



Testimony
of
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before the

**New York City Council Committee on Mental Health, Mental Retardation,
Alcoholism, Drug Abuse and Disability Services**

and

Subcommittee on Drug Abuse

regarding

Oversight: Medical Marijuana
November 18, 2011

250 Broadway, Hearing Room, 16th Floor
New York, NY

Good morning Chairperson Koppell, Chairperson Wills and members of the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. I am Adam Karpati, Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Farley, I would like to thank you for the opportunity to testify.

Currently, 16 states and the District of Columbia have legalized possessing and smoking marijuana for medical reasons, with various restrictions. In states where medical marijuana is legal, it is prescribed to treat patients with cancer, HIV/AIDS, multiple sclerosis, chronic pain, severe nausea, and other chronic or debilitating diseases and conditions. Reports suggest that cannabinoid drugs, those containing the same chemical compounds as marijuana, could be beneficial for relief of pain and nausea and for appetite stimulation. Some patients who suffer simultaneously from severe pain, nausea and appetite loss, such as those with AIDS or who are undergoing chemotherapy, believe that cannabinoid drugs offer relief not found in any other single medication. However, based on the lack of clear, scientifically validated medical benefits of smoked marijuana and the known harmful components of marijuana smoke, the Department opposes legalization of marijuana for medical use.

Medical expert bodies say more research is needed on the benefits of the active ingredient in marijuana and the risks of smoking it. The Institute of Medicine, American Medical Association, National Institutes of Health, World Health Organization, and American Public Health Association have all recommended that therapeutic uses of cannabinoids warrant further basic pharmacological and experimental investigation and clinical research into their effectiveness. They agree that more research is needed on the

basic neuropharmacology of tetrahydrocannabinol (THC) and other cannabinoids and related methods of administration so that better therapeutic agents can be found. A 2003 Institute of Medicine report recommended that clinical trials of cannabinoid drugs for symptom management should be conducted with the goal of developing rapid-onset, reliable, and safe delivery systems.

The active ingredient in marijuana is currently available by prescription in pill form throughout the country, under the brand name Marinol. Users of medical marijuana cite a preference for smoking the drug by asserting that taking the drug as a pill does not alleviate their symptoms or that they cannot control the dosage adequately using pills. Other forms of the drug that are in development or available in other countries, including a patch and an oral spray, may address some of the complaints about the limits of the pill.

While the benefits of medical marijuana are unclear, the potential negative health effects of smoking marijuana are serious. Smoking marijuana damages the lungs. Marijuana smoke contains cancer-causing chemicals and it deposits four times as much tar in lungs as cigarettes. Unlike any other drug approved for medical use, dosage with smoked marijuana cannot be known precisely because drug levels vary from plant to plant.

A bill in the state legislature, S.2774 / A.7347, would legalize the possession, manufacture, use, delivery, transfer, transport or administration of marijuana by a certified patient or designated caregiver for a certified medical use. Because the benefits of marijuana are not clear, and because there are known risks to smoking marijuana, the Department does not support this legislation.

Thank you again for the opportunity to testify. I would be glad to take your questions.