



chronic pain and other illnesses have long sought the right to use marijuana to treat their symptoms; and

Whereas, The National Academy of Sciences' Institute of Medicine has determined that "the accumulated data indicate a potential therapeutic value for cannabinoid drugs, particularly for symptoms such as pain relief, control of nausea and vomiting, and appetite stimulation [and] . . . [f]or patients, such as those with AIDS or undergoing chemotherapy, who suffer simultaneously from severe pain, nausea, and appetite loss, cannabinoid drugs might thus offer broad spectrum relief not found in any other single medication;" and

Whereas, The National Commission of Marijuana and Drug Abuse reports that marijuana "has been used therapeutically from the earliest records, nearly 5,000 years ago . . . and its products have been widely noted for their effects, both physiological and psychological, throughout the world;" and

Whereas, In the January 30, 1997 issue of The New England Journal of Medicine, the then editor-in-chief, Dr. Kassirer, stated that prohibiting "physicians from alleviating suffering by prescribing marijuana for seriously ill patients is misguided, heavy-handed, and inhumane;" and

Whereas, The New York State Nurses Association has endorsed the therapeutic use of marijuana, arguing that prohibiting its use "has led many desperate patients and their families to break the law to obtain marijuana when prescribed medications proved ineffective or too toxic, [putting] patients at risk for criminal charges [and making] them vulnerable to contaminated drugs because there is no quality control in the contraband market;" and

Whereas, A Zogby public opinion poll conducted in April 1999, found that 80% of New Yorkers support a policy that would allow physicians "to prescribe marijuana for medical purposes to seriously and terminally ill patients, and to alleviate symptoms of diseases and side effects associated with treatments;" and

Whereas, Legal advocates for medicinal marijuana report that federal law does not hinder a state's right to pass laws allowing patients to grow, possess and use medical marijuana; and

Whereas, Eight (8) states currently have effective medical marijuana laws and fourteen (14) states, including New York, currently allow for research programs that study the therapeutic effects of medical

marijuana; and

Whereas, In enacting New York’s Antonio G. Olivieri Controlled Substances Therapeutic Research Program in 1980, the New York State Legislature found that “the use of marijuana may alleviate the nausea and ill-effects of cancer chemotherapy, may alleviate the ill-effects of glaucoma and may have other therapeutic uses;” and

Whereas, On March 3, 2003, Assembly Member Richard Gottfried (D-Manhattan), Chair of the State Assembly’s Health Committee, introduced A.5796, a comprehensive medical marijuana bill that would allow the possession, manufacture, sale, administration, delivery, dispensing and distribution of medical marijuana in connection with medical use by certified patients, and which was amended and introduced as A.5796-A on May 4, 2004; and

Whereas, New York State Senator Velmanette Montgomery (D-Brooklyn) introduced a companion bill, S.4805, into the Senate on April 16, 2003; and

Whereas, A.5796-A would require that a recipient of marijuana for medical purposes be certified by a practitioner as having a “serious condition” that is life threatening or an associated condition or complication of such condition or its treatment; and

Whereas, A.5796-A and S.4805 sets forth specific standards for patient certification, including that such certification must be in writing and dated; that such certification must be given to the patient or caregiver and a copy of such certification must be placed in the patient’s medical record and given to the New York State Department of Health (SDOH); that such certification must include specific directions for use, including the dosage and frequency of dosage; and that such certification is limited to a thirty day supply of medical marijuana and the number of renewals by the doctor is limited to five renewals per certification, such that a certification lasts a maximum of six months; and

Whereas, Additionally, A.5796-A and S.4805 would require that medical marijuana be distributed in a suitable container, which would be marked in a similar manner as other controlled substances with the certified

patient's name and address, the dispensing organization's name, address and phone number, directions for use and the prescribing doctor's name; and

Whereas, Pursuant to A.5796-A, organizations registered and permitted to distribute marijuana for medical purposes would be limited to the SDOH, a local health department, a pharmacy or an Article 28 facility; and

Whereas, A.5796-A and S.4805 would permit medical marijuana sales only by a registered organization to a registered organization, a certified patient or a caregiver of a certified patient; by a Federal, State or local law enforcement agency to a registered organization; or by a caregiver of a certified patient to the certified patient; and

Whereas, Furthermore, A.5796-A and S.4805 would require practitioners who have prescribed medical marijuana to a patient to submit initial and follow-up reports to SDOH, which would include the effective certification period, the specified condition for which medical marijuana was prescribed, the names and addresses of the certified patient and his or her practitioner and the level and pattern of use and the effectiveness of the medical marijuana for such certified patient; and

Whereas, A.5796-A and S.4805 would also require that SDOH submit at the end of the legislation's first year, and then biennially, a report to the Legislature and Governor on the medical use of marijuana under such legislation and make appropriate recommendations; and

Whereas, Additionally, A.5796-A and S.4805 would require that SDOH enter into an agreement with a third party to conduct an evaluation of the implementation and effectiveness of the legislation, including an analysis of the operation of the legislation, the clinical value of medical marijuana use under the legislation, and the effect of medical marijuana, if any, on the illegal use of controlled substances; and

Whereas, A.5796-A and S.4805 would also permit SDOH to conduct research relating to the medical use of marijuana at its own discretion; and

Whereas, A.5796-A and S.4805 would sunset five years after its effective date, unless reauthorized by

the Governor and Legislature; now, therefore, be it

Resolved, That the Council of the City of New York calls upon the New York State Legislature to adopt A.5796-A and S.4805, which would legalize the possession, manufacture, sale, administration, delivery, dispensing and distribution of marijuana in connection with medical use for certified patients.