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**TESTIMONY OF DAVID G. EVANS, ESQ. BEFORE THE CONNECTICUT  
JUDICIARY COMMITTEE - MARCH 14<sup>th</sup>, 2011**

Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington and the other distinguished Members of the Judiciary Committee.

**The State "Medical" Marijuana Laws By-pass Our Proven FDA Drug Approval Process**

All medications, particularly those containing controlled substances, should become available only after having satisfied the rigorous criteria of the federal Food and Drug Administration (FDA) approval process. Patients and physicians have the right to insist that medications have satisfied modern medical standards for quality, safety and efficacy. Such medications must be standardized by composition and dose and administered in an appropriate delivery system with a reproducible dose. Furthermore, preclinical and clinical studies are necessary to provide physicians with adequate information to guide their prescribing decisions. There is no reason why medications derived from the cannabis plant should be exempted from the FDA process. Proliferation of "medical marijuana" state laws creates an unregulated system that allows untested and potentially contaminated materials to be distributed to vulnerable patients.

**There Is No Medical Reason to Smoke Marijuana as Medicine**

There already are two forms of cannabinoid-based medicine approved by the Food and Drug Administration (FDA) that can deliver controlled doses to a patient in the form of a pill. They are dronabinol (Marinol®) and nabilone (Cesamet®).

These medicines can be controlled for their strength and they deliver none of the harmful side effects of smoking marijuana. They are better for many patients because they are often cheaper and are more convenient to use than smoked marijuana. As FDA approved drugs they are covered by medical insurance plans and can be obtained at local drug stores. In addition, they can be ingested more privately than smoked "medical" marijuana.

These drugs are approved for chemotherapy induced nausea and vomiting for people who do not respond to conventional antiemetics. It is also used for the treatment of unintended weight loss for patients with AIDS.

Some people who smoke marijuana claim that Marinol and Cesamet do not work. This is because they have a tolerance developed by smoking marijuana. All a doctor has to do to overcome the tolerance is increase the dose and it will work.

The marijuana advocates claim that smoking works faster to get the effect. However, the effect from smoking also goes away faster. Marinol and Cesamet provide a longer period of effect which is better for the patient. The marijuana advocates also claim that some people cannot swallow a pill, however, pills can be crushed and taken with juice.

### **The Anecdotal Reports Regarding "Medical" Marijuana Are Not Reliable Scientific Evidence**

The anecdotal reports of benefits of "medical" marijuana cannot be regarded as scientific evidence because the claimed benefits were not independently verified. The anecdotal reports may also be inaccurate due to the emotional expectancy of the person using marijuana and the placebo effect. In some cases there may be deliberate exaggeration for ideological reasons.

### **There Are Better Drugs for Chemotherapy Nausea**

Marijuana legalization advocates would have you believe that smoking marijuana is the only alternative for cancer sufferers who are going untreated for the nausea associated with chemotherapy. However, numerous medications and treatments are currently available for this condition.

### **Marijuana Use Is Up in Part Due to "Medical" Marijuana**

This single year increase in current illegal use of any drug is closely tied to changes in marijuana use, the most commonly used illegal drug in the United States. An estimated 16.7 million people, or 6.6% of the population were current marijuana users in 2009, about 10% more than the number of people who reported current use in 2008 (15.2 million or 6.1%) and 16% more than in 2007 (14.4 million or 5.8%). These data clearly demonstrate that marijuana use is on the rise. This has been attributed in part to state "medical" marijuana laws and the resulting perception that marijuana is not harmful. Source: Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings* (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD.