 legalize the use of marijuana for medical
10 purposes. It would accomplish this by task, by
11 legalizing the possession, manufacture, use,
12 delivery, transfer, transport and administration
13 of marijuana by a certified patient or designated
14 caregiver for certified uses only. The bill also
15 creates procedures for allowing practitioners to
16 certify that their parents, their patients,
17 serious medical conditions should be treated by
18 the medical use of marijuana. Lastly, the New
19 York State Department of Health would be required
20 to monitor the use of medical marijuana. Rules
21 and regulations for registry identification cards
22 and provide reports to the Governor and the
23 legislature on the medical use of marijuana. Last
24 session, the legislation was supported by the
25 Medical Society of the State of New York, the New

2 York State Nurses Association, the Hospice and
3 Palliative Care Association of New York, the New
4 York Statewide Senior Action Council and the Gay
5 Men's Health Crisis. Many of these groups are
6 still supportive of this legislation. I look
7 forward to hearing from advocates on both sides of
8 this important health, public health issue. I
9 would like to thank the staff of both Committees
10 for their hard work. One quick housekeeping
11 issue: if you would like to testify, please fill
12 out a slip with the Sergeant-at-Arms, so that we
13 know that you are here. We will now hear from our
14 first panel. [pause] Commissioner, Executive
15 Deputy Commissioner from DOM, DOHMH, Adam Karpati.
16 Ready, sir? Okay, you always are.
17 CHAIRPERSON KOPPELL: We want to
18 welcome you, Commissioner, and thank you for
19 coming.
20 ADAM KARPATI: Good morning,
21 Chairperson Koppell, Chairperson Wills, Council
22 Member Greenfield. I am Adam Karpati, Executive
23 Deputy Commissioner for the Division of Mental
24 Hygiene at the New York City Department of Health
25 and Mental Hygiene. On behalf of Commissioner

2 Farley, I'd like to thank you for the opportunity
3 to testify this morning. As you noted, 16 states
4 and the District of Columbia have legalized
5 possessing and smoking marijuana for medical
6 reasons, with various restrictions. In states
7 where medical marijuana is legal, it is prescribed
8 to treat patients with cancer, HIV/AIDS, multiple
9 sclerosis, chronic pain, nausea, and other chronic
10 or debilitating diseases and conditions. Reports
11 suggest that cannabinoid drugs, those containing
12 the same chemical compounds as marijuana, could be
13 beneficial for relief of pain and nausea and for
14 appetite stimulation. Some patients who suffer
15 simultaneously from severe pain, nausea, appetite
16 loss, such as those with AIDS or those who are
17 undergoing chemotherapy, believe that cannabinoid
18 drugs offer relief not found in any other single
19 medication. However, based on the lack of clear,
20 scientifically validated medical benefits of
21 smoked marijuana, and the known harmful components
22 of marijuana smoke, the Department opposes
23 legalization of marijuana for medical use.
24 Medical expert bodies say more research is needed
25 on the benefits of the active ingredient of

2 marijuana, and the risks of smoking it. The
3 Institute of Medicine, American Medical
4 Association, National Institutes of Health, World
5 Health Organization, and the American Public
6 Health Association, have all recommended that
7 therapeutic uses of cannabinoids warrant further
8 basic pharmacological and experimental
9 investigation and clinical research into their
10 effectiveness. They agree that more research is
11 needed on the basic neuropharmacology of THC and
12 other cannabinoids, and related methods of
13 administration, so that better therapeutic agents
14 can be found. The 2003 IOM report recommended
15 that clinical trials of cannabinoid drugs for
16 symptom management should be conducted with the
17 goal of developing rapid onset, reliable and safe
18 delivery systems. The active ingredient in
19 marijuana is currently available by a prescription
20 in pill form throughout the country, under the
21 brand name Marinol, that the drug's name is
22 Dronabinol. Users of medical marijuana cite a
23 preference for smoking the drug, by asserting that
24 taking the drug as a pill does not alleviate
25 symptoms or that they cannot control the dosage

2 adequately using pills. Other forms of the drug
3 that are in development are available in other
4 countries, including a patch, oral spray, may
5 address some of the complaints about the limits of
6 the pill. While the benefits of medical marijuana
7 are unclear, the potential negative health effects
8 of smoking marijuana are serious. Smoking
9 marijuana damages the lungs, marijuana smoke
10 contains cancer causing chemicals, and it deposits
11 four times as much tar in lungs as cigarettes.
12 Unlike any other drug approved for medical use,
13 dosage with smoked marijuana cannot be known
14 precisely, because drug levels vary from plant to
15 plant. The bill in the State Legislature that was
16 referred to earlier would legalize the possession,
17 manufacture, use, delivery, transfer, transport or
18 administration of marijuana by a certified patient
19 or designated caregiver for a certified medical
20 use. Because the benefits of marijuana are not
21 clear, and because they're a known risk to smoking
22 marijuana, the Department doesn't support this
23 legislation. Thank you again for the opportunity
24 to testify, and I'd be glad to now take your
25 questions.

2 CHAIRPERSON KOPPELL: Well, I do
3 have some questions, Commissioner. I might note
4 that within your statement there are some [laughs]
5 there are some facts that kind of go against the
6 conclusion, I must say. Has, have you looked, or
7 do you know of anyone who has done a study of the
8 other states? I realize some of them have only
9 recently legalized the use, but California's
10 legalized it for some time. Has there been any
11 studies that you're aware of that have evaluated
12 how the use of marijuana for medical purposes has
13 basically worked out? Whether it's how it's
14 affected the people who've used it, whether it's
15 affected law enforcement, you know, all different
16 questions that arise. Are there any studies that
17 you're aware of?
18 ADAM KARPATI: I'm not aware of
19 any--I'd focus my comments on the sort of public
20 health and health effects, and I'm not aware of
21 any sort of substantial or large scale evaluation
22 of the health benefits of the various state
23 programs. Most of the published literature on
24 those programs address the characteristics of the
25 patients, characteristics of the people

2 participating, and highlight the quite broad array
3 of conditions for which people are being, people
4 are using marijuana. But in terms of the actual
5 benefits and the health effects, I'm not aware of
6 large scale evaluations.
7 CHAIRPERSON KOPPELL: Well, have
8 you heard, have you heard any substantial, you
9 know, bad results spoken about? I mean, have you
10 heard any reports from other states that say,
11 "This has, you know, not worked out well at all,"
12 either for patients or for the, for the states as
13 a whole?
14 ADAM KARPATI: You know, not
15 specifically, but I would, I would just say that
16 when considering the, the establishment of public
17 policy around, around medication use, we would, we
18 always rely on, and should rely on, the most
19 rigorous, objective, scientific studies. And
20 those, that, that base of evidence, that
21 preponderance of evidence for the medical benefit
22 of smoked marijuana, simply doesn't exist.
23 CHAIRPERSON KOPPELL: Well, let's
24 turn to another, to another, you know, side of it.
25 We're well aware that marijuana use is not a rare

2 condition. I mean, has the Health Department done
3 any studies on the adverse effects of marijuana
4 similar to studies that were done on the adverse
5 effects of smoking tobacco?
6 ADAM KARPATI: There are, there is
7 literature on the risks of marijuana use. Clearly
8 the most, probably the most significant long term
9 and short term health effects of smoking marijuana
10 are on the lungs, on the pulmonary system.
11 There's evidence of both short term and long term
12 negative effects. And those, there is a
13 literature on that. Both ranging from, you know,
14 higher risk of sort of bronchitis, pneumonia type
15 syndromes, and ranging to the risk for malignancy.
16 It's really that profile of risk that needs to be
17 weighed against, that needs to be weighed against
18 the potential benefits. And it's that calculation
19 that makes us feel like that that risk benefit
20 calculation doesn't come out in favor of medical
21 marijuana.
22 CHAIRPERSON KOPPELL: Well, I mean,
23 the--in the studies of the use of marijuana,
24 generally, on health, are there any studies that
25 look upon, look at the issue of degree of use or

2 amount of use or duration of use, as a, you know,
3 I think with cigarettes, while I probably agree
4 with the proposition that no use is particularly
5 good, if you smoke a few cigarettes every month,
6 it probably isn't the most serious health risk.
7 At the same time, if you're a chain smoker it is.
8 So, [laughs] what I guess I'm asking if is you use
9 marijuana in an appropriate way for medicinal
10 purposes, while it may be true that there are, you
11 know, dangerous substances or substances that have
12 bad effects, like tar and so on, that you smoke,
13 if you don't use it that much, obviously that's
14 not that serious a problem. When you, with
15 respect to that, and I'm very unfamiliar with this
16 area, if you use marijuana for medical purposes,
17 how many, how many cigarettes would one generally,
18 if one did it with cigarettes, would you want
19 smoke to have a beneficial effect?
20 ADAM KARPATI: I think that that
21 actually raises some of the salient issues here.
22 Which is that speaking of the use of medical
23 marijuana in that, in that sort of general sense,
24 is really, it really reflects the lack of clear
25 indications and the lack of a clear set of

2 clinical conditions and patient characteristics,
3 that would justify a particular therapeutic
4 approach. You know, saying, you know, what a
5 typical use of medical marijuana would be, is not
6 the way we typ--you know, we think about
7 pharmaceuticals, where there's, you know, a
8 clearly defined population of people for whom it's
9 beneficial, an appropriate dose, an appropriate
10 length of treatment. So, it's quite varied. And
11 I would say that it's that variability that could
12 mean, for example, you know, using extremely high
13 doses for a very long period of time, for certain
14 conditions, which would really incur the kind of
15 risks that I was describing earlier. And even in
16 the short term, not all the risks are that of long
17 term effects like cancer, some of the risks are
18 also short term, as well. So, depending on what
19 sort of symptom profile or condition you're
20 talking about, the potential, the potential use is
21 quite different. And it's that--and we really
22 don't have a specificity about what the most
23 appropriate, if there's any appropriate situation
24 again where smoked marijuana is recommended. Now,
25 I will say that Dronabinol, the oral form, does

2 have an evidence base behind it, does have, as the
3 IOM report stated, benefits established for pain,
4 for nausea, for weight gain, for--so, you know,
5 that's a, that's the reason and that's the basis
6 for which it was legalized and turned into pill
7 form. So, I think that that, that's the kind of
8 basis for therapeutics that we need to, that we
9 need to continue to have.
10 CHAIRPERSON KOPPELL: Well, my
11 colleague, Council Member Wills is going to ask
12 some questions about Marinol, so I'm not going to
13 follow up on that right away. But I guess what
14 I'm getting at is, if you say that, if you say
15 that we don't want to use, we don't want to
16 legalize the use of marijuana for medicinal
17 purposes, because it's, it has an adverse effect.
18 I mean, that's essentially your claim, that it,
19 you know, it, to read from your statement, "The
20 potential negative health effects are serious.
21 Smoking marijuana damages the lungs, marijuana
22 smoke contains cancer causing chemicals, it
23 deposits four times as much tar in lungs as
24 cigarettes. Well, it depends on the degree and
25 amount of use in terms of how much tar is going to

be deposited. There are a lot of things that have adverse health effects but we do them anyway, such as driving cars. Driving cars produces very adverse health effects on people over time, and yet nobody's suggesting that we abandon cars. We certainly want to mitigate the use. So, before you say that marijuana use, that has a negative effect, we really have to know the degree of use and whether that degree of use is likely, if the marijuana's used for medicinal purposes.

ADAM KARPATI: I would--

CHAIRPERSON KOPPELL: Don't we have to know that before you can make the statement you made?

ADAM KARPATI: I would say that the, the nature of our opposition is really twofold. It's the combination of the known risks and the known adverse effects, with the fact that there's not a evidence base for its beneficial effects. I agree with what you're saying. In general, with any therapeutic, with any therapy, with any intervention, you have to weigh the risks against the benefits. And what I'm saying is that we have, we have some knowledge about the risk

2 profile. There really is not a strong evidence
3 base for the benefits. And it's that imbalance
4 that, that is the basis for our recommendation.
5 CHAIRPERSON KOPPELL: And you don't
6 believe--I mean, I haven't done, I must admit I
7 haven't done a comprehensive study of this, but
8 there's got to be at least in a place like
9 California, where this has been the law for more
10 than a decade, some evidence base that supports
11 the benefits.
12 ADAM KARPATI: As I said, there's
13 an evidence base around THC for the types of
14 conditions that I mentioned. That was the basis
15 for the development of Dronabinol. The, the
16 availability of good, good, scientifically
17 validated, controlled trials on the benefits of
18 smoked marijuana, does not raise to the kind of
19 level that would justify, you know, treating it
20 like a pharmaceutical, like a therapeutic agent,
21 the way we do all other therapeutics.
22 CHAIRPERSON KOPPELL: Well, you
23 know, and I, I'm going to turn over the
24 questioning to my colleagues, but we have sort of
25 a schizophrenic view of marijuana in the society.

2 We've had it for a long time. I know Assemblyman
3 Gottfried is expected, and I served in the
4 Legislature with him when we decriminalized the
5 use of small amounts of marijuana quite some years
6 ago. And, I mean, we have, so that by
7 decriminalizing small amounts of use, at least as
8 a society we've said that's really not such a bad
9 thing. I mean, we made a societal choice in New
10 York State to say, "It's not such a bad thing to
11 have small amounts of marijuana and smoke it,
12 because at the worst that's a violation." So, if
13 people are allowed, basically allowed, in a sense
14 allowed to use it, even though it's harmful, for
15 recreational purposes, if I may use that term, or
16 enjoyment purposes, if I may use that term, we
17 certainly should allow it to be used for medic--in
18 my view, shouldn't we be allowed to use it? I
19 mean, if it, if it's really so adverse, why are we
20 sort of allowing people to use it at all? Why
21 don't we treat it the same way we do cocaine or,
22 or some other illegal drugs? From a health point
23 of view.
24 ADAM KARPATI: Yeah, I mean, I, I
25 wouldn't--I would not conflate the issues around

2 the widespread use or the sort of legal issues, as
3 a matter of public policy, about marijuana, with
4 the specific question about its therapeutic value,
5 as a drug, as a medicine.

6 CHAIRPERSON KOPPELL: But--

7 ADAM KARPATI: And that's sort of
8 what I'm, what I'm trying to, trying to convey.

9 CHAIRPERSON KOPPELL: But your
10 department and the Mayor have been very active in
11 discouraging the use of cigarettes, and we've gone
12 along with that in the Council, and I certainly
13 agree with that. but I haven't heard of a
14 campaign to, you know, to reverse the
15 decriminalization of small amounts of marijuana.
16 And if it was such a bad things for people to use,
17 that would be the logical thing for the Health
18 Department to do. So, I think, again, it's
19 inconsistent, it's inconsistent. If you really
20 think this is bad for people, you should be going
21 after people who use it. I think that the fact
22 that you're not doing that, as a Department, not
23 you personally, but it doesn't jibe, it doesn't,
24 it doesn't, it's not consistent.

25 ADAM KARPATI: Well, I'll just,

2 I'll sort of repeat that, you know, the basis for
3 determining whether we have--whether we use a
4 drug, whether the FDA approves a drug, whether
5 physicians use a drug, is whether that drug is
6 both and effective. It's that you really need
7 both those, both those conditions to justify, you
8 know, therapeutic use of substances. And I feel
9 like medical marijuana, you know, marijuana,
10 smoked marijuana doesn't meet those standards.
11 CHAIRPERSON KOPPELL: Even though,
12 but you admit that THC, which is one of the
13 principal components here, is in fact a
14 therapeutic drug.
15 ADAM KARPATI: For certain
16 conditions, it's--there is some evidence that in
17 fact it does, and in the pill form, it is used and
18 prescribed quite frequently.
19 CHAIRPERSON KOPPELL: Okay, well,
20 I'm going to turn it over to Council Member Wills
21 now, 'cause he's going to ask some more questions
22 about Marinol. You have a different name for it.
23 ADAM KARPATI: Marinol's the trade
24 name. Dronabinol is the--
25 CHAIRPERSON KOPPELL: Dronabinol.

2 ADAM KARPATI: --is the--

3 CHAIRPERSON KOPPELL: Okay. Well,

4 you can--

5 ADAM KARPATI: --scientific name.

6 CHAIRPERSON KOPPELL: Council

7 Member, well you can use either term you want.

8 [laughs]

9 CHAIRPERSON WILLS: Yeah, we're

10 going to use Marinol.

11 ADAM KARPATI: We can use Marinol,

12 if you like.

13 CHAIRPERSON KOPPELL: [laughs]

14 CHAIRPERSON WILLS: Okay, great.

15 You know, last night as we were studying and

16 preparing for this, I actually saw a commercial

17 that, because you just said that you don't want to

18 legalize it because of the adverse health effects.

19 But I actually saw a commercial on TV that said

20 that there was a drug on, and there was a couple,

21 a couple of couples, and they were enjoying

22 themselves, and they were laughing, and the side

23 effects for the drug was erectile dysfunction,

24 mood swings, liver damage and kidney damage. But

25 the drug was to treat depression. But any time

2 you have those, anybody would be depressed. So,
3 why would you, you know, if we're saying that we
4 don't want to legalize something because of the
5 adverse health effects, almost every drug on the
6 market has adverse health effects, and some of 'em
7 are worse than the actual condition that you have
8 in the first place. I just, so I just wanted to
9 just go into a little bit of what--
10 ADAM KARPATI: Yeah, no, again I
11 think, you know--
12 CHAIRPERSON WILLS: --Council
13 Member Koppell was saying about that. Because
14 that seems to be the crux of the whole argument.
15 ADAM KARPATI: I think the crux of
16 the argument is that in any, with any therapy,
17 with any drug, it's a balance of benefits and
18 risk. And what I'm saying is that there are some
19 known risks, and the benefits are not clear.
20 There is not a preponderance of evidence; in fact,
21 there's a lot of evidence to the contrary, that
22 smoking marijuana has, is superior to the known
23 therapeutic agents for the conditions for which
24 it's contemplated: chronic malnutrition and lack
25 of appetite, nausea, vomiting, glaucoma, and

2 related conditions, the various reports and
3 clinical trials have all come to the same
4 conclusion, that while there is some evidence for
5 the benefit of THC in its purified form, there
6 really is not, for the smoked form, and the smoked
7 form, as the IOM report stated, is a crude
8 delivery system, that, that deposits harmful
9 substances in the lungs.

10 CHAIRPERSON WILLS: The, in your
11 testimony you said that the active ingredient in
12 marijuana is currently available by prescription
13 in a pill form throughout the country, under the
14 brand name Marinol. I needed to ask you,
15 currently Marinol is a pill with the active
16 ingredient THC. It's the only legally available
17 form of medical or medicine with any of the active
18 ingredients of marijuana, correct?

19 ADAM KARPATI: There's a second,
20 there's a second oral form, but it's the main,
21 it's the main one.

22 CHAIRPERSON WILLS: Okay, how
23 accessible is Marinol for patients to receive?

24 ADAM KARPATI: I'm not aware of any
25 particular barriers to receiving it.

2 CHAIRPERSON WILLS: Okay, and did
3 you, have you found it true that most insurance
4 providers do not consider it a preferred
5 medication? And it will not provide coverage for
6 its use?
7 ADAM KARPATI: I'm not familiar
8 with the insurance sort of landscape around the
9 drug. I don't, I'm not aware of any specific,
10 specific difficulties in access. It's something I
11 could certainly follow up. I wouldn't, I wouldn't
12 want to speak, I'm not quite familiar with that.
13 CHAIRPERSON WILLS: Do you know the
14 cost of Marinol?
15 ADAM KARPATI: No.
16 CHAIRPERSON WILLS: Okay, because--
17 ADAM KARPATI: I mean, it, you
18 know, obviously differs by people's insurance.
19 CHAIRPERSON WILLS: Right, because
20 we found that, or we've heard that a single
21 month's supply is several hundred dollars. Does
22 that sound about right?
23 ADAM KARPATI: Right, I mean, most
24 drugs are very expensive. The question is, you
25 know, what's the, what's the profile of

2 availability for the people with various forms of
3 insurance. I think that that is sort of what
4 you're asking. So--
5 CHAIRPERSON WILLS: Right.
6 ADAM KARPATI: Again, I'm not, I'm
7 not aware that there are substantial limitations
8 in availability, or access to this drug, compared
9 to, compared to others.
10 CHAIRPERSON WILLS: So trying to
11 keep in balance the actual usage or dosage that
12 someone would have to take, compared to the, how
13 much it would cost, are you aware that in a
14 regulated license dispensary, it is likely a
15 patient could get a eights, one-eighth of an ounce
16 of marijuana for $50 or less, and that may last
17 some patients two to three weeks? Compared to
18 several hundred dollars of Marinol, and the lack
19 of medical coverage for it? What would say about
20 that?
21 ADAM KARPATI: I mean, you know, I
22 think, in general, the problem of access to health
23 care and the problem of access to affordable
24 medications is a important public health issue.
25 I'm not, I don't think that this is one that's

different from, you know, access to any other important drug. So I would, I'm not here to say that, you know, we have a perfect medical system, where people's out of pocket expenses are always minimized, but I won't say that, but I don't perceive that there's a, you know, differential problem with Marinol.

CHAIRPERSON WILLS: Okay, are you, are you familiar with the Marinol delivery system known as vaporization?

ADAM KARPATI: So there are some, there are some new and frankly interesting and potentially important therapeutic, you know, alternative delivery systems, that are available in other countries, there's a, there's that spray system that's available in Canada, the U.K., and other European countries, that's, my understanding is there's some clinical trials underway in this country as well, so those types of studied, then formalized, regulated and approved methods of delivering THC, if in fact shown to be effective, would be very, would be very encouraging and very important.

CHAIRPERSON WILLS: I have no more

2 questions, Chair.

3 CHAIRPERSON KOPPELL: I have a

4 couple more questions, but I'm going to call on

5 Council Member Greenfield, first.

6 COUNCIL MEMBER GREENFIELD: Thank

7 you very much. Thank you, both Chairs. Doctor,

8 how you doing today?

9 ADAM KARPATI: Good.

10 COUNCIL MEMBER GREENFIELD:

11 Excellent. Thank you for your testimony. Let me

12 ask you a question, are you aware of any other

13 drugs that are prescribed or authorized by the

14 FDA, that are smoked?

15 ADAM KARPATI: I can't think of

16 any.

17 COUNCIL MEMBER GREENFIELD: No, I

18 don't think there are any, actually. Let me ask

19 you this, how many types of marijuana are there?

20 ADAM KARPATI: Well, I'm not, I'm

21 not an expert in the, in that sort of, the

22 horticulture of [laughter] of marijuana. But I

23 will say that, you know--

24 COUNCIL MEMBER GREENFIELD: You're

25 saying you're only familiar with a couple of

2 kinds, is that what you're saying?

3 ADAM KARPATI: No. [laughter] The

4 issue of variability in cultivation and plants is

5 an issue when thinking about the dose and the

6 reliability of the smoked product.

7 COUNCIL MEMBER GREENFIELD: My

8 cursory search of Google actually says, at least

9 according to one aficionado's website, that there

10 were over 100 types of marijuana. Is it fair to

11 say that when you have that many types of

12 marijuana, each marijuana plant may be different

13 in terms of the chemical intake or the medical

14 effect that it will have on the individual smoking

15 it?

16 ADAM KARPATI: I wouldn't, I

17 wouldn't speculate, but I think it's not

18 unreasonable thing to say.

19 COUNCIL MEMBER GREENFIELD: All

20 right. What about chemicals? Do you have any

21 idea how many chemicals there are in typical

22 marijuana, aside for THC?

23 ADAM KARPATI: There are many, and

24 there's many, there's many of the sort of

25 cannabinoid substances. The most studied one is

2 THC, but there are many others.

3 COUNCIL MEMBER GREENFIELD: I think

4 by some, I think by some counts, there are as many

5 as 400 chemicals, in marijuana, which may be 399

6 more than the individual who's taking it, may

7 actually want to receive. Are you familiar with,

8 with oxycodone?

9 ADAM KARPATI: Quite.

10 COUNCIL MEMBER GREENFIELD: I

11 imagine that you are. It's, it's available in

12 street form known as, pretty crudely as heroin, at

13 ten dollars a bag. What do you think about

14 legalizing heroin for medicinal use?

15 ADAM KARPATI: I think, you know

16 [laughter] clearly that's not, that's not, you

17 know, that--clearly not. [laughs]

18 COUNCIL MEMBER GREENFIELD: I want

19 to--

20 ADAM KARPATI: You know, there's a,

21 you know, we can have a longer conversation about

22 prescription opioids, and the problems of

23 prescription opioids, as well, not to, you know,

24 elicit opioids notwithstanding.

25 COUNCIL MEMBER GREENFIELD: What

2 about, what about, when we talk about oxycodone,
3 is it illegal to crush oxycodone and to use it in
4 a way that's different than prescribed?
5 ADAM KARPATI: It's certainly not
6 a, you know, certainly poses significant health
7 risks to do that.
8 COUNCIL MEMBER GREENFIELD: Okay,
9 and so is it fair to say that when an individual
10 smokes marijuana, they are doing something similar
11 in the sense that there is no controlled dosage,
12 there's no controlled strength, and there is
13 definitely a big variety in terms of what one
14 person is smoking versus the next person, is that
15 fair?
16 ADAM KARPATI: Yes, that's
17 definitely fair.
18 COUNCIL MEMBER GREENFIELD: As far
19 as you know, are there any drugs that individuals
20 take that, aside for fetuses, harm other
21 individuals that are, happen to be in the area?
22 Any legal drugs?
23 ADAM KARPATI: I think most drug--
24 yeah, you're getting at the smoking effect of
25 marijuana, so--

2 COUNCIL MEMBER GREENFIELD:
3 Correct.
4 ADAM KARPATI: --I would say, yeah,
5 that's a reasonable statement, as well.
6 COUNCIL MEMBER GREENFIELD: So that
7 would be unusual, right, I mean, the fact that if
8 marijuana were to be legalized, the reality is
9 that there is significant harm from the secondhand
10 smoke of marijuana. Is that correct?
11 ADAM KARPATI: You know, I'm not,
12 I'm not, again, you know, as a public health
13 person, I look to the evidence. I'm not aware of
14 specific evidence of that, but as you speculate
15 about it, I think that's, it's a reasonable
16 question to ask.
17 COUNCIL MEMBER GREENFIELD: Got it.
18 I, you know, my, the points that I'm making over
19 here is that I think, I think we're having a very
20 intellectually dishonest conversation about, about
21 the benefits and the, and the disadvantages of
22 medical marijuana, because I really think, and
23 this is just my view, I really think that there
24 are a lot of issues, right, if you run through it,
25 there are a lot of issues, and that from a

2 medicinal purpose, we don't generally tell people,
3 "Hey, here grab some medication from the--you
4 know, hey, why don't you grab some medication from
5 the bucket and figure out how many pills you want
6 to take today and have a good time." Right, I
7 mean, generally, we give people specific dosage
8 and we tell them, "Take the following pills, don't
9 take the following pills, here's how you can take
10 it, here's you how you can't take it." When we're
11 talking about marijuana, where at least there are
12 over 100 different kinds of marijuana, and there
13 are 400 different kinds of chemicals, it seems to
14 me to be a little bit irresponsible just to throw
15 open the gate and just say, "Hey, let's legalize
16 medical marijuana." I think the issue over here
17 is the undercurrent, which is why I think we're
18 being intellectually dishonest, is because some
19 people would like to potentially legalize
20 marijuana. And that's fine, I'm willing to have a
21 conversation about the social benefits, or not,
22 and quite frankly I have significant concerns
23 about many, many of the arrests that were made and
24 that I actually commend the Police Commissioner
25 for recently changing the policy so that arrests

2 should no longer be made on small quantities of
3 marijuana. But I think if we're going to have a
4 conversation, I think rather than utilizing the
5 back door of legalizing marijuana for medicinal,
6 so-called medicinal use, I think we should just
7 have a frank conversation about whether or not we
8 want to legalize marijuana or not. Because I
9 think that there's a lot of murkiness when it
10 comes to the medical evidence of marijuana. Thank
11 you very much, doctor.
12 CHAIRPERSON KOPPELL: I'm--we've
13 been joined by Dan Dromm, Councilman, who's
14 sponsor of the resolution, calling on the State to
15 provide for legalized medical marijuana there. I
16 don't want to get into a debate with my good
17 colleague, Council Member Greenfield, but I think
18 that many of the contentions he made are not, are
19 not accurate. Furthermore, I don't believe
20 there's--if in fact what he suggests is the better
21 course, that could certainly be provided for in
22 the legislation, that is dosage, dosage certainly
23 can be regulated, in terms of what's prescribed.
24 And even degree of purity and if there are
25 different types of marijuana plants, that can be

2 differentiated, that could also be provided, if in
3 fact that is a concern. So--
4 COUNCIL MEMBER GREENFIELD: But
5 it's not.
6 CHAIRPERSON KOPPELL: Well, well, I
7 don't want to get into a debate. Before I turn it
8 over to, to Council Member Dromm, who may want to
9 ask some questions, or even make a statement,
10 since it's his Resolution, the question I, one
11 question I have, Dr. Karpati, is on the issue of
12 pain. And isn't one of the benefits of medical
13 use of marijuana the alleviation of pain?
14 ADAM KARPATI: Yes.
15 CHAIRPERSON KOPPELL: Yes. And is
16 that one of the effects of the use of Marinol?
17 The alleviation of pain.
18 ADAM KARPATI: It is one of the
19 indications for--I mean, the primary indications
20 are more around stimulation of appetite and relief
21 of nausea.
22 CHAIRPERSON KOPPELL: Right.
23 ADAM KARPATI: But there is some
24 evidence that there is a benefit on pain, as well.
25 CHAIRPERSON KOPPELL: Yeah. My

2 understanding is that it's not been recommended as
3 a pain reliever, so--
4 ADAM KARPATI: Right, it's not the
5 main, it's not the main--
6 CHAIRPERSON KOPPELL: And yet, I
7 think pain relief is one of the principal benefits
8 of the medical use of marijuana. So, I think
9 there the Marinol may fall, may fall short. Also,
10 in talking about the vaporization, vaporization
11 would be the use of marijuana in this new form, as
12 I understand it, I'm not an expert, which would
13 not generally speaking have the same adverse
14 effects as smoking marijuana. So the, using
15 marijuana with a vaporization might be a
16 preferable way of administering marijuana, is that
17 correct?
18 ADAM KARPATI: That's correct.
19 CHAIRPERSON KOPPELL: Okay.
20 ADAM KARPATI: Again, you need, we
21 need both sides of the equation. We need to show
22 the benefits and show that the risks are
23 diminished, but yes, that's the idea.
24 CHAIRPERSON KOPPELL: So, I think
25 maybe the Health Department should look into that

issue. Maybe the prescription of marijuana should be limited to vaporization as a, as a method of administration. We've been joined by Council Member Gale Brewer, and Council Member Dromm, did you want to either ask a question or make a statement?

COUNCIL MEMBER DROMM: Sure, I just want to make a little statement, maybe lead to a question, I'm not exactly sure. But I want to apologize, first, for coming a little late, I had a event in my district that I could not get out of, and I had organized, took me a long time to arrange that, and I do apologize for coming late. This is a very important piece of legislation for me, because it affects me in a very personal way. I have a number of friends who suffer from AIDS, and AIDS related symptoms, who suffer from the, the symptoms from the drugs that are given to them, as well. And my main purpose in putting forth this resolution was to address the concerns that they have raised with me to say that the use of marijuana, the medical use of marijuana is something that they found that helps to relieve those symptoms. And so, it's important that we do

2 have this debate, I would say that's also probably
3 true with friends of mine who have Parkinson's
4 Disease, as well. And there are other diseases
5 that I have heard that the medical use of
6 marijuana provides some relief from. So, I'm
7 sorry that I wasn't here for the full testimony,
8 but I do want to say that in the past, this is a
9 resolution that has passed this Council, because
10 we had a member of the Council, Phil Reed, who has
11 since passed away, and he was able to get this
12 legislation through, because he spoke from a very
13 personal experience, about his experience with
14 AIDS, and the medical use of marijuana as well. I
15 don't really see this as being that controversial
16 of an issue, to be honest with you. To me it
17 really seems to be an issue that if this is what
18 people are getting relief from, if this is what
19 people are saying is something that helps them,
20 then we need to look at, as you said, both the
21 advantages and disadvantages of it. But also make
22 a decision based on what would best, what
23 outweighs the other? And in this case, I would
24 like to disagree with your assertion, in your
25 testimony, as quickly as I could read it, to say

2 that I feel that the benefits of the medical use
3 of marijuana fully outweigh the restrictions on
4 it. So, I guess that being said, that's my
5 statement, rather than a question, and I do
6 apologize again. I look forward to hearing from
7 the other people who are going to provide
8 testimony today.
9 CHAIRPERSON KOPPELL: Thank you
10 very much. Council Member Brewer, did you have
11 anything you wanted to--?
12 COUNCIL MEMBER BREWER: No, but
13 just to say I used to sit with Phil, whom I was
14 very close to, when he used it, and it was
15 extremely helpful to him in, when he was in pain.
16 So, I was personally part of his efforts to stay
17 healthy, and the marijuana helped a lot. Thank
18 you.
19 CHAIRPERSON KOPPELL: I just would
20 like to say I, I'm not going to ask any further
21 questions, but I would really urge strongly that
22 the Health Department take a careful look at this,
23 because, you know, I have great respect for what
24 the Health Department has done in the public
25 health arena. I think this is relevant there,

2 too. And I think particularly important, now that
3 so many states have done this, is to look at their
4 experience. Both individually, that is
5 individuals who have used the marijuana, as well
6 as societally, and see whether it's been
7 beneficial or not. 'Cause I think that we in New
8 York shouldn't be behind in something that I view,
9 at least, as being a positive thing. But thank
10 you very much, for, Commissioner, for coming. I
11 think we now, we now have a panel, I believe we're
12 going to try and put on the first panel will be,
13 will be who I believe are supporters of the
14 legislation, and then we have at least one person
15 who is registered who I believe is an opponent.
16 And if there are others after this panel who are
17 opposed to the legislation, if you would make it
18 known to the Sergeant-at-Arms, we'll call them at
19 that point. But for this panel, Ellen Brickman,
20 from New York State Nurses, please have a seat;
21 Kelly Crawson [phonetic], Kelly Crawson, yes,
22 please, come up, please; and Joanne Naughton,
23 please come to the table. Yeah, just a minute.
24 And we'll go, why don't we go in, why don't we go
25 in that order, and as I indicated, I would ask the

2 Sergeant-at-Arms, when the individual witness
3 starts to testify, please, Sergeant, when the
4 witness starts, you'll start the clock. Okay.
5 Yeah, five minutes. Yeah. Okay, Ms. Brickman.
6 ELLEN BRICKMAN: [off mic] Good
7 morning. My name is Ellen Brickman [background
8 comment] [on mic] Good morning, my name is Ellen
9 Brickman, I'm the Director of Statewide Peer
10 Assistance for Nurses at the New York State Nurses
11 Association. The Nurses Association is the oldest
12 and largest professional organization and union
13 for registered nurses in New York State. It
14 represents the interests of more than 270,000
15 registered nurses and serves a collective
16 bargaining agent for more than 37,000 nurses in
17 150 healthcare facilities. We appreciate the
18 opportunity to testify in support of this
19 resolution. The benefits of medical use of
20 marijuana to manage pain, nausea, migraines,
21 wasting syndrome associated with AIDS and cancer,
22 muscle spasticity associated with multiple
23 sclerosis, and seizures associated with epilepsy,
24 have been supported by clinical research. Despite
25 the passage of the New York State Public Health

2 Law, Article 33(a), Controlled Substances
3 Therapeutic Research Act of 1980, patients still
4 face barriers accessing this medication. The Act
5 requires that patients be approved by a medical
6 review board, resembling a clinical trial program,
7 lengthening the time between requesting the use of
8 a medication with proven results and effective
9 treatment. 31 years later, prescribers and their
10 patients still don't have access to a drug that is
11 effective in symptomatic relief. The safety of
12 medical use of marijuana has been firmly
13 demonstrated. Between 1840 and 1900, European and
14 American medical journals published more than 100
15 articles on the therapeutic use of the drug known
16 then as cannabis indica, now simply cannabis. The
17 safety of the drug has been established by
18 numerous studies and reports, including the
19 LaGuardia Report of 1944, the Shafer Commission
20 Report of 1972, an 1997 study conducted by the
21 British House of Lords, the Institutes of Medicine
22 report of 1999, research supported by Health
23 Canada and numerous studies conducted in the
24 Netherlands, where cannabis is currently available
25 from pharmacies by prescription. A 2010 review of

2 literature in Germany reports that since 2005,
3 there have been 37 controlled studies assessing
4 the safety and efficacy of marijuana and its
5 naturally occurring compounds, in a total of 2,563
6 patients. By contrast, most FDA approved drugs go
7 through far fewer trials involving far fewer
8 subjects. Cannabinoids have a remarkable safety
9 record. And significantly, the consumption of
10 marijuana, regardless of potency or quantity,
11 cannot induce a fatal overdose. Registered nurses
12 have a responsibility to promote health, prevent
13 illness and alleviate suffering. The palliation
14 of symptoms is an ethical imperative for
15 healthcare providers in caring for patients with
16 advanced disease. Each individual experiences
17 disease, illness and side effects uniquely.
18 Prescribers should have all drugs that demonstrate
19 potential clinically effective results available
20 for their use, particularly when conventional
21 therapies have proven ineffective. In conclusion,
22 the New York State Nurses Association supports the
23 Council of the City New York's proposed Resolution
24 to call upon the New York State Legislature to
25 join the 16 other states that allow medical use of

2 marijuana, and to pass legislation that would
3 legalize access to this important and effective
4 treatment option. I did want to make an editorial
5 comment just on some of the things that went
6 before. In talking about dosing, just as an
7 aside, it's a common practice, and a very
8 effective one, in using opioids for pain in
9 hospitals to have what's called a PCA, patient
10 controlled administration. Where the patient
11 gives him or herself the medication as needed.
12 Another very common dosage prescriptive term is
13 PRN, as needed. So you get a number of pills and
14 are told to take one to two every four to six
15 hours, an imprecise but based on self-use, self-
16 limiting use. Thank you for your time and
17 consideration.
18 CHAIRPERSON KOPPELL: Thank you.
19 Before we ask any questions, we're going to let
20 each of the panelists testify. Kelly Crawson.
21 KELLY CRAWSON: Good morning,
22 Chairman Koppell.
23 CHAIRPERSON KOPPELL: It says MPP,
24 but I don't know what that stands for.
25 KELLY CRAWSON: The Marijuana

2 Policy Project.
3 CHAIRPERSON KOPPELL: Okay.
4 KELLY CRAWSON: Good morning, my
5 name is Kelly Crawson, I work as a Development
6 Officer for the Marijuana Policy Project. But I'm
7 also a fulltime student in the School of
8 Professional Horticulture at the New York
9 Botanical Garden. I just want to thank you for
10 taking up this important issue and for the
11 Council's compassion when it stood up for medical
12 marijuana patients in 2006 by passing a similar
13 resolution. The State Assembly heeded your call
14 and voted in favor of medical marijuana
15 legislation in 2007 and 2008, but unfortunately
16 the Senate has not yet acted, and has never even
17 held a floor vote on this popular and science
18 based bill. Oh, sorry. I encourage you again to
19 speak for the seriously ill of New York by passing
20 Resolution 94-A and calling on the Legislature to
21 vote their conscience. 29 percent of Americans
22 live in medical marijuana states, including
23 residents in neighboring Vermont and New Jersey.
24 Canada, Israel, the Netherlands and Germany all
25 protect medical marijuana patients, as do 16 other

2 states, as we've heard many times, and the
3 District of Columbia, as well. Meanwhile,
4 thousands of patients in New York State live in
5 constant fear that they'll be arrested for using a
6 natural medicine that in 1988 was called one of
7 the safest, therapeutically active substances
8 known to man by the then DEA administrative law
9 judge, Francis Young. Some patients, like the
10 late Barbara Jackson of The Bronx, here in New
11 York, endured the indignity of arrest and spent
12 hours in jail for possessing a relatively safe and
13 effective medicine. Because medical marijuana is
14 illegal in New York State, patients have no choice
15 but to obtain it from the criminal market, or risk
16 a felony conviction by growing it for themselves.
17 Assembly Bill 7347 and Senate Bill 2774 would
18 change this by protecting patients and by
19 providing a well regulated and safe means of
20 accessing their medicine. A patient would only
21 qualify if his or her physician recommends medical
22 marijuana and certifies that the patient has a
23 life threatening or severe debilitating medical
24 condition. Patients would send in their doctor's
25 certification to the State Health Department, and

2 would get a State issued ID card. Patients or
3 their caregivers would be able to get their
4 medicine from highly regulated, registered
5 organizations or pharmacies that are licensed by
6 the State to distribute marijuana. Regulated
7 access is working in other states, like New
8 Mexico, Colorado and Maine, and while we all know
9 that medical marijuana isn't legal under federal
10 law, under the Obama Administration, federal
11 enforcement has not focused on state licensed
12 providers that are complying with regulations. In
13 addition, for more than a decade during more
14 hostile presidential administrations, like the two
15 previous two, Obama's brave and pioneering
16 providers in these other states have successfully
17 operated dispensaries to provide patients with
18 safe access to their medicine. New York patients,
19 I think, have waited far too long for this to
20 happen. I can't, I was actually born in New
21 Jersey and I'm amazed that New Jersey passed this
22 legislation before we did. We can fix it by
23 standing with our State's medical community, and
24 71 percent of voters in this State, by approving
25 Resolution 94-A. We need to let Albany know that

2 we're tired of waiting. Thank you.
3 CHAIRPERSON KOPPELL: Thank you.
4 Joanne Naughton, LEAP.
5 JOANNE NAUGHTON: [off mic] Good
6 morning. Thank for the opp--
7 CHAIRPERSON KOPPELL: Just speak
8 right into the mic.
9 JOANNE NAUGHTON: Oh, I'm sorry.
10 CHAIRPERSON KOPPELL: Thank you.
11 JOANNE NAUGHTON: Thank you very
12 much for the opportunity to present the views of
13 LEAP, Law Enforcement Against Prohibition, in
14 favor of proposed Resolution No. 94-A. I was a
15 member of the NYPD for over 20 years. I started
16 as a police officer and I retired as a lieutenant
17 in 1987. I worked in narcotics, I made undercover
18 street level buys for over three years. I also
19 was a criminal defense attorney with the Legal Aid
20 Society in New York County. I'm not a speaker for
21 LEAP, a worldwide organization of current and
22 former criminal justice professional and civilian
23 supporters. We are cops and sheriffs and
24 prosecutors and judges, prison guards and others
25 from nearly every level of law enforcement. Like

2 other law enforcement organizations, LEAP does not
3 endorse or condone the use of marijuana or any
4 other drug. As a former police officer, I know
5 that the voice of police is crucial in the
6 dialogue about our current drug policy, which is
7 wasteful, ineffective, and counterproductive. But
8 in the case of medical marijuana, the patient, the
9 physician, caregivers, they're the ones who should
10 be making decisions about medical care. It's
11 inappropriate for the police to substitute their
12 judgment for that of doctors and those in need of
13 medical care. One area where law enforcement is
14 qualified to speak regarding medical marijuana is
15 in the area of public safety. Current drug policy
16 presents police from working on serious crimes,
17 because their time is wasted chasing marijuana law
18 violators. This is especially, and especially
19 absurd waste of time when the so-called
20 "violators" are medical marijuana patients simply
21 trying to obtain the medication recommended by
22 their doctors. This bill and the regulated system
23 established by the New York State Department of
24 Health under this bill, will give clear direction
25 to law enforcement on all types of procedural

2 matters surrounding medical marijuana patients.
3 We urge you, all of you, to ratify this
4 legislation, taking into consideration the
5 opinions of doctors and caregivers, patients and
6 the numerous public health and advocacy
7 organizations that support this legislation.
8 Thank you for your time.
9 CHAIRPERSON KOPPELL: Thank you all
10 very much for your testimony. Do any of my
11 colleagues have any questions?
12 MALE VOICE: [off mic] I do.
13 CHAIRPERSON KOPPELL: Okay, Why
14 don't we start with Gale.
15 COUNCIL MEMBER BREWER: Thank you
16 very much. My question is, how, for those of you
17 who have some national perspective, can you give
18 us some idea as to what is or isn't working; in
19 other words those states that have passed it, is
20 what you wish and thought of as the best agenda
21 for those who need it? Is it being satisfied?
22 KELLY CRAWSON: As far as MPP is
23 concerned, we, we see New Mexico, Colorado and
24 Maine as having the most workable laws. And
25 mostly because they are of the tight regulations,

2 and each state is slightly different, but again
3 it's the tightness of the legislation. And we
4 think that the bills, the New York bills are
5 written well and make those similar provisions.
6 So, so that is the thing, and going back to the,
7 specifically the federal issue, you know, they're
8 not targeting, you know, the license--these states
9 that have these very tight licensing programs,
10 specifically because they can see that, you know,
11 they're not dealing with, you know, hopefully not
12 dealing with drug traffickers, they're dealing
13 with people who are providing access for patients,
14 only. So.
15 CHAIRPERSON KOPPELL: Council
16 Member Greenfield.
17 COUNCIL MEMBER GREENFIELD: Just a
18 couple of quick questions. First question for
19 LEAP. Lieutenant, are you in favor of
20 decriminalizing marijuana in New York State in
21 general? In terms of you say there's a drug
22 policy, right, which squanders a lot of resources
23 chasing marijuana law violators. That wasn't just
24 medical marijuana, right? In general you believe
25 that marijuana itself should not be illegal, is

2 that correct?
3 JOANNE NAUGHTON: That's correct.
4 COUNCIL MEMBER GREENFIELD: Okay, I
5 appreciate that. Thank you, Lieutenant. And a
6 question, a question, is it Nurse Ellen--Nurse
7 Ellen.
8 ELLEN BRICKMAN: Just call me
9 Ellen.
10 COUNCIL MEMBER GREENFIELD: Nurse
11 Ellen, I have a question for you. [time bell]
12 The PCAs that you referred to, right, which could
13 be anything from Advil to, I think Advil's
14 considered to be a PCA, as well, so obviously
15 those pumps that individuals use. I'm actually
16 familiar with it, unfortunately my father, when he
17 was very ill, before he passed away, he used, he
18 used that as well. But my understanding, correct
19 me if I'm wrong, is they're not unlimited. Right?
20 I remember times he would press the pump, and
21 obviously there is some sort of limit on the
22 dosage to those as well, is that correct?
23 ELLEN BRICKMAN: Oh, sure. And
24 that's entirely appropriate. But one of the
25 things that you were talking about earlier, had to

2 do with smoking being undosable, unlimited. One
3 of the, one of the things that's effective about
4 it, is that it takes effect fairly quickly, so
5 that it is self-limiting. In most cases, people
6 who use PCAs use less, the research shows that
7 they use less than if they're given regular
8 amounts.
9 COUNCIL MEMBER GREENFIELD: No, I
10 understand that, nurse, but if somebody wanted to
11 get more, and they kept on pressing the button,
12 they don't, it doesn't keep on coming, right,
13 there is a limit.
14 ELLEN BRICKMAN: Of course, right.
15 And those are--
16 COUNCIL MEMBER GREENFIELD: So my
17 point was that when you have access to a lot of, a
18 lot of marijuana, there isn't necessarily a limit.
19 So it's not necessarily the same thing. But I
20 have one other quick question for you is, as a
21 nurse, are you concerned about the secondhand
22 smoke? I mean, how is this going to work exactly?
23 You're going to administer this to your patient,
24 you're going to sit there while they're blowing
25 smoke in your face? I mean, I'm just trying to

2 understand the concept. It's not a concern for
3 the New York State Nurses Association?
4 ELLEN BRICKMAN: I think the
5 concern about the secondhand smoke is really
6 small, because the amount of smoking is, is less.
7 It's not comparable to a person who is addicted to
8 cigarettes and smokes a pack a day or two packs a
9 day. It would probably be more like taking
10 something after the chemotherapy, or during
11 exacerbations of hyperspasticity. Limited
12 amounts.
13 COUNCIL MEMBER GREENFIELD: So have
14 you done any--has the New York State Nurses
15 Association done any studies on, for example,
16 nurses who work in the cancer ward on what kind of
17 effect this would have on them if they, for
18 example, were working the ward all day and walking
19 in and people who are smoking and are exposed to
20 that secondhand smoke? So, have you done any
21 studies about that, or no?
22 ELLEN BRICKMAN: I am not aware of
23 any studies about that, although the visuals - -
24 COUNCIL MEMBER GREENFIELD:
25 [interposing] Okay. But you're not concerned.

2 I'm saying the potential, I'm saying, if you think
3 about it, the potential, right, nurses get
4 assigned to specific wards. I'm just asking a
5 question.
6 ELLEN BRICKMAN: Yeah.
7 COUNCIL MEMBER GREENFIELD: The
8 potential, right, for a nurse who's assigned to a
9 cancer ward, for example, where they're coming in
10 out of rooms all day, where people are being
11 exposed to secondhand smoke, that could have a
12 negative potential--negative impact on a nurse.
13 Is that fair or not?
14 ELLEN BRICKMAN: I think that's
15 fair; I don't imagine that that's how it would be
16 implemented, however.
17 COUNCIL MEMBER GREENFIELD: Mm-hmm.
18 Okay.
19 ELLEN BRICKMAN: I think it would
20 be more likely to be used in an inpatient setting
21 in, in food. Baked. But if a cancer--
22 COUNCIL MEMBER GREENFIELD: I don't
23 think that's what the studies show, honestly. I
24 don't think that's what experience shows.
25 ELLEN BRICKMAN: But for cancer

2 patients--

3 COUNCIL MEMBER GREENFIELD: And the
4 large states, I think people are smoking them,
5 honestly.

6 ELLEN BRICKMAN: But for cancer
7 patients, for example, they tend to be sick when
8 they're back home after the chemotherapy
9 treatments. It doesn't happen in hospitals.

10 COUNCIL MEMBER GREENFIELD: Okay.
11 I think it's just worth looking into. I don't
12 think you want to risk the, the health and
13 wellbeing of some of your nurses. But thank you,
14 nurse.

15 CHAIRPERSON KOPPELL: Thank you.
16 Council Member Wills.

17 CHAIRPERSON WILLS: For the New
18 York State Nurses Association, I just wanted to
19 clarify a point. When we're talking about the
20 medical marijuana, we're talking about making sure
21 that the patients have a prescribed dosage. So,
22 even if they were prescribed an eighth of an ounce
23 or whatever it is, it's not like they have an
24 unlimited supply. So, if they were to go and use
25 that eighth of an ounce, they would still have to

2 go back and deal with a physician or whoever's
3 treating them, a treating physician or nurse, to
4 get another dosage. And at that point in time,
5 someone could say yay or nay, to the amount that
6 they get.
7 ELLEN BRICKMAN: Correct. As my
8 colleague - -
9 CHAIRPERSON WILLS: [interposing]
10 Okay, so it's not like, it's not like somebody
11 has, will pass a medical marijuana and then all of
12 the sudden people will be walking around with
13 knapsacks full of marijuana. It doesn't work like
14 that, right?
15 ELLEN BRICKMAN: No, and
16 unfortunately a lot of the people we're talking
17 about it aren't even walking around.
18 CHAIRPERSON WILLS: I was being
19 facetious, but I just want to be clear. Yeah,
20 that--[laughs] thank you very much.
21 CHAIRPERSON KOPPELL: Council
22 Member Dromm.
23 COUNCIL MEMBER DROMM: Sure, just
24 to follow up a little bit on what Council Member
25 Greenfield was bringing up, I would imagine if

2 anybody was in the hospital environment, that--and
3 for, particularly for cancer or for a life
4 threatening disease, that the medication that
5 would be administered would probably be, even
6 probably stronger, and probably be even more
7 addictive, I think, than marijuana would be. Am I
8 right?
9 ELLEN BRICKMAN: Yes.
10 COUNCIL MEMBER DROMM: And I don't,
11 I can't imagine a scenario where somebody would be
12 given medical marijuana in a hospital, if in fact
13 they needed to stay there for the debilitation of
14 the disease, if they got to that point.
15 ELLEN BRICKMAN: That is my
16 understanding.
17 COUNCIL MEMBER DROMM: Would you
18 agree with that?
19 ELLEN BRICKMAN: Yes.
20 COUNCIL MEMBER DROMM: Do you see,
21 I mean, and I think I know where you're going,
22 what you're going to answer. I just don't see any
23 reason why we should continue to deny people the
24 access to medical marijuana when in fact we have
25 report after report after report that says that

2 this in fact has helped them. And I, I know that
3 in the medical communities, much of the discussion
4 today, it goes around what the patient, the
5 doctor, and medical experts say is what the
6 patient is desirous of, and what the patient
7 needs. Shouldn't that decision be made on that
8 very local of a level?

9 ELLEN BRICKMAN: Yes, we certainly
10 believe that the patient and healthcare providers
11 should be the major proponents of what care is
12 needed.

13 COUNCIL MEMBER DROMM: And in fact,
14 many of the people who say to me that they need
15 medical marijuana, tell me that other types of
16 treatment do not work. Have you heard that, also?

17 ELLEN BRICKMAN: Yes.

18 COUNCIL MEMBER DROMM: So that this
19 is the only type of treatment that they find
20 acceptable and useful to them, particularly, as
21 you said, when they return home after a hospital
22 stay, or when they're being treated in a chronic
23 condition elsewhere.

24 ELLEN BRICKMAN: That's correct.

25 COUNCIL MEMBER DROMM: Thank you.

2 ELLEN BRICKMAN: Thank you.

3 CHAIRPERSON KOPPELL: I think that
4 exhausts the questions, and thank you all for,
5 very much for coming. We've been joined by my
6 former colleague and good friend, Assembly Richard
7 Gottfried, longtime Chair of the Assembly Health
8 Committee. Dick, you want to come forward? I
9 just might mention that many years ago, I followed
10 Dick's lead in decriminalizing small amounts of
11 marijuana, and Dick's been at this work with
12 respect to marijuana for a very long time. Good
13 morning, and welcome.

14 RICHARD GOTTFRIED: Good morning.

15 CHAIRPERSON KOPPELL: We look
16 forward to hearing your statement. I know you're
17 a sponsor of the legislation we considering a
18 resolution to support your legislation.

19 RICHARD GOTTFRIED: Thank you.
20 Yeah, my name is Richard Gottfried, I Chair the
21 Health Committee in the New York State Assembly,
22 and I am the author and introducer of the New York
23 Medical Marijuana Bill, A.7347. I've been working
24 on this issue now for almost a decade-and-a-half.
25 And I'm delighted at the prospect that the City

2 Council may pass a resolution supporting the bill.
3 I trust you have copies of my testimony. I am not
4 going to read the whole thing, I just want to
5 focus on a couple of points. First, the New York
6 Medical Marijuana Bill has more restrictive
7 controls than any medical marijuana law in the
8 country, with the possible exception of New
9 Jersey. It is more restrictive, more restrictive
10 than the New York laws regulating highly dangerous
11 drugs, like morphine, oxycontin or valium. The
12 bill would set up a strict and narrow medical
13 marijuana system: the bill allows a practitioner
14 who is licensed to prescribe controlled substances
15 to certify that a patient has a serious condition,
16 under statutory criteria; which requires that it
17 be a severe debilitating or life threatening
18 condition, that can and should be treated with the
19 medical use of marijuana. A certified patient or
20 designated caregiver who is registered with the
21 Health Department, can possess a limited amount of
22 marijuana for the patient's medical use. The
23 Department of Health would license and issue
24 registered, and regulate registered organizations
25 to dispense medical marijuana for certified

2 patients. Registered organizations can be a
3 pharmacy, a licensed hospital or clinic, the State
4 or a County Health Department, or a not-for-profit
5 corporation developed for this specific purpose,
6 if the Department finds that other entities are
7 not available in the area. The Department of
8 Health would also license and regulate producers
9 of medical marijuana. The bill would also tax the
10 gross receipts of registered organizations. The
11 notion that anyone would use the medical marijuana
12 system to obtain marijuana for recreational use is
13 absurd. A person would need first to get a doctor
14 willing to risk his or her license to certify that
15 the person has a statutorily defined serious
16 condition, treatable with marijuana; fill in his
17 or her name and file his or her name and address
18 with the State; and get the drug from a State
19 licensed dispenser with more State paperwork.
20 Doing all that to get marijuana for recreational
21 use would be a misdemeanor, tougher than the
22 current penalty for possession of a small amount
23 for recreational use, which is like a littering
24 ticket. Some say that more research should be
25 done. There is no argument against doing more

2 research, we do research on even well-established
3 drugs and procedures. However, since marijuana is
4 a natural and unpatentable product, no drug
5 company is going to spend the millions of dollars
6 needed for clinical trials. The thousands of
7 people whose suffering could be eased and whose
8 lives could be prolonged by medical marijuana
9 should not be forced to wait for research that no
10 one has offered to fund. The fact that smoking is
11 not good for you is no argument against this
12 legislation. Virtually every drug can have
13 harmful side effects. And we are talking about
14 relieving the suffering and extending the lives of
15 people with severe, debilitating and life
16 threatening conditions using marijuana under
17 medical oversight. Dr. Robert M. Glickman, when
18 he was Dean of the NYU School of Medicine, wrote
19 in support of the legislation, and I quote, "We
20 agree that marijuana is one of the safest,
21 therapeutically active substances known. And it
22 has a wide variety of therapeutic applications for
23 a number of medical conditions and diseases, such
24 as AIDS/HIV, glaucoma, cancer, multiple sclerosis
25 and epilepsy." The availability of medical

2 marijuana will prove to be an effective pain
3 management technique for a number of NYU's
4 patients." This is sensible, restrictive and
5 human legislation. The fact that this is not the
6 law in New York is political correctness run amok
7 at the expense of the suffering of thousands of
8 our fellow New Yorkers. Thank you.
9 CHAIRPERSON KOPPELL: Thank you,
10 Assemblyman. I'm going to--I don't know whether
11 he intends to ask it of you, but I'm going to say
12 that Assemblyman, Assemblyman, Councilman
13 Greenfield pointed out or suggested that there are
14 many different kinds of marijuana, and that
15 because of the many different kinds which might
16 have different consequences, it's diff--it's I
17 guess hazardous to just permit marijuana generally
18 to be prescribed. Do you have any view on that?
19 On that potential problem? I mean, does the
20 legislation specify a particular type of
21 marijuana:
22 RICHARD GOTTFRIED: Well--
23 CHAIRPERSON KOPPELL: And is that
24 important?
25 RICHARD GOTTFRIED: First of all,

2 as far as I know, the issue that I've heard raised
3 is that marijuana may have different quantities of
4 active ingredients, depending on one variety or
5 another. The, and that could be a concern if we
6 were talking about people obtaining marijuana from
7 street vendors, for medical use. The bill only
8 authorizes the obtaining of marijuana for medical
9 use from registered producers regulated by the
10 State. The State could certainly, in those
11 regulations, make provision for documenting the
12 strength of a particular batch of marijuana. But
13 also, one of the advantages of the natural product
14 for therapeutic purposes versus the pill, is that
15 the patient can control his or her dosage in real
16 time. And if what is consumed is stronger than
17 the patient anticipated, the patient simply
18 suspends consuming for a period of time. And that
19 ability to control the dosage is extremely
20 important. Now, some might say, "Oh, does that
21 mean they can just all go and get as high as they
22 want?" And again, the answer is, somebody who
23 wants marijuana for purposes of getting high only
24 has to be willing to commit a violation. Under
25 this bill, they would be committing a misdemeanor,

2 and the bill does limit the quantity. And in
3 fact, one of the main objections that patients
4 raise to the pill form of marijuana is the
5 opposite of what you might think. Their objection
6 is that because they can't control the dosage, it
7 has more of a psychoactive effect than they care
8 to receive, and that it therefore interferes with
9 their ability to do work and other life
10 activities. And so in fact, the non-pill modes of
11 consumption are, are looked to by patients because
12 it enables them to suffer a milder and more
13 restricted psychoactive effect.
14 CHAIRPERSON KOPPELL: Thank you.
15 My colleagues, any of you want to ask any
16 questions? Yes, you want, you have questions?
17 CHAIRPERSON WILLS: Yeah.
18 CHAIRPERSON KOPPELL: Why don't you
19 go first, you're the Chair who's helping me.
20 CHAIRPERSON WILLS: It's not so
21 much a question but a statement. I appreciate all
22 the work that you've done, Assemblyman, around
23 this topic.
24 RICHARD GOTTFRIED: Thank you.
25 CHAIRPERSON WILLS: But we just

2 wanted to make sure, because people take
3 [background comment] we just want to make sure
4 that the right verbage is used because people take
5 little sound bites and may have a Post headline
6 tomorrow that says something different from what
7 you really meant. When people are using medical
8 marijuana, we don't think, no one hear believes
9 that they're using it to get high; we believe that
10 they're using it to get relief from symptoms.
11 Those who use it to get high, those are the ones
12 that are breaking the law. So we just wanted to
13 make sure that was clarified, so there wouldn't be
14 anything tomorrow.
15 RICHARD GOTTFRIED: That is, that
16 is certainly the case. Any--and there are some
17 people who talk to me about this legislation who
18 express the concern that it would be a way for
19 people to get marijuana for recreational use. And
20 that would be illegal under the bill, and a more
21 severe penalty than obtaining marijuana for
22 recreational use today.
23 CHAIRPERSON KOPPELL: Council
24 Member Dromm.
25 COUNCIL MEMBER DROMM: Thank you.

2 And I'd like to thank Assembly Member Gottfried
3 for coming in today. I admire you, I admire the
4 work that you're doing on many issues,
5 particularly marriage equality and on this one, as
6 well.
7 RICHARD GOTTFRIED: Thank you.
8 COUNCIL MEMBER DROMM: And I just
9 want to say thank you. Prior to you being here
10 today, we heard testimony from Adam Karpati, who
11 is the Deputy Commissioner for the New York City
12 Department of Health and Mental Hygiene, and they
13 were, he was opposed to passage of this
14 Resolution. I have been following this issue for
15 years now, and I looked at the list of
16 organizations which was quite extensive, that have
17 offered a broader way of health and other
18 organizations that include, or that are in support
19 of this legislation. And I was wondering if you
20 could give a feel, or give us a feel about how
21 medical opinion has changed on this issue, how it
22 has evolved. And I could be wrong, but my
23 opinion, anyway, is that more and more doctors,
24 probably a majority now, are leaning in the
25 direction that this Resolution would like to go.

2 RICHARD GOTTFRIED: Well, I think
3 you're absolutely right. And my testimony does
4 list a long list of organizations, many of them
5 organizations of healthcare professionals, that
6 either support the specific bill or support the
7 concept of legalizing medical use of marijuana at
8 the State level. The, for example, the Medical
9 Society of the State of New York, at the moment,
10 does not endorse this specific bill, because they
11 have some disagreements with some of the language
12 on what a "serious condition" is. If I'm
13 remembering correctly, the Medical Society would
14 like the Commissioner of Health to have authority,
15 the State Commissioner of Health, the have
16 authority to, to make that definition more
17 restrictive, which I personally would be
18 comfortable with. The only reason it's not in the
19 bill is that at least the previous Health
20 Commissioner, Dr. Danes, said that while he
21 supported the legislation, he emphatically did not
22 want anyone giving him that particular piece of
23 authority. And so we didn't put that in the bill.
24 But almost every other provision in the bill, the
25 Medical Society of the State of New York, the--and

other groups, strongly support. The New York State Nurses Association supports the bill. The Hospice and Palliative Care Association, the Pharmacists Society of the State of New York lists the bill as one of their top legislative priorities. And a long list of other organizations.

COUNCIL MEMBER DROMM: I hope I'm correct on this, but if I remember correctly, New York City Health Department has been wrong on a few issues [laughter] well, in the past. And one that comes to mind, for me, is needle exchange. I think, and originally, the New York City Department of Health was opposed to needle exchange. And their opinion on that has certainly evolved over the years. And I just wanted to kind of point that out, that as the laughs from my colleagues indicate as well, that they're not always right on everything.

RICHARD GOTTFRIED: Well, first of all, I, I enormously admire the New York City Health Department, it is an extraordinarily valuable organization, that is courageous and right on an awful lot of issues. And I think

2 their position on clean needles became the right
3 position a long time ago. And in fact even before
4 it was their official position, I remember early
5 hearings involving the Health Department tacitly
6 assisting in that effort, somewhat unofficially;
7 don't have to go into the details of that. But as
8 I read the Health Department's testimony, I, while
9 the conclusion of the testimony is to oppose the
10 legislation, I think the bulk of what they say in
11 the testimony very strongly supports it. And
12 their point that, well, more research should be
13 done, and smoking isn't good for you, both of
14 those things are true, I don't think either of
15 them argues against legalizing medical use.
16 COUNCIL MEMBER DROMM: Thank you.
17 CHAIRPERSON KOPPELL: Council
18 Member Greenfield.
19 COUNCIL MEMBER GREENFIELD: Thank
20 you, Chair Koppell, and thank you, Chairman
21 Gottfried for your testimony, and for your general
22 leadership on issues of health in New York State.
23 RICHARD GOTTFRIED: Thank you.
24 COUNCIL MEMBER GREENFIELD: It's
25 greatly appreciated. It's funny, when you were,

2 when you were talking about it, I was just
3 thinking how curious that it is in New York City,
4 I don't know where anyone would actually smoke
5 this medical marijuana, right. We basically have
6 nowhere left today where you can actually smoke in
7 the City [laughter] in the City of New York. But
8 that's just an aside, because Gale Brewer is
9 hitting me now. [laughter] Well, anyway--
10 RICHARD GOTTFRIED: Home, home is
11 the answer.
12 COUNCIL MEMBER GREENFIELD: I know,
13 but think about how difficult that is. You go to
14 work and you want to smoke some, you just got
15 legalized medical marijuana, and you want to smoke
16 something. Well, now you got to go all the way
17 home, you can't even smoke in the park. Any event
18 [laughter] I'm just wondering about, I'm just
19 wondering about a couple, a couple of things.
20 RICHARD GOTTFRIED: By the way, let
21 it be noted that I don't think either of us is
22 advocating smoking marijuana in the workplace.
23 COUNCIL MEMBER GREENFIELD: No, of
24 course not.
25 RICHARD GOTTFRIED: Okay.

2 COUNCIL MEMBER GREENFIELD: Of
3 course not.
4 RICHARD GOTTFRIED: Or the park.
5 [background comments]
6 COUNCIL MEMBER GREENFIELD:
7 [laughs] Well, there you go, yes, unless you work
8 in the park. The, you mentioned that there's a
9 difference between the New Jersey and the New York
10 legislation. Can you just tell us what those
11 differences are?
12 RICHARD GOTTFRIED: No. [laughs]
13 COUNCIL MEMBER GREENFIELD: Okay,
14 I'll move along.
15 RICHARD GOTTFRIED: Not because I
16 don't want to, but I, I'm not all that familiar
17 with all of the details of the New Jersey law.
18 From what I've seen of basically press accounts,
19 it sounds similar to our bill, but it may well be
20 more restrictive on, on one or two points, and I
21 think the implementation of it by Governor
22 Christie is, is more restrictive than I think
23 would be appropriate. Although, under the New
24 York Bill as written, the Health Department could
25 implement it very narrowly, I hope they would not.

2 COUNCIL MEMBER GREENFIELD: As an
3 expert in health, in the area of health, in your
4 professional opinion, what do you think kills more
5 people: tobacco or marijuana?
6 RICHARD GOTTFRIED: Oh [laughter]
7 tobacco certainly. No one, I don't think anyone
8 in human history has ever had an overdose of
9 marijuana. Or died of the effects of marijuana.
10 It, I mean, it is conceivable that somebody who
11 was intoxicated was injured by something else.
12 But basically if you, I am told, if you consume
13 too much marijuana, you know, you sort of doze off
14 and stop smoking. It--
15 COUNCIL MEMBER GREENFIELD: You
16 could start a fire, I guess, but--
17 RICHARD GOTTFRIED: Yeah. But as
18 the former Dean of NYU Medical School said, it is
19 actually an extraordinarily benign substance,
20 other than the fact that it is intoxicating.
21 COUNCIL MEMBER GREENFIELD: So why,
22 why not just introduce legislation simply
23 decriminalizing marijuana for personal use?
24 Wouldn't that achieve that objective plus, as you
25 point out, it's not the health issues as well. So

2 why not take that direction as opposed to very
3 narrowly focusing on medical marijuana?
4 RICHARD GOTTFRIED: Well, in 1977,
5 New York State did make possession of small
6 amounts of marijuana for personal use no longer a
7 crime, it is technically a violation, which is
8 illegal but not a crime.
9 COUNCIL MEMBER GREENFIELD: No one
10 told the NYPD, by the way, but--
11 RICHARD GOTTFRIED: Well,
12 [laughter] and there is legislation to try to
13 solve that problem. I think the--
14 COUNCIL MEMBER GREENFIELD: But why
15 even ticket someone? I mean, if--I mean, I'm
16 being serious, you're the--
17 RICHARD GOTTFRIED: Yeah.
18 COUNCIL MEMBER GREENFIELD: --Chair
19 of the Health Committee, you're an expert in this
20 field. I mean--
21 RICHARD GOTTFRIED: Yeah.
22 COUNCIL MEMBER GREENFIELD: Do you
23 think marijuana is worse than cigarette smoking,
24 in terms of the impact that it has on New Yorkers?
25 RICHARD GOTTFRIED: Certainly, I

mean, given the quantities that are, the relative quantities of tobacco and marijuana that are consumed, I think, I think tobacco today has more harmful effects on New Yorkers than marijuana does. And--

COUNCIL MEMBER GREENFIELD: And is there anyone that believes that tobacco is good for medical use?

RICHARD GOTTFRIED: Not that I know of. But the, the reason for pursuing the medical marijuana legislation is that whatever one may think about legalizing another intoxicating substance, there is widespread agreement that people should be able to relieve their suffering and prolong their lives by making, by medical use of marijuana. And there are a great many people in the Legislature and outside who would be adamantly opposed to legalizing marijuana for recreational use, but who strongly support it for medical use.

COUNCIL MEMBER GREENFIELD: Okay. My final--my final curiosity, I was just curious, I just was reading the legislation, and you spell marijuana M-A-R-I-H--is that, is that an alternate

2 way of spelling marijuana, I'm just not familiar
3 with that.
4 RICHARD GOTTFRIED: Well, it's, it
5 is, it is the official--
6 COUNCIL MEMBER GREENFIELD: Is it a
7 different marijuana than the one that we're
8 referring--
9 RICHARD GOTTFRIED: No.
10 COUNCIL MEMBER GREENFIELD: --the
11 mari-juana?
12 RICHARD GOTTFRIED: It is the
13 official spelling used in the public health law
14 and the penal law.
15 COUNCIL MEMBER GREENFIELD: Okay,
16 got it.
17 RICHARD GOTTFRIED: And people
18 asked me that question in 1977 when we were doing
19 the decriminalization bill, as well. That's the
20 official New York spelling, same substance.
21 COUNCIL MEMBER GREENFIELD: Okay,
22 so, just to be clear, if you legalize it, the
23 people with the mari-juana, they'll still be okay.
24 I mean, right, this is not--
25 RICHARD GOTTFRIED: Right.

2 COUNCIL MEMBER GREENFIELD: --
3 there's no difference between the J and the H.
4 [laughter]
5 RICHARD GOTTFRIED: That is, that
6 is correct.
7 COUNCIL MEMBER GREENFIELD: Okay,
8 just want to be sure.
9 RICHARD GOTTFRIED: And, and you
10 know, spelling things the wrong way is not a
11 crime.
12 COUNCIL MEMBER GREENFIELD: Got it.
13 Thank you. [laughter]
14 CHAIRPERSON KOPPELL: I don't mean
15 to be too facetious, but I mean the concept of
16 reefer madness, which was spread widely by that
17 film, that's really been totally dispelled, has it
18 not?
19 RICHARD GOTTFRIED: Well, certainly
20 in the minds of reasonable people, yes.
21 [laughter] You know, there's, nobody would
22 suggest for a moment that marijuana does not have
23 an intoxicating effect. It continues to amaze me
24 that there are researcher, some working up at
25 Columbia, who spend extraordinary amounts of money

2 forcing marijuana smoke into poor Rhesus monkeys,
3 to prove that marijuana gets people high.
4 [laughter] You know, that, or that it could
5 affect your work performance. I don't know that
6 anyone has ever disputed that. But, you know,
7 there are a host of medications that people take
8 every day by the hundreds of thousands in New York
9 State, that have very strong psychoactive effects,
10 that have very strong side effects of various
11 kinds, and our law has always understood that we
12 can separate the two.
13 CHAIRPERSON KOPPELL: Council
14 Member Brewer.
15 COUNCIL MEMBER BREWER: Thank you,
16 Assembly Member for all your efforts, local and
17 statewide. My question is, from my limited
18 experience, as I said earlier, I was a friend of
19 Phil Reed's and was with him, and sometimes when
20 he used in a medicinal basis, my understanding
21 from the New York State Nurses and from others is
22 that this really is the one opportunity, this use
23 of medicinal marijuana, to alleve pain. And I'm
24 just wondering when you heard testimony in Albany,
25 it does seem to me that this is the only option

2 for this type of situation. So I just wondered if
3 you could comment on that. It's not like we can
4 take something else, according to the people I
5 know, who have legally or illegally alleviated
6 their pain. And--
7 RICHARD GOTTFRIED: Right. I mean,
8 marijuana is not the only substance that can be
9 used to treat pain and nausea, etc. And as any
10 healthcare professional can tell you, there are
11 many ailments for which there are a variety of
12 drugs, and some drugs work better with one patient
13 than another. I think the most compelling
14 testimony that I've heard on this topic was the
15 statements by my fellow Assembly Members in the
16 floor debate, particularly the first time we
17 passed the bill in the Assembly a few ago. People
18 were in tears describing either the relief of
19 suffering and the prolonging of life that illegal
20 medical use of marijuana provided for family
21 members or close friends or loved ones, and also
22 perhaps more compelling, colleagues of mine who in
23 tears described the suffering of friends or loved
24 ones or relatives who refused to use marijuana,
25 although they acknowledged that it could have

2 relieved their suffering, but who just were not
3 willing to break the law. And that's what this
4 bill is all about.
5 COUNCIL MEMBER BREWER: I just want
6 to say thank you, 'cause that's my experience,
7 also. Thank you.
8 CHAIRPERSON KOPPELL: I think that
9 Council Member Dromm had another question.
10 COUNCIL MEMBER DROMM: [off mic]
11 Oh, no.
12 CHAIRPERSON KOPPELL: No? Okay.
13 Assemblyman, thank you so much, it's always good
14 to see you. And bring back a lot of memories, to
15 me of our collaborations on many matters.
16 RICHARD GOTTFRIED: Yes, and it, I
17 mean, as you and I have discussed, your dedication
18 to public service, in all of the various forms in
19 which that has taken, impresses me and always has.
20 And it's just terrific seeing you in that chair.
21 CHAIRPERSON KOPPELL: Well. And
22 your dedication is just about as long as mine. We
23 started about the same time.
24 RICHARD GOTTFRIED: Well, actually,
25 as long as we're counting, you were, you joined

2 the Assembly--

3 CHAIRPERSON KOPPELL: Six months

4 earlier.

5 RICHARD GOTTFRIED: Several months

6 before I did.

7 CHAIRPERSON KOPPELL: Yes.

8 [laughs]

9 RICHARD GOTTFRIED: And I guess

10 there may have been a short gap--

11 CHAIRPERSON KOPPELL: There was a

12 gap.

13 RICHARD GOTTFRIED: --between being

14 Attorney General and a Member of the local school

15 board.

16 CHAIRPERSON KOPPELL: That's true.

17 RICHARD GOTTFRIED: But the fact

18 that--

19 CHAIRPERSON KOPPELL: [laughs]

20 RICHARD GOTTFRIED: --that you let

21 your neighbors draft you into service on your

22 school board, I think is one of the great stories

23 of dedication to public service.

24 CHAIRPERSON KOPPELL: Well, it's

25 been my pleasure and honor to do it. Anyway,

2 thank you again for coming.

3 RICHARD GOTTFRIED: You're welcome.

4 CHAIRPERSON KOPPELL: And our next

5 panel, these persons have all indicated that

6 they're in opposition to the resolution. So if

7 you're not in opposition, and I call you, indicate

8 that. Max Schwartzberg [phonetic], Nicholas Pace,

9 Greg Bunt [phonetic].

10 NICHOLAS PACE: Just a minute, I

11 was asked to come, I thought we were going to be

12 an individual - - speaker.

13 CHAIRPERSON KOPPELL: You are.

14 NICHOLAS PACE: Okay, we're in a

15 panel here.

16 CHAIRPERSON KOPPELL: No, that's

17 the way we do it, it just makes things go a little

18 quicker.

19 NICHOLAS PACE: Okay.

20 CHAIRPERSON KOPPELL: Each person

21 will be heard separately, and nobody--the

22 statements of other members of the panel are not

23 attributed to anyone but themselves.

24 [background comments]

25 NICHOLAS PACE: Each one.

2 CHAIRPERSON KOPPELL: Each one is
3 separate, separately testifying.
4 NICHOLAS PACE: All right.
5 CHAIRPERSON KOPPELL: And each one
6 is asked to limit their remarks to five minutes.
7 That doesn't include questions. Just hold on for
8 a couple of minutes while the testimonies are
9 being distributed. Thank you.
10 NICHOLAS PACE: 20 copies, and
11 there's two attached.
12 CHAIRPERSON KOPPELL: Yeah, we
13 have, we have it. So, the first person I called
14 was Mr. Schwartzberg.
15 MAX SCHWARTZBERG: Correct.
16 CHAIRPERSON KOPPELL: Please. Just
17 identify yourself when you start off, for the
18 recording.
19 MAX SCHWARTZBERG: Max
20 Schwartzberg. Before I start, I just want to, I
21 appreciate the fact that Mr. Wills had corrected
22 his colleague to make sure that his words weren't
23 misconstrued in the media, but you failed to
24 correct him on the statement where he says a few
25 times where smoking marijuana--[background

2 comment] No, no, prolongs life, it doesn't
3 prolong life.
4 COUNCIL MEMBER GREENFIELD: [off
5 mic] You can't criticize Council Members, thank
6 you.
7 MAX SCHWARTZBERG: Okay,
8 COUNCIL MEMBER GREENFIELD: [off
9 mic] Thank you.
10 MAX SCHWARTZBERG: My name is Max
11 Schwartzberg, I'm a mental health counselor and
12 substance abuse therapist. I work at an Oasis
13 licensed and funded intensive residential
14 rehabilitation program. I'm responsible for
15 individual and group psychotherapy and the
16 coordination of psychiatric care. The population
17 I treat range from drug court diversions to life
18 parolees. But I stand before you not as a
19 professional, I'm testifying as a young man who
20 spent ten years of his life smoking marijuana and
21 eight of those years were spent trying to stop. I
22 represent myself and your future. I speak on
23 behalf of all of those whose voices have been
24 silenced either by embarrassment or by people who
25 didn't believe that smoking marijuana can destroy

2 life. Let me intention be received clearly. I am
3 not and will never advocate for the denial of
4 sound medical treatment to any human or animal. I
5 am not advocating for criminalizing or
6 decriminalizing marijuana. What people do in the
7 privacy of their own homes should be protected.
8 Let me also be perfectly clear in saying that the
9 issue at hand here is legalizing and sanctioning
10 the smoking of a crude cannabis as medical
11 treatment for medical disease. The compassionate
12 care of a few can have a devastating effect on
13 many. Giving a sick person a non-FDA approved
14 drug to smoke does not sound compassionate.
15 Legalizing smoked cannabis as medication
16 compromises the very fabric that science, medicine
17 and technology are all indebted to. Approving
18 medical marijuana violates the laws of reason,
19 ration and sensibility. I implore the Council,
20 the media and the public to be objective and not
21 emotional if we are to have a constructive and
22 productive discussion. We must be objective in
23 order to arrive at a legislation decision that
24 would support the safety and wellbeing of the
25 public. I am in support of further research to

2 isolate curative properties of marijuana, and
3 establishing a safe, controlled delivery system
4 for those who can benefit from it. The biggest
5 danger in smoking marijuana is that most of the
6 destruction does not occur right away. It is a
7 slow, gradual, yet progressive collapse of the
8 person's life. It isn't until the person is truly
9 addicted that they start to experience the
10 cognitive, emotional and psychological
11 consequences. Smoking marijuana becomes a
12 relationship. It is reasonable to say that it
13 would be easier to end a relationship that was
14 abusive if the abuse occurred early on. It is
15 equally reasonable to say that it would be much
16 more difficult to end the relationship if the
17 abuse did not occur until you were six years into
18 the relationship. I was a healthy, bright, caring
19 and sensitive child. I loved science and looked
20 at pictures in pathology books for fun, when I was
21 younger. Doing good in school mattered to me. I
22 liked a girl, I was an all-star hockey player, and
23 I had amazing parents. My first real hit of
24 marijuana at age twelve sparked the slow death of
25 everything that I had mentioned. It's hard to

2 hold a girlfriend's hand when you're always
3 rolling a blunt. It's hard to be a son when
4 you're stealing money from your mother. And it's
5 even harder to be an older brother when you've
6 been stoned his entire life. While we're on the
7 subject of difficulty, it is nearly impossible to
8 get help for a problem that is not recognized as a
9 problem. I guess that's why there was no one bit
10 of professional or peer help for my mother while
11 she watched her son slowly lose touch with
12 himself, her, and the world. I had been to at
13 least a dozen psychiatrists. There was only one
14 that said that my mental and emotional collapse
15 was due to pot smoking. She went on maternity
16 leave and I continued to smoke, and soon became a
17 shell of a person. Paranoid and emaciated after
18 an eating disorder suddenly popped out of nowhere,
19 or at least it seemed like it popped up out of
20 nowhere, but a sound and sober mind would see that
21 smoking pot made me really hungry. When I ate, I
22 ate a lot. Which killed my high. And I liked to
23 be high. So I threw up and started it all over
24 again, and this process continued for about ten
25 years. It wasn't until my life had come to this

2 pitiful point that I started to believe that
3 smoking marijuana was actually helping my nausea.
4 The funny thing about this was that the only time
5 that smoking marijuana as medicine made sense was
6 when I was high after smoking marijuana. What
7 happens when your medicine is harming you more
8 than it helps? What happens when there's no
9 treatment for your problem because no one thinks
10 that it's a problem. 40 pounds lighter, better
11 and better weed, and I end up in a psychiatric
12 ward for 13 days. I continued to suffer, my
13 mother and family continued to watch me slowly go
14 away. California and Colorado show us that the
15 majority of the medical marijuana users are not
16 those who fall under the Compassionate Care Act,
17 they are kids like I was, and they are people like
18 I am. At this point, I would like to thank Dr.
19 Nicholas Pace and his associates, who have
20 dedicated their entire lives to the truly
21 compassionate care for those sick and suffering,
22 from addictions and other medical diseases. I
23 would also like to thank the physicians who uphold
24 and respect the Hippocratic Oath and who protect
25 the fabric of science and its methods. I beg you

2 not to allow blender salesmen and celebrity
3 doctors to dictate medicine. Let the facts and
4 research guide us. I urge you to protect our
5 children for their minds and brains are remarkable
6 [time bell] in their potential invulnerability.
7 Thank you.
8 CHAIRPERSON KOPPELL: Thank you
9 very much for your statement and for your candor
10 in describing your condition. I think it's hard
11 for people to do it, and we greatly appreciate
12 what you have to say. So, if people have
13 questions, they'll hold them until after everybody
14 has spoken. I guess it's Dr. Nicholas Pace.
15 NICHOLAS PACE: Yes, that's right.
16 Thank you--
17 CHAIRPERSON KOPPELL: Yes.
18 NICHOLAS PACE: --Councilman.
19 First of all, thank you for your invitation.
20 Sorry we didn't, we got it until Monday; otherwise
21 we would've had a few other people here, but I
22 tried to get, there are a number of letters in
23 that package that will give you--
24 CHAIRPERSON KOPPELL: Well, you've
25 given us a lot to read.

2 NICHOLAS PACE: I gave you a lot to
3 read, right. The, as a physician addiction
4 specialist, an internist and former chairman of
5 the New York Governor's Advisory Committee on
6 Alcohol and Substance Abuse, I've studied the
7 effects of the drug marijuana for more than three
8 decades. And directed four international
9 conferences on this drug. Please be aware that
10 the knowledgeable, academic medical community and
11 the addiction treatment community, including the
12 AMA, the American Cancer Society, the National
13 Council Institute, National, the American Glaucoma
14 Society, American Academy of Ophthalmology,
15 American Society of Addiction Medicine, the New
16 York Society of Addiction Medicine, and the
17 National Council on Alcoholism and Drug
18 Dependence, and the Alcoholism Council of New
19 York, as well as the Drug Free School Coalition,
20 are firmly against medical marijuana laws. The
21 academic medical community recognizes and agrees
22 with the Institute of Medicine that marijuana is
23 not a harmless herb, but a powerful drug with
24 questionable medical value, that has a variety of
25 serious effects. And that with protracted use can

2 lead to physiological and psychological
3 dependence, addiction and damage to the vital
4 organ systems, including the lungs, brain and
5 reproductive system. And I have referenced every
6 one of their statements. And I have gone through
7 the literature, a thousand abstracts. I can tell
8 you the evidence is there. This is a very
9 dangerous drug, marijuana. And we agree that all
10 cannabis based products should be subject to the
11 same rigorous scrutiny of an FDA regulator process
12 than any other medication, as any other
13 medication, being medically approved. In this
14 way, patients can be protected, assured of
15 receiving a standardized, pure drug, and listed
16 medications, directions, warnings about side
17 effects. Therefore, they, you know, we oppose a
18 law that uses crude, unregulated plant material,
19 containing marijuana, that has questionable
20 medical value. A drug that's not FDA approved.
21 And has severe adverse effects, including
22 addiction. The academic community, medical
23 community, rejects smoking as a safe delivery
24 system, recognizing the public harm that tobacco
25 smoke urges people not to smoke tobacco or

2 marijuana. Marijuana smoke, as it was pointed out
3 this morning, is four times more toxic to the
4 lungs than tobacco smoke, because it has a larger
5 number of carcinogens, impurities (421), it has a
6 higher burn temperature, and the cigarette smoke
7 is inhaled more deeply and held in the lungs
8 which--and I just saw a paper that came across my
9 desk just yesterday showing lung cancer in these
10 people, that smoke marijuana. Recognizing the
11 medical community recognizes recent studies that
12 confirm heavy marijuana use causes impairment of
13 the brain, the MRI damage to the memory and
14 emotional centers, neurologically, psychologic--
15 and psychiatric system, the pulmonary,
16 cardiovascular and reproductive systems. As my
17 friend, Dr. Gabby Nahas [phonetic] would say, "The
18 - - Ottoman Empire was destroyed by this drug,"
19 because if you hit them where they think and where
20 they reproduce, you can destroy a society.
21 Marijuana has questionable pain relief. The
22 effect is less than an aspirin. And is associated
23 with significant side effects, including increased
24 pain that comes with tolerance and a drug
25 withdrawal. You'll see that in these clinics that

2 they say "I use it for my anxiety," it causes
3 anxiety when you withdraw from it. "I use it for
4 my pain," it causes pain as you withdraw from it.
5 Recognize that there's no, the medical community
6 in general recognizes no compassionate need for
7 the new medical marijuana laws, because we have a
8 pure oral form, Marinol, it's legally available,
9 it's been available since 1984. It can be
10 prescribed for the - - chemotherapy, the standard
11 oral dose has a four hour tissue level, and most
12 oncologists do not use Marinol because it inhibits
13 the immune system, suppress the immune system, it
14 doesn't work well, and we have 30 other anti-
15 nausea drugs that work better. You'll see a note
16 from an oncologist that I included, and I'm
17 worried that we're going to run out of time, but
18 we recognize that marijuana is counter-indicated
19 in AIDS patients, because it directly impairs the,
20 and suppresses the immune system, it's abnormal
21 immune function leaves the patient unable to fight
22 infection or cancer, and there's a recent Harvard
23 study that shows marijuana use enhances the virus
24 that causes Kaposi's Sarcoma, a serious, life
25 threatening cancer. At our conference, we had two

2 papers from Sweden that showed AIDS patients
3 taking this drug for appetite. They did not gain
4 in appetite; actually, continued to lose weight
5 because AIDS as you know is an infection, and it
6 suppresses the immune system. The rise in teenage
7 marijuana [time bell] I'll just finish up and say
8 that--
9 CHAIRPERSON KOPPELL: Just a
10 couple, you can take a couple of sentences, go
11 ahead.
12 NICHOLAS PACE: As a famous--well,
13 I'll end up. The well-known New York oncologist
14 recently stated to me, and that his letter is in
15 the pile that we gave you, that he is actually
16 aware of the desperation that some patients feel,
17 both in treatment of their diseases and symptom
18 management. As medical professions, we have to
19 make a decision for our patients, based on
20 objective evidence. The case for medical
21 marijuana lacks any compelling scientific evidence
22 supporting the benefit for cancer patients. In
23 fact, there is more evidence supporting that in
24 the harm of inhaling noxious smokes. And why
25 should this substance be held different than

2 others' standards? Why should it not undergo
3 randomized, controlled studies to support the
4 medical benefit, before it's used, it's used. We
5 need to be objective and not emotional; otherwise,
6 we risk harming our patients.
7 CHAIRPERSON KOPPELL: Thank you
8 very much. Dr. Greg Bunt.
9 GREG BUNT: Thank you, Mr.
10 Chairman, and my name is Gregory Bunt, I am the
11 President-Elect of the New York Society of
12 Addiction Medicine. And I'm also a board
13 certified addiction psychiatrist. The American
14 Society of Addiction Medicine is a national
15 organization composed of over 3,000 addiction
16 physicians, nationwide. And the New York State
17 chapter has hundreds of addiction physicians
18 statewide. The American Society of Addiction
19 Medicine, I'll refer to it as ASAM, developed a
20 taskforce for issuing a white paper on the subject
21 of medical marijuana. You should all be aware of
22 this white paper, and I spoke to Jennifer, I don't
23 know if she distributed that paper. It's a 61
24 page report, it's available on their website,
25 asam.org. It had been labored over for years, and

2 developed by a distinguished panel with input from
3 experts including NIDA. They then issued a public
4 policy statement derived from the white paper. I
5 will read that, there are six recommendations, I
6 will read the fourth recommendation. "ASAM
7 rejects a process whereby state and local ballot
8 initiatives approves medicines because these
9 initiatives are being decided by individuals not
10 qualified to make such decisions, based on careful
11 science based review of safety and efficacy,
12 formulation, regulation, and distribution of a CNS
13 drug, with abuse potential. Furthermore, the
14 background is that controlled substances are drugs
15 that have been recognized to have abuse potential.
16 Marijuana is high on that list, because it is
17 widely abused and a major cause of drug dependence
18 in the United States. Current pattern of medical
19 marijuana use is far from the medical standard."
20 That is from the public policy statement developed
21 by an extensive panel of addiction physicians
22 nationwide, with input from experts. ASAM is not
23 opposed to the use cannabinoids, Marinol, and even
24 the extract, even the extract of cannabis that is
25 available in Canada and the U.K., and could be

2 available in the United States, if there were an
3 interest in making it available. ASAM is opposed
4 to legalizing crude marijuana for smoking it for
5 its pharmacological effect. Further, I should
6 clarify that ASAM is opposed to criminalizing
7 addiction. We believe in decriminalizing, either
8 alternatives to criminal sanctions, or no criminal
9 sanctions for the presence of, possession of small
10 amounts of marijuana. And the Society can help
11 legislators develop a responsible and prudent
12 direction for our leaders in government. This
13 movement to legalize marijuana, medical marijuana,
14 has in part been spurred by the notion that, that
15 marijuana users for medical conditions are
16 criminalized. And we believe that that should not
17 be so. But to legalize marijuana, by that same
18 logic, you could legalize all drugs of abuse
19 because there are many, many individuals
20 incarcerated for long periods of time who
21 shouldn't be incarcerated. That's a general
22 problem. But legalizing all addictive substances
23 would be a serious problem leading to abuse,
24 dependence, morbidity and mortality. According to
25 NIDA, there's an increased incidence of marijuana

2 use among adolescents. There's little question
3 among addiction physicians that it is a gateway
4 drug. And the relationship between marijuana use
5 and the current epidemic of overdoses is a very
6 concerning one, worthy of serious consideration.
7 Let there be no doubt that legalizing medical
8 marijuana has led to a burring of the distinction
9 between medical use of marijuana, recreational
10 use, social use, or abuse. And these state laws
11 are moving us in a direction toward legalizing
12 marijuana [time bell] for all uses. And in the
13 interest of time, I will conclude by saying that
14 there also are new synthetic cannabinoids that are
15 very dangerous. I'm not talking about Marinol,
16 I'm talking about the synthetic K2 and Spice that
17 have led to seizures and deaths due to fatal
18 overdoses, and you don't have to be an addiction
19 doctor to understand that marijuana is going to be
20 a gateway drug for synthetic cannabinoids. We
21 understand that you have a very serious burden of
22 responsibility as lawmakers and policy makers.
23 And we hope that you will make a very informed and
24 prudent decision. And there is concern among ASAM
25 physicians that both the public and policy makers

2 are not adequately informed about this issue.
3 Thank you.
4 CHAIRPERSON KOPPELL: Thank you.
5 Let me start my question with Dr. Bunt. The
6 others may want to comment on this. I mean, the
7 fact is, is it not, that doctors can prescribe
8 right now numerous drugs, and I'm not an expert on
9 all of them, that are addictive, indeed highly
10 addictive, for instance for pain relief.
11 GREG BUNT: That is correct, yes.
12 CHAIRPERSON KOPPELL: So, it, it
13 would not be unusual to have another substance
14 that is potentially addictive, but also has
15 medicinal, positive medicinal effects prescribed.
16 Isn't that so?
17 GREG BUNT: Well, the other
18 medications that are prescribed have been approved
19 by the FDA. And are prescribed according to
20 medical standards. In the case of medical
21 marijuana, as is stated in the white paper in
22 ASAM, these medical standards are not being
23 followed with medical marijuana.
24 CHAIRPERSON KOPPELL: But could
25 they not be?

2 GREG BUNT: Could they not be?

3 CHAIRPERSON KOPPELL: Could we not
4 have medical standards that would have to be
5 followed?

6 GREG BUNT: They would have to be
7 developed and that should be done, if it were
8 determined that there were, it passed the medical
9 standards, that should be done by the experts.

10 CHAIRPERSON KOPPELL: Well, I don't
11 want to parse, I don't want to parse the Gottfried
12 legislation while we're in this dialogue, but my
13 understanding is under the Gottfried legislation,
14 that there would be, the prescription of the
15 marijuana would in fact be regulated. In other
16 words, the doctors would have guidelines, with
17 respect to how they prescribe the marijuana.

18 GREG BUNT: Well--

19 CHAIRPERSON KOPPELL: This is not
20 to just say, "You can have as much marijuana as
21 you want, and you don't, anybody can get it."
22 It's only for specific conditions and under
23 certain circumstances. That's the way the
24 legislation reads.

25 GREG BUNT: Well, that might be the

2 way the legislation reads, but in practice the
3 marijuana that is prescribed often falls into the
4 hands of those who will use it for recreational
5 purposes, and the message that there is no
6 distinction between medicinal use and recreational
7 use is in effect a consequence. Adolescents will
8 say, if you speak to many adolescents who use
9 marijuana, they will say, "Well, you know, it's a
10 medicine, it's an herb, what are you worried
11 about? It's no big deal." I mean, that's the--
12 CHAIRPERSON KOPPELL: Well, that's
13 true of oxycontin and a whole bunch of other
14 substances, isn't it?
15 GREG BUNT: No, no, it's not true
16 of oxycontin.
17 CHAIRPERSON KOPPELL: No? No?
18 It's not used recreationally?
19 GREG BUNT: It is used
20 recreationally, but the impression that when they
21 use oxycontin, they're just using a medicine, that
22 is not true. With marijuana, that is so, that
23 there's a general attitude among adolescents. And
24 the use in, among high school students and college
25 students is on the rise, and their attitude is

2 that, "No big deal, it's an herb, it's a natural
3 product, why are you making a big fuss about
4 this?"
5 CHAIRPERSON KOPPELL: Well,
6 actually, if we make it a prescribed drug, it sort
7 of goes contrary to that, in my view. It would
8 actually--
9 GREG BUNT: Well--
10 CHAIRPERSON KOPPELL: --counteract
11 that particular view.
12 GREG BUNT: If, if you make the
13 extract of cannabis a controlled, prescribed drug,
14 that would satisfy all of the authorities in the
15 American Society of Addiction Medicine, and many
16 of the medical professionals nationwide, that that
17 would be the proper method of standardizing the
18 prescribed use of cannabis. And that's an extract
19 that has all of the cannabinoids that the
20 marijuana plant has.
21 [background comment]
22 CHAIRPERSON KOPPELL: Wait, one at
23 a time, one at a time. Yes, did you, I'll let you
24 comment now.
25 NICHOLAS PACE: [off mic] Yeah,

2 most important--[on mic] the most important thing
3 here is, if this drug was FDA approved, then you
4 would know what the content of the material is.
5 What are the side effects? What are the
6 directions? How much do you use? What is the c--
7 right now, in the '70s, the mild marijuana was .6
8 mg percent, now it's 16 mg percent. So, you have
9 a whole different situation. If this drug were
10 approved by the FDA, there would be no problem.
11 But they did not. And that's the problem.
12 CHAIRPERSON KOPPELL: Well, but it
13 is a problem, but we [laughs] we can just go just
14 so far. I agree it would be fine if the FDA would
15 take it up, but they're not doing it. But I'm
16 going to turn over the Chair, the questioning now
17 to Council Member Wills.
18 CHAIRPERSON WILLS: I want to thank
19 you gentlemen for coming and testifying, and the
20 young man who actually put his, his history on
21 display. We really do appreciate that. But what
22 I wanted to ask you is, I mean, we're getting into
23 a different nuance with what we're talking about
24 as far as the FDA approving the dug, but it seems
25 like the only people that would benefit from the

2 FDA approving the drugs are big pharmacy
3 companies. That's number one. Because if we're
4 talking about the FDA, I just pulled up the
5 history of the FDA, and we have drugs that have
6 been on the market for 24 years, 30 years, 18
7 years, 19 years, that were pulled, but were all
8 already went through the process that you're
9 talking about, approved by the FDA. Drug
10 companies made billions of dollars, and then we
11 found out the very same thing as in the beginning,
12 that these drugs had side effects that were averse
13 to the people that were taking them. And it
14 wasn't that the side effects were just discovered
15 after 24 years, or 30 years, these side effects
16 were known. So, if we're sitting here being,
17 saying that we don't want to have this as a
18 process, or to go through the process, because we
19 want the FDA to first extract the active
20 ingredient in medical marijuana, to be reduced in
21 a pill, which can be controlled by big pharmacy
22 companies, I think that we're being disingenuous.
23 Now, we're talking about the attitude that young
24 people have with marijuana, as a young man he
25 actually showed that eloquently in his speech. I

2 think that that's something that is aside from
3 what we're dealing with. The attitude of young
4 people to deal with drugs and use a popular mantra
5 for saying that it's an herb, or saying that it
6 can only hurt you if it's taken in a certain
7 amount, is really disproven by the way that they
8 handle it. No one told these young people, and I
9 come from a community that there are a lot of
10 young people arrested from smoking marijuana. But
11 nobody told them to go smoke marijuana. They're
12 smoking marijuana because they want to get high.
13 They're using, they're sniffing glues because they
14 want to get high. There're even people now
15 sniffing the drugs out of HVAC units. They're not
16 doing that because it's something that we believe,
17 "Yeah, the HVAC units, they're actually sniffing
18 the drugs," they're not doing this because there's
19 a popular perception that these drugs are safe.
20 Those drugs are being used because these people
21 want to get high. The pharming parties that we've
22 having all across America, where they're mixing
23 these same drugs that you guys are talking about,
24 for FDA approved drugs, to have these young people
25 come into these pharming parties, they're going it

2 because they want to get high. We're talking
3 about a, a medical usage for something, and I
4 think that we're being disingenuous by saying that
5 the only way that this should be showed or used or
6 put forward is if we go through the FDA and the
7 FDA, the pharmacy companies do their research,
8 which is always skewed, to put forth a medication
9 that they control, that we've already seen one of
10 the medications is out of reach because a lot of
11 the people cannot have medical coverage to take
12 it. We've also seen that the medical drug that is
13 there--what is the name of it? I forget the name
14 of it.

15 NICHOLAS PACE: Marinol.

16 CHAIRPERSON WILLS: Marinol, is,
17 costs several hundreds of dollars per month. So,
18 if we're going to talk about that, that leads us
19 into a much larger conversation on medical
20 coverage and pharmaceutical companies controlling
21 these same things or the same--what is the word
22 I'm looking for, Chair? Relief from symptoms,
23 that they, that these people deserve, and they
24 deserve it in an express manner. So, I appreciate
25 the testimony from all three of you, and I really

2 appreciate your testimony. It's just that I think
3 that we should be more genuine in the things that
4 we're talking about. Not just giving big
5 pharmaceutical companies reign over everything so
6 they can make billions of dollars in profits.
7 Because the FDA timeline and the FDA showing how
8 many years these drugs are on the market and then
9 they're being recalled, kind of disproves some of
10 that.

11 NICHOLAS PACE: Yeah. I must tell
12 you that--

13 CHAIRPERSON WILLS: But I’m not
14 being argumentative, I don't want you to think
15 that either.

16 NICHOLAS PACE: --no, we're very
17 concerned about what's happening. I teach a
18 course at NYU, in addiction, to young
19 pediatricians, and I tell, I ask them, what are
20 they seeing? They're seeing marijuana. The kids
21 thing if they choose this medicine, it's okay.
22 And we got big problems. And if you look at this,
23 and I think, you made a good point, you should
24 really go to California and see what's happening
25 there. You should go to Colorado, where two

2 percent of the entire population now is using
3 medical marijuana. Excellent study, which I gave
4 you, came out in August. What's interesting is
5 people who are using it recreationally get it, get
6 a prescription, they're using it for anxiety, you
7 know, and then they're use goes up dramatically,
8 and also they have the highest suicide rate in the
9 whole, the whole country now. And there's a
10 connection there. But, I suggest you look at Dr.
11 Nussbaum's [phonetic] paper, from August of this
12 year. The fact is, it is a big problem. Talk to
13 the, to kids that we see. They think it's okay
14 because they hear the word, "medical" marijuana.
15 It's a back door into use, and frankly I have some
16 new material that I gave you, showing studies that
17 have been done around the world, around the
18 country, that this drug is very dangerous. So,
19 especially what we have now, we got 16 mg percent,
20 the stuff that was around in the '70s was .6 mg
21 percent.
22 CHAIRPERSON WILLS: No, I
23 appreciate that, but Assemblyman Gottfried's
24 legislation actually speaks to the heightened
25 criminal penalty for people that are using it for

2 medical--I mean, for recreational to actually
3 securing it through a medical venue, and then
4 using it that way.
5 NICHOLAS PACE: By the way, we're,
6 I'm not, I'm opposed to putting kids in jail
7 because of smoking pot. This is not a, it's not
8 about legalization, and it's about medical. The
9 problem is this drug is very toxic.
10 GREG BUNT: If I could--
11 CHAIRPERSON KOPPELL: Any other
12 Council Member have--Yes, Mr., Council Member
13 Dromm.
14 COUNCIL MEMBER DROMM: Okay, thank
15 you very much, Mr. Chair, and thank you both
16 Chairs for this great hearing. I think I deeply
17 appreciate your efforts in this regard, to my
18 bill. I do want to state that I am an addict and
19 alcoholic, and I've been sober for 21 years. And
20 I appreciate the young man's statement in terms of
21 what you're experiences have been, but being an
22 alcoholic and an addict myself, I don't feel that
23 the drug is what made me an alcoholic, it's the
24 allergy to the substance itself. And those of us
25 in the recovery community always talk about us

2 having an allergy to those substances. Because
3 not everybody who uses marijuana and not everybody
4 who uses alcohol then becomes an alcoholic or
5 addicted to marijuana, whatever it may be. Would
6 you agree with that?
7 MAX SCHWARTZBERG: Well, the first
8 thing was that I didn't once say what caused me to
9 have that problem. All I said was, that when
10 something isn't looked at as a problem, that
11 person cannot and will not get help. I didn't ask
12 what you thought made you an addict, or an
13 alcoholic. The issue here is about medicine. The
14 issue here is about medicine and science.
15 COUNCIL MEMBER DROMM: Well, yeah,
16 but I wasn't talking about me, I'm talking about
17 the understanding of a--
18 MAX SCHWARTZBERG: But you just--
19 COUNCIL MEMBER DROMM: May I
20 finish? I was talking about the understanding of
21 addictions, because we're talking about addictions
22 here. And I made it a little bit personal,
23 because having had that personal experience, I
24 wanted to say that as a person, a sober person,
25 I'm supporting this legislation. I put this

2 legislation in. It's not really the matter of the
3 substance as much as it is people who have
4 addictions. One addiction is the same as another
5 addiction. If you have an addiction to alcohol,
6 you have an addiction to marijuana; if you have an
7 addiction to cocaine--
8 MAX SCHWARTZBERG: Wait, wait,
9 wait, wait. Did you just say that if you have an
10 addiction to alcohol, you have an addiction to
11 marijuana?
12 COUNCIL MEMBER DROMM: Mm-hmm.
13 MAX SCHWARTZBERG: That's not true.
14 At all. At all, and I don't know what AA meeting
15 you went to. I don't know who told you--
16 CHAIRPERSON KOPPELL: All right,
17 wait, wait, wait, wait.
18 CHAIRPERSON WILLS: Wait, you're
19 not going to--
20 CHAIRPERSON KOPPELL: Hold on, hold
21 on, no.
22 CHAIRPERSON WILLS: You're not
23 going to do that, you're not going to do that.
24 CHAIRPERSON KOPPELL: No, wait, I'm
25 going to, I'm going to stop this dialogue, this is

2 not the way we conduct a hearing. So, Councilman
3 Dromm, have you finished your statement?
4 COUNCIL MEMBER DROMM: No, I have,
5 I have just follow ups.
6 CHAIRPERSON KOPPELL: Let him
7 finish his statement.
8 COUNCIL MEMBER DROMM: I'll move on
9 from that, from that one, but I just wanted to
10 point out that not all addicts and alcoholics
11 agree with the material that's been presented here
12 today. All right, I have many friends who suffer
13 from the disease, practically all of my friends
14 are in the same category as I am. My close,
15 personal friends. And they're supportive of this.
16 Many of them do have AIDS, and would love to have
17 legalized use of medicinal marijuana. That being
18 said, let me just go to what some of the doctors
19 have brought up. And I believe it was Dr. Pace
20 who said in his testimony, that a recent Harvard
21 study shows that marijuana use enhances the virus
22 that causes Kaposi's Sarcoma. Now, Kaposi's
23 Sarcoma is probably the least, the disease that
24 the people have AIDS are dying from, right? Most
25 are maybe it's pneumocystis at this point, and

2 other diseases. Would you agree with that?

3 NICHOLAS PACE: Yeah. The only

4 time I've seen it was within an AIDS patient,

5 also, it's a very--

6 COUNCIL MEMBER DROMM: Right, so

7 but it's a low incidence of occurrence in terms of

8 AIDS patients. Even today, we've kind of gone

9 somewhat beyond that, although I think the numbers

10 may be increasing a little bit in that area. But

11 then a doctor who knows that somebody who had

12 Kaposi, wouldn't he be opening himself to a

13 malpractice suit if he in fact prescribed medical

14 marijuana, knowing the allegations that you said,

15 if they in fact they are true, and I have evidence

16 to say that they're not, that that allegation is

17 also not true. I have a study here that says

18 that, "Extensive research in HIV patients whose

19 immune systems are particularly vulnerable, shows

20 no signs of marijuana related harm." University

21 of California, at San Francisco researcher David

22 Abrams and doctor, has studied marijuana and

23 Marinol on AIDS patients taking anti-HIV

24 combination therapy. Not only was there no sign

25 of immune system damage, but the patients gained

2 T-lymphocytes, the critical immune system cells
3 lost in AIDS and also gained more weight than
4 those taking a placebo.
5 NICHOLAS PACE: The point--
6 COUNCIL MEMBER DROMM: So there's,
7 there's evidence to counter what you were saying.
8 NICHOLAS PACE: I would say, I--
9 part of my material that I gave you is counter-
10 indicate--I know Dr. Abrams, he is very pro-
11 medical marijuana. There's a lot of what he says
12 that's not true. Take a look at what Dr. Madris
13 [phonetic] at Harvard said, because she, she
14 discusses what Dr. Abrams said, it's in your
15 packet of material. She was, by the way, going to
16 come today, from Harvard, come down on her own
17 nickel, and by the way, none of us are, we have
18 anything to gain financially about this, I mean, I
19 have to tell you.
20 COUNCIL MEMBER DROMM: Doctor, I
21 don't doubt your motives.
22 NICHOLAS PACE: But the fact is,
23 that the--but I think that she talks about exactly
24 what you're saying. That's part of the problem.
25 If you try to be objective about this, I'm

2 concerned for the patient. And we don't believe
3 in incarcerating somebody who gets, who smokes
4 marijuana, but you can't give the message that
5 this is a safe recreational drug.
6 COUNCIL MEMBER DROMM: But that's
7 not the message. We're saying this is a, a yet to
8 be determined amount of safety in terms of the
9 medicinal use of it. And what we're saying is
10 that we should not penalize people, and I was glad
11 to hear your position on this, to say that you
12 don't' want to criminalize people who use
13 marijuana. While at the same time, what we're
14 trying to do is allow those people, for human
15 purposes, who feel that there's a benefit to them,
16 to be able to smoke medicinal marijuana, to allow
17 them to do that.
18 NICHOLAS PACE: But the fact is
19 that we, there is no double-blind, this drug has,
20 has a lot of side effects.
21 COUNCIL MEMBER DROMM: Well,
22 doctor, out of the studies that you cited, how
23 many of those studies were, took into account the
24 recipients of carefully controlled and regulated
25 marijuana? In other words, the studies that

2 you're talking about I believe were for people who
3 used illegal marijuana, bought on the street
4 perhaps, not determined the amount of THC in it,
5 etc., so forth and so on. I don't know that you
6 have a study there that says, that you can point
7 to, that says, that says, you know, these were
8 done under controlled conditions.

9 NICHOLAS PACE: Dr. Cleber's
10 [phonetic] report here, and by the way we have six
11 other doctors that we got letters to the
12 Committee, please look at them. Dr. Cleber talks
13 about, and he runs studies, he uses Marinol up
14 there, they, you can get it free, by the way if
15 you joined, and go up to Columbia. And they're
16 studying Marinol, as a possible way of withdrawing
17 people from addiction to marijuana. But the fact
18 is that he comes out pretty solid against the use
19 of medical marijuana.

20 COUNCIL MEMBER DROMM: Well, I just
21 want to say there are many doctors who contradict
22 what it is that you're trying to say there. And I
23 think I'll also add this as well, and I appreciate
24 your credentials as a psychiatrist, but you know
25 being--

2 NICHOLAS PACE: Internist. I'm an
3 internist.
4 COUNCIL MEMBER DROMM: An
5 internist? Somebody said they were a
6 psychiatrist? Yes, I'm sorry. You know, as an
7 openly gay person, the American Psychiatric
8 Association classified me as mentally ill. And we
9 had to have that removed, and thank god in 1973
10 they did, and certainly that has been a long
11 personal battle for me. So, one of the reasons
12 why I really wanted to attend this hearing today,
13 was to just contradict and to put out there that
14 doctors are often wrong. And that there's a whole
15 human element as to why people who suffer from
16 these diseases, who are telling their physicians
17 that the only way that they can get relief from
18 the symptoms is by medical marijuana, we should
19 not stand in the way of them getting that type of
20 relief. Thank you.
21 CHAIRPERSON KOPPELL: Thank, thank
22 you, thank you very much for testifying today. We
23 really do appreciate your coming. We hear your
24 point of view, I happen to feel differently, but
25 we appreciate, you know, and I will look at the

2 evidence you've presented, and the Committee will
3 consider this. We're not voting on the resolution
4 today. Thank you very much. Did you have
5 something you want to--?
6 COUNCIL MEMBER GREENFIELD: One
7 quick question.
8 CHAIRPERSON KOPPELL: Okay,
9 quickly, because we've got to be out by 1:00
10 o'clock, and we still have other witnesses.
11 COUNCIL MEMBER GREENFIELD: Got it.
12 Quick question for Dr. Bunt. You said something
13 interesting, you said that you're opposed to this,
14 but you're also opposed to the criminalization of
15 marijuana, right? Can you explain that? I mean,
16 for some people here it seems sort of like
17 counterintuitive.
18 GREG BUNT: Yes.
19 COUNCIL MEMBER GREENFIELD: What
20 does that mean exactly?
21 GREG BUNT: Yes, that means that
22 severe criminal sanctions should not apply to
23 marijuana users, particularly if they have
24 possession of small amounts for their own use;
25 alternative, alternatives to criminal sanctions

2 should be available to those who are using
3 marijuana, or for that matter most other drugs of
4 abuse. And this is something we do in our
5 treatment programs, and we work with the criminal
6 justice system. Some prosecutors work with us and
7 advocate for alternatives to criminal sanctions if
8 they are caught with possession of illegal drugs.
9 COUNCIL MEMBER GREENFIELD: So
10 you're concern more specifically is on the
11 efficacy, or the potential side effects of the
12 other concerns with smoking the marijuana? Is
13 that your specific concern?
14 GREG BUNT: My specific concern is
15 the efficacy, the quality, the adulterants, but
16 even more importantly, the acc--the increased
17 access of marijuana, which we believe is a gateway
18 drug, in addition to leading to abuse and
19 dependence in its own right. So, it's an
20 addictive substance, a controlled substance, that
21 should remain controlled. And that's a real
22 problem with medicinal marijuana, which is again
23 blurring the distinction between abuse and
24 recreational uses.
25 COUNCIL MEMBER GREENFIELD: But to

2 be clear, if it had the controls that other
3 substances have currently, under controlled
4 substances by the FDA, you would not be opposed to
5 this.
6 GREG BUNT: If the FDA approved it-
7 -
8 COUNCIL MEMBER GREENFIELD:
9 Correct, yes.
10 GREG BUNT: --which I doubt it
11 would, but if the FDA approved it, yes--
12 COUNCIL MEMBER GREENFIELD: But if
13 they regulate it, let's just say in hypothetical,
14 if they regulate it, you wouldn't be opposed to
15 it, 'cause you see a sort of a distinction between
16 what would, what's happening now and what would
17 happen in that particular case.
18 GREG BUNT: Well, the short answer
19 is if it, if it were FDA approved for
20 prescription, then I would not be opposed to it;
21 although I think there would be a lot of debate
22 among physicians about whether a smoked, crude
23 product should be approved by the FDA. There
24 would be a lot of debate about that. I don't
25 think it would be approved by the FDA, for that

2 reason.

3 NICHOLAS PACE: [off mic] There is

4 a paper--

5 CHAIRPERSON KOPPELL: No, no, we--

6 [background comments]

7 NICHOLAS PACE: Just so that you

8 know--

9 CHAIRPERSON KOPPELL: [laughs]

10 NICHOLAS PACE: --this bill--

11 COUNCIL MEMBER GREENFIELD: Short

12 answer, please.

13 NICHOLAS PACE: --Special

14 Prosecutor Bridget Brennan, who also couldn't be

15 here today, but wrote a letter to the Committee,

16 talks about this bill and the problems that it

17 has. And I think you should, as a group, look at

18 it.

19 COUNCIL MEMBER GREENFIELD: You

20 mean the Special Narcotics Prosecutor for the City

21 of New York. Thank you very much.

22 NICHOLAS PACE: For the City of New

23 York. Thank you.

24 CHAIRPERSON KOPPELL: Yes, thank

25 you very much. We do appreciate your taking time

2 to testify. Absolutely. We have one more panel:
3 Arlene Williams; it looks like Khanna Landecker
4 [background comment] Alanna, okay, Lana; and Noah
5 Potter. [pause, background noise] Why don't we
6 go in that order. I called Arlene Williams first.
7 ARLENE WILLIAMS: I appreciate
8 having the opportunity to be here. I live in New
9 York City, I'm a third stage breast cancer
10 survivor. [technical, background noise]
11 CHAIRPERSON KOPPELL: Yeah, the
12 light should be on, go ahead.
13 ARLENE WILLIAMS: It should be on.
14 CHAIRPERSON KOPPELL: Yes.
15 ARLENE WILLIAMS: Okay. I, I'm a
16 great-grandmother, I will be 75 years old in
17 March, approximately five months older than
18 federal prohibition of marijuana. I was diagnosed
19 in 1980, and it was my doctor who suggested that I
20 try marijuana. There was a government program at
21 the time, and in his words, "The stuff's no good,"
22 and by the time I do the paperwork, you may not be
23 here. I was given approximately a 25 percent
24 chance to make it to Christmas. I walked out of
25 NYU, I stood on the sidewalk, and I said, "God,

2 please help me," I'm sure I could've went home,
3 went through my phonebook and found a connection.
4 I walked like I knew what I was doing, and wound
5 up in a schoolyard. Not afraid of getting
6 arrested or not even thinking the law, and in the
7 shadows, God showed me his sense of humor because
8 I met a young man named Jesus. And Jesus became
9 my ally, and gave me religion, so to speak, big
10 time. Later, when I began to improve, the cancer
11 had spread several times into my spine. And there
12 was a point where the doctors thought I needed
13 Dilaudid, morphine, etc. And I realized I was
14 addicted and I did not think I needed opiates, at
15 least to that extent. And eventually took myself
16 off of it, and continued using the cannabis. When
17 I did improve with my health, I volunteered in an
18 AIDS hospice, I was only going to go there for an
19 hour a week; it wound up becoming my life for
20 approximately ten-twelve years. Through, with
21 Jesus as my ally, we experimented, and if the
22 patients couldn't smoke it, I learned to make a
23 tea with it, I learned to cook with it. We tried
24 different methods. There's no cure for AIDS, but
25 I like to think that we at least relieved their

2 symptoms and their suffering. I have never told
3 anyone "It's going to cure you," I have never said
4 that "It will work for you." Like any legally
5 prescribed medication, it may or may not work for
6 you and it might work for me, we don't know that.
7 But I think patients need it as an alternative.
8 I've come to the point in my life where I think it
9 should just be legal, period. But I think medical
10 marijuana is very, very important. I picked up
11 the newspapers one morning and this is what
12 propelled me into going public, because up until
13 that point, I would tell people what I did. But
14 this particular morning in all our newspapers was
15 a picture of a woman a year old than me, who
16 suffered with colon cancer, who is also a great-
17 grandmother, and was arrested in the street, for
18 buying two ten dollar bags of marijuana. She was
19 handcuffed, she was taken to the police station,
20 she was, you know, the required mug shot, the
21 fingerprints, etc. I was so outraged, this woman
22 was Afro-American, she was up in The Bronx, and
23 all I could think of, this just would not have
24 happened to me. It wasn't impossible, but I felt
25 it was highly improbable. I went to the phone, I

called her lawyer, who happened to be Ron Kuby, and I said, "I'm white, I live on the Upper East Side, I have breast cancer, we're approximately the same age, I want to be there in court for her." The case was eventually thrown out, and Barbara Jackson and I became ganja grannies. We spoke wherever we could to anyone who would listen, and we tried to see, get their opinion, too. That's another thing. I don't think I, I can count on one hand in the last ... 31 years, 'cause it was 1980 when I was diagnosed, of people who are opposed to legalization. I find the problem is getting these people to come out of their smoke filled closets. Is they're afraid of, "What will the neighbors say? What will my parents say? What will my boss say? What about my job?" Well, my answer to that is they probably have all have better stuff than you have, and they're not as concerned as you might think. And we need these people to stand up, and out of, and not be in fear of, of admitting that they use it, whether it's recreationally or for medical reasons. I speak to people every day and real people who are seriously sick, not somebody with a

2 headache or a pimple on their rear end, but
3 serious illnesses. And they all agree it does
4 help. It does, I've not met anyone who said it
5 takes away pain; it didn't, and does not, take
6 away the pain for me. But it relaxes the body
7 enough so that you can deal with it. A gateway
8 drug, I've yet to mug somebody's grandmother, rob
9 a 7-11, stick a needle in my arm or a crack pipe
10 in my mouth. I never experimented with any kind
11 of drugs when I was younger, nor did I have the
12 desire. I have a grandson, 38 years old, who is
13 well educated and when he was going for, when he
14 graduated from college, he was going to consider
15 going into medical school [time bell] to become a
16 psychiatrist. He cannot use marijuana, he cannot
17 drink alcohol. It does not work with him, he's
18 bipolar, and it's true that--
19 CHAIRPERSON KOPPELL: We're going
20 to have to ask you to wind up, unfortunately.
21 ARLENE WILLIAMS: Well, it's true
22 that it does help some people. I think it's time
23 has come and New York being one of the greatest
24 places in the world, we're too far behind and we
25 need to be more compassionate, and put the same

2 regulations that we have on tobacco and alcohol,
3 which practically gives you a note with it that
4 says, "This may kill you." And they're still
5 selling it.
6 CHAIRPERSON KOPPELL: Thank you.
7 ARLENE WILLIAMS: Thank you.
8 CHAIRPERSON KOPPELL: Alanna
9 Landecker? You can stay. You could stay while
10 the others talk.
11 ARLENE WILLIAMS: [off mic] Oh,
12 okay, thank you.
13 CHAIRPERSON KOPPELL: Please.
14 ALANNA LANDECKER: Hi, my name is
15 Alanna Landecker, this is my first time here, so I
16 hope I do everything accordingly. Criminalization
17 of marijuana makes no sense in terms of public
18 safety, health or fiscal policy. Aside from its
19 proven value to patients, the legalization of
20 medical marijuana will absolutely play an integral
21 role in our economy, transforming previously
22 illegal jobs into legal ones, and creating many
23 new jobs, as well, contributing to the local tax
24 base and stimulating new economic activity.
25 Continued criminalization does not and will not

2 stop trade in and use of marijuana. Keeping
3 marijuana illegal will only keep marijuana
4 underground, create criminals and hurt those
5 patients least able to navigate unnecessarily
6 illicit markets. No legalizing medical--not
7 legalizing medical marijuana creates criminals out
8 of nonviolent and otherwise law abiding citizens.
9 Any articulated opposition to medical marijuana as
10 put forth at this hearing, has, I've been, I've
11 found unfounded. As far as concerns regarding
12 addiction, such concern, if legitimate, has
13 implications as was previously stated, for
14 numerous drugs, legally available in the
15 pharmaceutical market. The belief that marijuana
16 is a gateway drug is just that, a belief. The
17 assertion has far less clout than the assertion
18 that marijuana has medical benefits. The
19 testimony from the Executive Deputy Commissioner
20 for the Division of Mental Hygiene puts forth
21 potential negative health effects. I'm unsure
22 where the assertion that marijuana smoke deposits
23 four times as much tar in lungs as cigarettes
24 comes from; further, such an assertion overlooks
25 oral ingestion and vaporization. I have yet to

2 hear of any known adverse effects. Thus far,
3 opposition puts forth potential risks. There are,
4 however, very known adverse effects associated
5 with alcohol and numerous prescription drugs.
6 Council Member Greenfield, who is not here right
7 now, compared apples to oranges in bringing up
8 heroin and deflecting from the issue at hand.
9 Perhaps the Council Member overlooked the
10 regulation of medical marijuana. Legalizing will
11 regulate; continuing illegalization is the reason
12 for the discrepancy regarding potency and all
13 these other indiscretions that were brought up.
14 More importantly, Council Member is not a
15 representative for the purpose of putting forth
16 his own ideas. He represents a portion of the
17 population and I hope someone will tell him that
18 it is his obligation to account for the people he
19 represents who do not share his views. The
20 Council Member posits hypotheticals completely
21 unfounded in reality, such as nurses walking into
22 second smoke rooms. I found those remarks, those
23 imaginative fictions, to be offensive to medical
24 practitioners who would obviously have safety
25 measures put in place. I find it interesting that

2 those in opposition refer to medical marijuana as
3 a crude plant, as opposed to synthetic chemicals.
4 I wonder when did we balk at natural commodities?
5 When did that become the norm? Just as a previous
6 speaker referred to his own personal negative
7 experience with the drug, there are countless
8 individuals with different stories. Further,
9 Alcoholics Anonymous addresses marijuana
10 addiction, help is available for those who want to
11 seek it. Another speaker presumes to speak for
12 the teenage demographic of America. Such
13 testimony is horribly speculative and irrelevant.
14 I find it curious that we have to be here today to
15 try to argue why medical marijuana should be
16 legalized. I think medical marijuana should be
17 legalized and people should be here to try to say
18 why it shouldn't be. Thank you.
19 CHAIRPERSON KOPPELL: Thank you
20 very much. Noah Potter?
21 NOAH POTTER: Thank you very much.
22 I, too, this is my first time here, so I'm going
23 to try to stay within the parameters of the
24 Committee. First of all, thank you for the
25 opportunity to speak. I am an attorney in private

2 practice, I am, that, I am a student, and sort of
3 an amateur student of drug policy. I had been
4 invited to come, I had not intended on making any
5 remarks, but I, in light of what I heard, I felt
6 it appropriate to make some clarifications or
7 recharacterizations. First of all, I'd like to, I
8 think characterize the testimony we've heard
9 today, as stating that this, the matter at hand is
10 one of, is a technical problem. It's pretty
11 straight, it's fairly straightforward, that what
12 we're talking about is appropriate controls, time,
13 place, manner, restrictions. There's been no real
14 substantive argument. There's the addiction,
15 there's the addiction question, the abuse
16 potential, and what's commonly called diversion,
17 i.e., the seepage of a controlled substance out of
18 the target medical population into the larger
19 population. But the Council has observed that
20 there's a regulatory scheme in place. And so, I
21 think it's appropriate to characterize the opp--
22 the difficulties as simply technical difficulties.
23 I'd like to address the issue of FDA regulation
24 that's come up frequently. I'd like to
25 recharacterize the entire conversation as the

2 failure of the, a failure of federalism, that the
3 medical marijuana movement is a reaction to
4 decades of federal obstructionism. And in a
5 sense, it was a populist uprising against the
6 intransigence of the Department of Justice, that
7 necessitated a states based movement. We have two
8 decades or so of evolution of the regulatory
9 scheme. Initially, the California model was one
10 in which the population passed a ballot
11 initiative. And the market evolved somewhat
12 uncontrolled. There's a second generation of
13 medical marijuana statutes that, of which
14 Assemblyman Gottfried's bill is a form. And which
15 has a top down regulatory scheme that run through
16 the executive. In a sense, it's a pre-marketing
17 licensing scheme, which both the consumers and the
18 suppliers must be licensed by the State. This is
19 necessitated, this condition was necessitated by
20 the refusal of the federal government to seriously
21 consider rescheduling marijuana or cannabis out of
22 Schedule I. I would propose that the Committee,
23 to the extent that it's necessary to address the
24 FDA issue, look into the scheme, the regulatory
25 scheme for providing marijuana for FDA double-

2 blind, randomized double-blind clinical trials.
3 It would be perhaps appropriate to address the
4 concerns by Councilman Greenfield, the other
5 speakers, to call upon the federal government to
6 remove all obstacles to research into therapeutic
7 uses of marijuana. I would direct the attention
8 of the Council Members to the petition by - - Lyle
9 Kracher [phonetic] to be licensed as a bulk
10 manufacturer of marijuana for the use in clinical
11 trials. The question of why there's no FDA
12 regulation relates to the, again, to the
13 obstruction by the federal government. There's a
14 monopoly on the supply of medical--of marijuana
15 for use in research, that's held by a Dr. Elsoli
16 [phonetic] in the University of Mississippi. He's
17 the only person allowed to cultivate and
18 distribute marijuana. The Multidisciplinary
19 Association for Psychedelic Studies petitioned
20 the, I guess the DEA, for licensure of Dr. Kracher
21 to supply marijuana for use in clinical trials,
22 because the NIDA, National Institute on Drug
23 Abuse, refused to provide marijuana for Dr. Donald
24 Abrams' clinical trial in San Francisco, on the
25 use of marijuana through vaporizers. I wanted to

2 speak to, briefly to a few points, or comments
3 that were made earlier, regarding Bridgett
4 Brennan's letter. I would certainly encourage you
5 to read that. I think that I've stated this
6 before, and I'll state it again, I think the only
7 way of reaching Ms. Brennan's analysis is if one,
8 you intentionally mischaracterize the Gottfried
9 statute, or you haven't read it. Because it has
10 no bearing, her comments have absolutely no
11 bearing on the text of the proposed legislation.
12 Under the scheme, marijuana will not be
13 prescribed, you can't prescribe a Schedule I
14 substance, it's available through a doctor's
15 recommendation. With that, I'm available for
16 questions afterwards, but that concludes my
17 statement. [time bell]
18 CHAIRPERSON KOPPELL: Thank you
19 very much, thank each of the witnesses for
20 observing the time limits. We unfortunately are
21 almost out of time, but we appreciate your point
22 of view and, you know, we are, I expect that we
23 are going to be considering the resolution
24 shortly. But thank you very much for coming
25 today. WE do have one further and important

2 witness, in Senator Tom Duane, so if you would
3 come forward, Senator, it's good to see you. And
4 we appreciate your coming, your colleague in the
5 Legislature, Assemblyman Gottfried was here
6 earlier, your co-sponsor of the legislation. And
7 if you'd make a, hopefully brief statement,
8 because we only have till 1:00 o'clock, and it's
9 about seven minutes before 1:00. [laughs]
10 TOM DUANE: So you you're going to
11 reset this.
12 CHAIRPERSON KOPPELL: But we do
13 appreciate your coming.
14 TOM DUANE: I thought five. I'll
15 take the seven.
16 CHAIRPERSON KOPPELL: Well, we--we
17 have a, we're a little more lenient--
18 TOM DUANE: - - it's a great - -
19 don't start it.
20 CHAIRPERSON KOPPELL: --with public
21 officials.
22 CHAIRPERSON WILLS: [laughs] Danny
23 Dromm said you have three.
24 TOM DUANE: Are you in charge of
25 the--who does the clock?

2 CHAIRPERSON WILLS: I do, you have

3 three minutes, sir.

4 CHAIRPERSON KOPPELL: What?

5 [laughs]

6 TOM DUANE: How much time'd you

7 give Dick? 'Cause the Assembly is easier than the

8 Senate--

9 CHAIRPERSON KOPPELL: No, we

10 didn't, we--yeah, right, no.

11 TOM DUANE: The Senate is more

12 challenging.

13 CHAIRPERSON KOPPELL: No, we, we're

14 not going to interrupt you, but--

15 TOM DUANE: Okay.

16 CHAIRPERSON KOPPELL: --learn it,

17 but we have this--

18 TOM DUANE: I know.

19 CHAIRPERSON KOPPELL: --externally

20 imposed restriction.

21 TOM DUANE: I know, I know. I

22 don't want to get arrested over this. [laughter]

23 I didn't bring my handcuffs. Anyway, so, I'm Tom

24 Duane and I'm the sponsor of S.2774, which would

25 legalize the possession, manufacture, use,

delivery, transfer, transport or administration of marijuana. I’m going to just, you know, 'cause you'll all get a copy of it. Thank you, Danny, Council Member Dromm, for introducing this. And let me also say this is one of those ones where my staff says, "I'm not sure you should say that," so I'm going to say it anyway. I'm a person in recovery, in addition to alcohol, marijuana was, I was a daily marijuana smoker. I mean, like a daily marijuana smoker. And in some ways that was harder to quit for me, though I ... I think I have 27 years. [background comment] Daily. Up until the age of 28. So I had to think long and hard about whether or not I wanted to be the sponsor of this legislation. And when I was chairing the Health Committee, I really had to decide whether or not I was the person to champion it. So, I’m sure everything that I've said, everyone, other people have said, I'm just going to say a couple things. Medical marijuana would be more regulated than other drugs, than opiates, for instance. IT would be more regulated. Unfortunately, tragically, the only people who can't use marijuana, who can't get access to marijuana, are

2 the people who need it the most. MS, cancer, HIV,
3 you've heard the list of where physicians and
4 nurse practitioners and physician assistants and
5 psychiatrists and caregivers, those who work in
6 palliative care, very supportive. If I, and I'm a
7 person, obviously you know this, living with HIV.
8 If I had full blown AIDS and it would be possible
9 for me to use marijuana, to get a prescription for
10 it, I wouldn't take it. I wouldn't use it. But
11 today, I know where I could get marijuana. Let's
12 legalize it for people who really need it. And
13 have them use it under supervision and regulated.
14 Let's treat it as medicine. It helps people. It
15 helps people who really need it, who are sick,
16 where other medicines have not worked, to people,
17 for people to be more comfortable, to be able to
18 eat. They are the ones who can't get access to
19 marijuana. This would provide them with access to
20 marijuana. More regulated than opiates, more
21 regulated than Adderall. Let's trust the science
22 on this, let's trust the experience of people who
23 marijuana has helped. There are many other states
24 that get this. Your Resolution will help me in
25 the State Senate. It is supported in a bipartisan

2 manner, there are Republicans who support it as
3 well as Democrats. And we can get it passed, we
4 get things passed within the minority or the
5 majority, I just passed a big one while I was in
6 the minority, you may have read about it.
7 [laughter] Even if I'm in the minority, we can
8 pass this legislation. Your Resolution will help
9 us. And I'd be happy to answer any questions, or
10 you can throw me out, whatever. But I hope the
11 Resolution goes and I thought long and hard about
12 this. And medical marijuana's the right way to go
13 for the State. Thank you.
14 CHAIRPERSON KOPPELL: Thank you,
15 Senator. I do have a question, and I know we're
16 running out of time, but still. The testimony of
17 the doctors who appeared here in opposition, and
18 they were, at least one of them was a doctor who
19 treats addiction, and the suggest--and his
20 suggestion, the other doctor, too, was that
21 somehow or other, making marijuana available
22 medically, as your bill would do, would be an
23 encouragement to young people to start using
24 marijuana, smoking marijuana. And do you believe
25 that would be the case?

2 TOM DUANE: I don't. Young people
3 are already aware of the availability of
4 painkillers. We know that young people can go to
5 their families or their caregiver, foster
6 families, grandparents, look in the medicine
7 chest, get Vicodin out, take it. Medical
8 marijuana would be more restricted in its
9 availability. And young people are going to do
10 what young people do. You know, there's not a
11 person sitting here that doesn't know where they
12 could get marijuana off the street now. And if
13 you don't know, you know who to ask. Right?
14 CHAIRPERSON KOPPELL: Yes.
15 TOM DUANE: So [background
16 comments, laughter] you could ask me. [laughter]
17 If you need to.
18 CHAIRPERSON KOPPELL: Do you--
19 TOM DUANE: But I choose not to.
20 We cannot, we can't control what young people are
21 going to do. They're going to try it, they're not
22 going to try it; they're going to binge drink,
23 they're not going to binge drink; they're going to
24 take stuff out of their family's medicine
25 cabinets, they're not going to take it out. This

2 is more restricted, in its availability.

3 CHAIRPERSON KOPPELL: But do you--

4 but I guess what I'm asking, 'cause I - - that

5 calling is a prescription drug will encourage

6 young people to use it.

7 TOM DUANE: No.

8 CHAIRPERSON KOPPELL: I think, in

9 almost the opposite might be the case.

10 TOM DUANE: Yeah, I mean--

11 CHAIRPERSON KOPPELL: I mean, it's

12 not so interesting when it's a prescription drug.

13 TOM DUANE: --you know what? It,

14 well, also--

15 CHAIRPERSON KOPPELL: To someone

16 who's experimenting.

17 TOM DUANE: --no, I, I think if

18 it's a prescription drug, it raises the stakes,

19 and that young people know it's more dangerous. I

20 mean, I feel the same way about condoms, quite

21 frankly. Offering a young person a condom says,

22 "This is life or death," having to get a drug with

23 a prescription means, "Don't fool around with it."

24 That's, that's what I--

25 CHAIRPERSON KOPPELL: I think that-

2 -
3 TOM DUANE: --believe.
4 CHAIRPERSON KOPPELL: I think
5 that's right. Anybody else have anything? Danny?
6 COUNCIL MEMBER DROMM: Yes, just to
7 say, Senator Duane, thank you for your leadership
8 in this issue. And thank you for your openness
9 about your own recovery. And I mentioned mine
10 before, in the testimony, as well. And I made an
11 analogy I guess to the fact that, you know, those
12 of us who are in recovery believe that those of us
13 who have suffered with addictions, it's because we
14 have an "allergy," to the particular substance,
15 not necessarily that everybody who takes the
16 substance would be affected in the same way that
17 those of us who have the allergy. Would you
18 agreed with that?
19 TOM DUANE: I would. Drinking,
20 some people it, the allergy analogy is, was my
21 opening to going into recovery. You know, I had
22 an analogy to something that I like too much.
23 Sometimes it happens with foods, people like to
24 have too much, and then they find out they're
25 allergic to it. You know, we actually don't know

2 as much as we need to know about these things, but
3 these things we know. I also want to say I've had
4 two hip replacements. One of the reasons that I
5 got the second one done was because I waited too
6 long for the first one, and I had to take Vicodin,
7 and pills weren't my thing. I went in, I got a
8 hip replacement, I came home, I went through
9 rehab, they said, "You will recover better if you
10 are not in pain, you'll do the exercises if you're
11 not in pain." I mean, I had hips, knees, they
12 were there, they're screaming in pain, when they
13 have to move their knees. So, and I got a
14 prescription, I brought it home, I took it, and
15 when I was done, I was done. I wouldn't do that
16 with marijuana because I like that too much.
17 [laughs] But I used it, and then when I didn't
18 need Vicodin, I stopped. In fact, the pain doctor
19 kept giving me time release oxycontin. Now you
20 would think that as a recovering person, I would
21 love that. I hated it. [laughter] Begged him to
22 take--I said, I'm a Vicodin boy, please, don't
23 give me oxycontin is like really strong. Right?
24 I was like, just Vicodin, that's all I need. You
25 know, it's almost like Tylenol. But when I didn't

2 need it anymore, I stopped. Right? So, there,
3 you know, someone that, so I'm an addictive
4 personality. Someone who doesn't have an--
5 someone--they'll use it when the doctor says, "You
6 know what? You should use this, you need to eat."
7 Or, "The symptoms of your MS," or "You should take
8 it," or, you know, I know people with cancer,
9 there is some kinds of cancer that are incurable,
10 and incredibly painful. When my mother was, was
11 dying, this was the rule: no pain, no fear.
12 Right? I mean, I wouldn't, my mother would not
13 have used medical marijuana. But if she, you
14 know, needed to eat to stay alive long enough to
15 get the treatment she needed, that would have
16 saved her, I would have gone and gotten it for
17 her. I would have broken the law, if it would
18 make her better. I wouldn't want to do that, I
19 wouldn't want to get a record, I think, you know,
20 it's a misdemeanor, but I would prefer to do it
21 under a doctor's or a nurse practitioner's or a
22 palliative care or cancer specialist. That's what
23 this does. It's more restricted than oxycontin
24 and Vicodin, by this bill. Some would argue it's
25 too restricted. But you know what? We

2 compromised. And availability would be more
3 restrictive and to the people who need it, who
4 sadly, again, the only people who can't use it,
5 are the ones that need it for their - -
6 CHAIRPERSON KOPPELL: I think
7 that's a good way to end, we've got to get out of
8 the room.
9 TOM DUANE: All right. So--
10 CHAIRPERSON KOPPELL: Thank you.
11 TOM DUANE: Thank you.
12 CHAIRPERSON KOPPELL: Thank you.
13 Council Member Wills wants to make a brief
14 statement for the record.
15 CHAIRPERSON WILLS: That's okay,
16 it's okay.
17 CHAIRPERSON KOPPELL: Okay? Okay,
18 so, we've heard from, it's been a very interesting
19 hearing, I think. All views have been expressed.
20 Senator, we appreciate your coming. Hearing's
21 adjourned.
22 [gavel]

C E R T I F I C A T E

I, JOHN DAVID TONG certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature

Date December 21, 2011