Opinions on Medical Marijuana in NJ

Surveying qualified individuals on their preferred method of intake and other issues relating to the imposed NJ regulations

Tag words: Medicinal Marijuana, Medical Marijuana, Medical Marijuana New Jersey, Medicinal Marijuana New Jersey, Corzine Medical Marijuana, Christie Medical Marijuana

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Summary

Though New Jersey has taken steps to legalize medical marijuana (MMJ), its restrictions and policies make these laws the most strict out of all states that have allowed the regulated use of MMJ. There is a great deal of scientific research being done regarding the efficacy of cannabis in relieving painful and debilitating conditions, which should be reflected in NJ policies. Medical cannabis is typically seen by physicians as a last resort treatment for many patients, but the problems that arise with this legal form of the drug make the illegal route seem like a better option for many. Social stigmas relating to marijuana are still prevalent, but more and more people have accepted medical cannabis as an alternative treatment. Since these laws are still in their very early stages, it is possible to create an efficient system in which medical marijuana is an accepted, reasonable, safe drug of choice that will help the economy as well.

Video Link

All you need to know: NJ Medical Marijuana Laws: http://www.youtube.com/watch?v=Rb44aPvuB5w
The Issue: Medical Marijuana

New Jersey Compassionate Use of Medical Marijuana Act (ER)
Medical Marijuana is believed by some doctors and scientists to alleviate debilitating pain and nausea from life threatening diseases such as cancer and AIDS. It currently has been legalized medically in several different states including Arizona, California, Colorado, Hawaii, Missouri, Montana, Nevada, New Jersey, New Hampshire, Oregon, Rhode Island, Vermont, the Virgin Islands, and Washington. New Jersey was the fourteenth state to legalize medical marijuana and currently holds the strictest regulations on issuing and prescribing it to patients.

On his last day as governor, Governor Jon Corzine signed the bill to legalize medical marijuana (Bill S119) on January 10, 2010 also known as the New Jersey Compassionate Use of Medical Marijuana Act. The bill was sponsored by Senator Nicholas Scutari from District 22 and Jim Whelan from District 2. It was also co-sponsored by Senators Cunningham, Lesniak, Stack, Sweeney, Weinberg and Vitale. The bill should go into effect in July and the sale of medical marijuana should be beginning in October (Berr 2010) approximately 6 months after the bill is signed into a law. By passing this bill the state hopes to improve the standard of living for the sick and the elderly.

Legal practicing physicians have the ability to prescribe usable medical marijuana (dried leaves and flowers of marijuana and any mixture or preparation thereof that does not include the seeds, stems, or roots [Bill S119]) to patients with cancer, glaucoma, multiple sclerosis, HIV/AIDS, seizure disorder, amyotrophic lateral sclerosis, severe muscle spasms, muscular dystrophy, inflammatory bowel disease, Crohn’s disease. The patient can also be diagnosed with a terminal illness that may cause rapid death for the patient. The law allows the state health department to include other illnesses that deem worthy of this treatment. The physician must have a prior relationship with the patient and complete a thorough examination on the patient to allow them to qualify for medical marijuana. After the physician completes the examination the department issues the patient or the patient’s caregiver a registry identification card, which is issued through the state department. The patient maybe under the age of 18 if the legal guardian consents in writing to the use of medical marijuana and that they agree to become the primary caregiver and control the consumption of the medical marijuana (Bill S119). Although these illnesses are severe, the law does not require insurance companies to cover medical marijuana (Heininger 2010). The bill will not only affect patients medically but it has the potential to improve their lives socially.

When written, this bill hoped to accomplish several issues within the state both medically and socially. The National Academy of Sciences’ Institute of Medicine found that there is a clear benefit to patients who use marijuana to alleviate debilitating pain. U.S Sentencing Commission also found that 99% of 100 arrests that are made due to the possession of marijuana are state arrests and not federal arrests. This means that by legalizing the use of medical marijuana the state can increase the number of people benefiting from the positive effects of marijuana while decreasing the number of state arrests since the state is not required to enforce federal laws (Bill S119). The law, however, outlines very strict regulations to ensure that the use medical marijuana is not abused within the state.

The law clearly outlines the restrictions and regulations that are placed on the harvest and sale of the medical marijuana. The Department of Health and Senior Services has within 15 days to verify the information provided by the patient and the physician. Within these 15 days the DHSS
can either deny or approve the patient and a card would be issued within 5 days of the decision. The identification card will contain the name, address, birth date of the patient and caregiver, photo identification and the date of issuance and expiration. The falsification of a registration identification card is punishable by 180 days in jail and a $1,000 fine (Bill S119).

The law forbids people from growing their own marijuana (Heininger 2010) and the registration card can be revoked if the patient is found with no more than 6 plants and an ounce of marijuana with legal action taking place if more than this is found. The alternative to personally growing the marijuana, there will be six nonprofit dispensaries, two in the northern, central, and southern parts of the state that are authorized to grow this new medication (Berr 2010). There is currently no system that with which prospective growers can apply to gain access to a dispensaries license (Berr 2010). The law states that a person cannot operate a motor vehicle, boat, or aircraft while under the influence of marijuana. They also may not smoke the marijuana in public places such as parks, recreation centers, buses, or school zones (Bill S119).

Problems with the Bill (KG)
New Jersey has enacted the strictest restrictions thus far on medical marijuana. Several of these restrictions have caused problems with the public. in some cases, the restrictions are so strict that the actual benefits of the legalization are negated. These restrictions include THC content of the legalized form, limited treatment options, limits on the quantity obtainable, and restrictions on the forms which it can be used. In addition, the bill restricts profits on the from the growth of marijuana and does not allow residents to grow their own.

Typical THC levels of street marijuana are between 20-30%. New Jersey’s restrictions state that medical marijuana may not exceed THC levels above 10%. Many fear that this stringent restriction will force patients to obtain marijuana elsewhere, because the levels are not enough to provide beneficial results.

Medical marijuana can be used to treat a wide-scale of different illnesses including depression and vomiting.. New Jersey’s bill restricts treatment options to only 7 different diseases, as well as a possibility with a terminal illness in which a patient has less than one year to live. These allowable treatments include that for AIDS, Cancer, Lou Gehrig's disease, amyotrophic lateral sclerosis, multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn’s disease. If a patient shows resistance to other treatments, seizure disorder, including epilepsy, intractable skeletal muscular spasticity, or glaucoma may be considered. The main issue with this part of the bill is that it denies treatment to those suffering from chronic pain, a symptom which medical marijuana could prove useful for. Studies have also showed that chemicals in marijuana can act as an inhibitor to those causing Alzheimer's.

With the baby boom generation approaching time period for the onset of this disease, it may prove beneficial for state medicare funds to work towards slowing this progression.

The current bill allows for a patient to receive two ounces of medical marijuana in a month. Some claim that this is not enough for a terminally ill, severely pained patient. Especially with the low THC levels allowed in the medical form, patients may need to use marijuana more often, resulting in depletion of the allotted two ounces. In this case, it is feared that patients will still take to the streets for their treatment.

Medical treatment facilities in New Jersey will not sell edible forms of the drug. This restriction proves to be detrimental, because edible forms reduce the risk of lung problems that may be
associated with inhalation of smoke from the plant form. Medical treatment facilities will be permitted to provide recipes and advice on how to bake brownies and other edible products. For those who are seriously ill, this may be useless. The conditions which qualify for medical marijuana treatment are far too disruptive to allow hours for those effected to create edible products.

The last issue with the bill is financial. In order to apply to open an alternative treatment center, one must put forth more than 20,000 dollars in fees. This number is outlandish for some, considering New Jersey does not allow for profit due to marijuana distribution. In addition to cost of distribution, the bill does not require insurance to pay for patient usage. Therefore, the prices may be unaffordable to some. A medical marijuana card will cost $200. This number can be reduced to $20 if financially necessary. Prices on the drug itself have not been decided upon yet.

Pros and Cons of Marijuana Use (JM)
Pros-
It is impossible to overdose on Marijuana. According to a DEA Judge "marijuana is the safest therapeutically active substance known to man. By any measure of rational analysis marijuana can be safely used within a supervised routine of medical care."(US Department of Justice, Drug Enforcement Administration, "In the Matter of Marijuana Rescheduling Petition," [Docket #86-22], (September 6, 1988), page 58-59 http://www.iowamedicalmarijuana.org/pdfs/young.pdf)
So not only is it perfectly safe to use marijuana as a pharmaceutical drug, it is actually safer then most legal drugs and many legal pharmaceuticals.
Tobacco is responsible for 340,000 - 395,000 deaths per year
Alcohol is responsible for 125,000+ deaths per year Excluding crime and accidents.
Drug Overdose (prescription) is responsible for 24,000 - 27,000 deaths per year
Drug Overdose (illegal) is responsible for 3,800 - 5,200 deaths per year.
Marijuana is responsible for 0 deaths per year, there is no know case of someones death being directly linked to marijuana use.

There is very little scientific evidence that shows signs of birth defects if marijuana is used during pregnancy. "Although it is sensible to advise pregnant women to abstain from using most drugs - including marijuana - the weight of scientific evidence indicates that marijuana has few adverse consequences for the developing human fetus."(Exposing Marijuana Myths: A Review of the Scientific Evidence) It is smart and sensible for pregnant women to abstain from drug use, but these studies just further the evidence that marijuana is one of the safest drugs and that the help it provides outweigh the negative side effects.

Many therapeutic values of smoking marijuana have been identified. Marijuana has been used for years for these therapeutic uses even in places where it is illegal to use medical marijuana. Studies have shown that marijuana can help reduce vomiting, lower intraocular pressure which is associated with glaucoma, and decrease muscle spasm and spasticity. (Exposing Marijuana Myths: A Review of the Scientific Evidence, Lynn Zimmer, John P. Morgan October 1995, © Open Society Institute/The Lindesmith Center) This is a fact that not many people know, many people think marijuana is only used as a pain reliever of to help peoples appetite. This and other similar studies show that there are many ways marijuana can be used to fight serious illnesses as
well as minor ones. Previous studies have also shown that marijuana can be an effective drug to treat depression with (Cannabinoids Elicit Antidepressant-Like Behavior and Activate Serotonergic Neurons through the Medial Prefrontal Cortex)

Studies have shown that there is no relationship between smoking marijuana and cognitive decline in people under the age 65. The statistics gathered by the study showed that test scores for the Mini-Mental State Examination declined by about the same amount for marijuana and non-marijuana users. This showed that cognitive decline is only linked to age and marijuana does not affect it. (Cannabis use and cognitive decline in persons under 65 years of age)

Cons-
Although it is healthier than smoking cigarettes smoking marijuana is harmful to your lungs. This risk can be avoiding by eating the plant (Brownies, etc.). “Numerous studies suggest that marijuana smoke is an important risk factor in the development of respiratory disease.” (Marijuana and medicine assessing the science base) Marijuana smoke does contain about the same amount of harmful material in its smoke as does tobacco. However it is safer then smoking tobacco because the normal amount of marijuana that most people use (whether using it as a medicine or for recreation) is much lower than the usual amount of tobacco that smokers use.

Withdrawal can occur, however it is usually mild and does not last long “ A distinctive marijuana withdrawal syndrome has been identified, but it is mild and short-lived. The syndrome includes restlessness, irritability, mild agitation, insomnia, sleep EEG disturbance, nausea, and cramping” (Marijuana and medicine assessing the science base) It should be noted that this is still a highly debated topic and many people claim that the studies which show marijuana withdrawal are flawed because they usually use extremely high doses.

Uses of Medicinal Marijuana to Treat Diseases & Symptoms (CL)
New Jersey law states that only patients with debilitating conditions listed by the state can qualify for alternative treatment. These patients must be certified by their physician to have one or more of the following: amyotrophic lateral sclerosis (Lou Gehrig’s Disease), multiple sclerosis, terminal cancer, muscular dystrophy, or inflammatory bowel disease, including Crohn’s disease. Terminal illnesses also qualify if the doctor estimates that a patient has less than 12 months to live. Seizure disorders, intractable skeletal muscular spasticity, and glaucoma qualify if the patient is resistant to all other forms of conventional therapy. Patients who are AIDS or HIV positive or have cancer qualify if severe or chronic pain, severe nausea or vomiting, cachexia, or wasting syndrome results from the condition or its treatment. (NJ Department of Health and Senior Services, 2011)

In many cases, the therapeutic effects of MMJ outweigh the potential adverse effects. The estimated ratio of lethal dose to therapeutic dose is about 20,000:1 according to Lowinson, et al. General symptoms that cannabis is used to treat are nausea, vomiting, decreased appetite, pain, tremors, convulsions, and glaucoma. It acts on cannabinoid receptors that are found mostly in the hippocampus, cerebral cortex, basal gangia, and cerebellum, stimulating dopamine pathways which can be seen as a reward system for the brain. Marijuana can alter the state of mind, both in positive and negative ways and physically alter heart rate, coordination, and temperature.
There are very few cannabinoid receptors in the brain stem, which means marijuana used in high doses does not suppress respiration (Hubbard, et al 1999).

There has been extensive research on the effectiveness of cannabis in many conditions and diseases, many of which point to the potential role of cannabinoids as neuroprotective agents (Metz, Page 2003). Though heavy long term use has been shown to lead to neuron degeneration, a patient would have to smoke approximately 5 marijuana joints or cigarettes a day for 20 years in order for significant damage to occur*. Studies have equated treatment with oral cannabis intake to many prescription drugs for multiple sclerosis and muscle spasticity (Metz, Page 2003). The primary cannabinoid used in these treatments is delta-9-tetrahydrocannabinol. The way this THC works is that it binds to cannabinoid receptors in the brain to block certain neurotransmitters from releasing signals that cause muscle tremors. The effects of THC can treat many other conditions other than those listed by the New Jersey bill. The fact is that many people are suffering from conditions that do not qualify and opt for illegal sources of marijuana to find relief. Though it may sound like the opposite of a good treatment for asthma, Tashkin et al. have found that smoked marijuana or oral THC can increase brachiodilation before or during an asthma attack. Asthma is not a condition listed by the state government for qualification of MMJ, but this proves that there are flaws with the medical relevance of the NJ MMJ bill.

Cannabis Intake and its Effects on Various Conditions (CL)

According to the Compassionate Use Act, alternative treatment centers (ATCs) are only allowed to sell marijuana in the form of dried leaves or flowers and few other compounds. New Jersey policy prohibits the dissemination of edible products, which is an alternate route of intake. This puts emphasis on medical marijuana patients to smoke or create their own ways of intake on their own. Many studies have shown that the effectiveness of ingesting cannabis orally can vary greatly since the bioavailability of THC is much lower when being absorbed through the gastrointestinal tract as opposed to smoking or other means. There has been research on the use of cannabinoids topically and in solutions for the cure of various diseases. Since there are many adverse effects to smoking in general, it would be advisable for treatment centers to be able to provide other forms of marijuana. Since ATCs can only sell plant forms of marijuana, the easiest method of intake would be smoking. Though oral intake is questionable in terms of potency, ATCs should be allowed to sell topical forms of cannabis and products such as aqueous solutions of THC.

Tetrahydrocannabinol is a lipophyllic structure which means it has very low solubility in water. Depending on the method of intake, THC’s effectiveness can vary. Smoking generally provides a more potent effect, but lasts for about 3 to 5 hours on average. In the treatment of glaucoma, researchers concluded that smoking was not an ideal way to alleviate symptoms since that would mean smoking multiple times per day. The major effect of cannabis on glaucoma patients is the relief of intraocular pressure, a primary cause of glaucoma and optic nerve problems (Green 1998). Oral ingestion was seen to provide a much longer effect, but in order to have a strong enough dose, researchers needed to give their subjects 8 to 16 times more cannabis.

Psychoactive effects are similar in both cases, but unfortunately for many cases feeling high does not necessarily mean relief from symptoms (Hart, et al. 2002). One form of intake that has been developed is a production of an aqueous solution of THC. This solution can be applied directly to the eye to relieve intraocular pressure and is specially engineered so the typically
water-insoluble THC can be absorbed through the eye. This compound cannot be created in the home which means glaucoma patients in NJ who register for legalized medical marijuana will not have access to this drug.

**Natural Marijuana vs. Marinol (CL)**
Marinol is a legal drug made from a synthetic form of THC, one of the primary active cannabinoids found in marijuana. There are many anti-MMJ-legalization arguments that focus on this existing drug that is thought to have the same effects as marijuana. However, Marinol is only labeled for stimulating appetite and decreasing nausea. It is not labeled for pain management, a large factor in the use of medical marijuana to treat chronic conditions (Americans for Safe Access Foundation). Another synthetic drug used to treat illnesses is Sativex, an oral spray containing THC and CBD (Cannabidiol) which are both found in the plant form. It is labeled for the same treatments as Marinol, but it includes pain relief. Though this drug seems to be an ideal means of relief for many, its legalization is still not widespread.

**Marijuana versus Other Drugs (KG)**
Marijuana shows to be a valuable treatment option due to its low side effects and lack of overdose risk. The side effects of marijuana are often less harsh than other drugs used to treat the same conditions. Common side effects of marijuana include increased appetite or thirst, increased sleepiness, distorted perception, impaired or reduced short term memory, decreased awareness of time, and possible lung problems if smoked (Procon).

It is near impossible to overdose on marijuana. A level of the active component, THC, which might result in such an overdose is so large, that it would not be possible to consume in a short period of time due to physical constraints and increased drowsiness. One study compares the physical deaths due to seventeen different drugs commonly used for medical treatment. Two of these drugs are common ailments for a wide variety of different conditions, while the other fifteen are treatments which could be directly replaced with medical marijuana. The results are as follows: (Procon)

<table>
<thead>
<tr>
<th></th>
<th>Compazine</th>
<th>Reglanc</th>
<th>Marinos</th>
<th>Zofran</th>
<th>Anzemet</th>
<th>Kytril</th>
<th>Tigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. ANTI-EMETICS (used to treat vomiting)</td>
<td>196</td>
<td>429</td>
<td>625</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. ANTI-SPASMODICS (used to treat muscle spasms)</td>
<td>118</td>
<td>56</td>
<td>174</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Marijuana was indisputably the primary suspect of 0 deaths throughout the trial, as opposed to several within various other drug categories. Several deaths were reported as a secondary cause, however, this was disputed. The number of secondary deaths was still miniscule compared to secondary deaths of the other seventeen drugs.

Chronic pain, including that due to Rheumatoid Arthritis, is a condition which could be treated with medicinal marijuana. Current, there is a vast list of drugs used to treat Rheumatoid arthritis. All have similar side effects, including birth defects, liver toxicity, and possible kidney failure. Arava is a drug commonly used in rheumatoid arthritis cases. Less serious side effects include numbness, tingling, runny or stuffy nose, impair immune system, mild itching or skin rash, back pain, headache, dizziness, weight loss, mild stomach pain, diarrhea, and loss of appetite. More serious effects include fever, chills, body aches, flu-like symptoms, white patches or sores inside mouth and lips, chest pain, trouble breathing, urination discomfort, pale skin, easy bruising, weakness, nausea, severe stomach pain, jaundice, sore throat, dark urine, fever, and severe rash.

While using Arava, one cannot get pregnant, due to serious birth effects which will result. It is important to use methods of contraception, however, Arava also offers a severe risk of liver damage and immune system weakness. With this, it cannot be taken with other drugs which may decrease the immune system or affect liver function. Birth control is included in this category (Drug Information).
Medical Marijuana can also be used to treat brain cancer, and various other forms of cancer within the body. In addition to decreasing pain which may be associated with this condition, the main active ingredient in marijuana, THC, can cause brain cancer cells to undergo a process referred to as autophagy. This process causes the cancer cells to begin to digest themselves, thus destroying themselves and not harming the surrounding cells and tissues. A study in Spain showed a significant decrease in the size of tumors on the brains of various mice forms. The study was also confirmed in various human cases. Current brain cancer treatment includes surgery and radiation or chemotherapy. Surgery can be beneficial, in that it removes all the cancerous cells at once, if possible. Downfalls of this method include possible damage to surrounding brain tissue, resulting in mental problems or possibly death. Also, surgery requires a lot of down time and discomfort during healing. Another method, radiation, uses high energy radiation to damage the DNA of cancer cells. It is possible that this radiation will also kill normal brain tissue, resulting in the following side effects: urinary problems, skin rash, hair loss, fatigue, salivary gland damage, nausea and vomiting, fibrosis, damage to the bowels resulting in diarrhea and bleeding, memory loss and infertility (THC) (National Cancer Institute).

Alzheimer’s disease is the leading cause of dementia in older American’s. One of the biggest struggles of our Medicare system is the baby-boom generation entering this Alzheimer vulnerable age. Currently, there is no widely accepted treatment for this disease. A wide variety of different activities have been shown to slow its damage, however, these treatment still inevitably result in death. A recent study shows that THC can act as a competitive inhibitor for the chemicals which cause the nerve degradation associated with Alzheimer’s. AchE is the enzyme which binds to cause this damage. THC binds to a receptor which AchE also binds to, and also aggregates in such a way so that AchE cannot bind. (Denoon).

Potential Net Financial Gain for the State (ER)
Marijuana is often considered the largest cash crop in America giving it the potential to create large fiscal gain if sold and regulated within the public market. California is currently legally selling $14 billion dollars worth of marijuana a year (Berr 2010) with $100 million contributing straight to sales tax. The Liquor Board estimated that Washington State will make $581.5 million dollars in revenue due to the sale of legalized marijuana (not just for medicinal use). This number includes retail sales tax, cannabis tax, and the farmers’ license (Ramsey 2011). Although there is huge financial gain for the state of New Jersey in the sale of medical marijuana currently New Jersey is selling cannabis tax-free, depriving the state of revenue that could counteract the fiscal dept that the state is in (Berr 2010). The state however is gaining revenue from other sources such as the dispensaries license and the cost of a medical marijuana patient card. There will also be taxes on the paraphernalia used to smoke the medical marijuana in addition to taxes on the wages of the employees at the dispensaries. By legalizing marijuana medically the state is removing the financial burden of court fees and prosecutor fees for citizens who would have been arrested if the law was not in place.
The Service Project:

Summary (KG)
We constructed a survey to look directly at the level of restrictions New Jersey is planning to put into effect. We decided to mainly look at the restriction on forms which may be sold. With this, we focused on whether or not smoking would be the preferred method of intake for those with conditions which qualify for medical marijuana treatment. The survey included ten questions. Several of these questions focused on background information and familiarity with medical marijuana treatment and policies. The main question of interest was number five, which asked if smoking would be the preferred method of intake. We left an open ended answer box underneath to explain further if necessary.

In order to target those with conditions which may qualify for medical marijuana, the survey was submitted online via three different disease forums. One of these forums connected to over 20 other forums. These three sites were ASLforums.com, cancerforums.net, and healingwell.com.

Survey: Created on SurveyMonkey.Com

Medical Marijuana as an Alternative Treatment
1. Please indicate your age bracket
   * <18
   * 19-25
   * 26-39
   * 40-59
   * >=60

2. What is your familiarity with New Jersey's medical marijuana laws?
   * Not familiar at all

3. How do you feel about the legalization of medical marijuana?
   * Strongly Agree

4. Do you have any of the following conditions?
   * Amyotrophic lateral sclerosis (Lou Gherig's Disease)
   * Seizure disorder, including epilepsy

5. If medical marijuana was prescribed to you by your doctor, would smoking it be your preferred method of intake?
   * Yes.
   If no, then why?
6. Do you think medical grade marijuana should be stronger than, equal to, or weaker than “street grade” marijuana?

- *much weaker
- *weaker
- *equal to
- *not sure

7. Do you think a physician should be in charge of daily dosage regulation of medical marijuana?

- *Yes.

8. Do you believe that there are negative side affects to the use of medical marijuana?

- *Yes.

9. Do you think the government should be in charge of a maximum limit of medical marijuana given to patients monthly?

- *Yes.

   Please briefly explain your answer.

10. What is your familiarity with marijuana?

- *I have used it
- *I am familiar with its benefits

Survey Results
### 1. Please indicate your age bracket

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<th>Age Bracket</th>
<th>Response Percent</th>
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<td>19-25</td>
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<tr>
<td>26-39</td>
<td>30.8%</td>
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<tr>
<td>40-59</td>
<td>53.8%</td>
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</tr>
<tr>
<td>&gt;60</td>
<td>7.7%</td>
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Answered question: 13
Skipped question: 0

### 2. What is your familiarity with New Jersey's medical marijuana laws?

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<th>Familiarity</th>
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<td>Not familiar at all</td>
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<tr>
<td>Somewhat familiar</td>
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<tr>
<td>Very familiar</td>
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</tr>
<tr>
<td>I prefer not to say</td>
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Answered question: 13
Skipped question: 0

### 3. How do you feel about the legalization of medical marijuana?

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<tr>
<th>Feeling</th>
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<tr>
<td>Don't know</td>
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<tr>
<td>Disagree</td>
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<tr>
<td>Strongly Disagree</td>
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Answered question: 13
Skipped question: 0
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<th>Condition</th>
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<tr>
<td>Amyotrophic lateral sclerosis (Lou Gehrig's Disease)</td>
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<tr>
<td>Multiple sclerosis</td>
<td>61.5%</td>
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<td>Terminal cancer</td>
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<tr>
<td>Muscular dystrophy</td>
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<tr>
<td>Inflammatory bowel disease, including Crohn's disease</td>
<td>7.7%</td>
<td>1</td>
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<td>Seizure disorder, including epilepsy</td>
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<tr>
<td>Intractable skeletal muscular spasticity</td>
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<tr>
<td>Glaucoma</td>
<td>7.7%</td>
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<tr>
<td>Positive status for AIDS or HIV</td>
<td>7.7%</td>
<td>1</td>
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<tr>
<td>None</td>
<td>15.4%</td>
<td>2</td>
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Answered question: 13
Skipped question: 0
5. If medical marijuana was prescribed to you by your doctor, would smoking it be your preferred method of intake?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
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<tbody>
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<td>No</td>
<td>23.1%</td>
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</tr>
<tr>
<td>Unsure</td>
<td>30.8%</td>
<td>4</td>
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</table>

If no, then why?

- Hide Responses

**GOLD FEATURE:** Text Analysis allows you to view frequently used words and phrases, categorize responses and turn open-ended text into data you can really use. To use Text Analysis, upgrade to a GOLD or PLATINUM plan.

Showing 4 text responses:

- My profession requires me to keep my voice in top shape.
  4/7/11 10:38PM
- Would not take at all.
  4/7/11 8:54AM
- Rather pill to protect my lungs.
  4/7/11 6:53AM
- Breathing issues, Humidifier would be better.
  4/6/11 11:36AM

answered question: 13

skipped question: 0
6. Do you think medical grade marijuana should be stronger than, equal to, or weaker than “street grade” marijuana?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>much weaker</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>weaker</td>
<td>7.7%</td>
<td>1</td>
</tr>
<tr>
<td>equal to</td>
<td>23.1%</td>
<td>3</td>
</tr>
<tr>
<td>stronger</td>
<td>15.4%</td>
<td>2</td>
</tr>
<tr>
<td>much stronger</td>
<td>15.4%</td>
<td>2</td>
</tr>
<tr>
<td>not sure</td>
<td>38.5%</td>
<td>5</td>
</tr>
</tbody>
</table>

7. Do you think a physician should be in charge of daily dosage regulation of medical marijuana?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
<td>30.8%</td>
<td>4</td>
</tr>
<tr>
<td>No.</td>
<td>30.8%</td>
<td>4</td>
</tr>
<tr>
<td>Unsure.</td>
<td>38.5%</td>
<td>5</td>
</tr>
</tbody>
</table>

8. Do you believe that there are negative side affects to the use of medical marijuana?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
<td>23.1%</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>46.2%</td>
<td>6</td>
</tr>
<tr>
<td>Unsure.</td>
<td>30.8%</td>
<td>4</td>
</tr>
</tbody>
</table>

If yes, do you believe that these side affects outweigh the benefits of medical marijuana?

<p>| | |</p>
<table>
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<tr>
<td>Show Responses</td>
<td>Show Responses</td>
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<tbody>
<tr>
<td>answered question</td>
<td>13</td>
</tr>
<tr>
<td>skipped question</td>
<td>0</td>
</tr>
</tbody>
</table>

<p>| | |</p>
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<tbody>
<tr>
<td>answered question</td>
<td>13</td>
</tr>
<tr>
<td>skipped question</td>
<td>0</td>
</tr>
</tbody>
</table>
9. Do you think the government should be in charge of a maximum limit of medical marijuana given to patients monthly?

<table>
<thead>
<tr>
<th>Response</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.</td>
<td>23.1%</td>
<td>3</td>
</tr>
<tr>
<td>No.</td>
<td>46.2%</td>
<td>6</td>
</tr>
<tr>
<td>Unsure.</td>
<td>30.8%</td>
<td>4</td>
</tr>
</tbody>
</table>

Please briefly explain your answer.

<table>
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<tr>
<th>Hide Responses</th>
</tr>
</thead>
</table>

**GOLD FEATURE:** Text Analysis allows you to view frequently used words and phrases, categorize responses and turn open-ended text into data you can really use. To use Text Analysis, upgrade to a GOLD or PLATINUM plan.

Showing 2 text responses

- **Everyone who uses medical marijuana may experience different levels of pain or symptoms associated with their illness. Some days may require more or less in order to treat them.**
  4/7/11 10:38PM  View Responses

- **The govt does not live in my body and can't know how I feel. I'm dying, so I should be able to have access to relief of my symptoms.**
  4/8/11 11:36AM  View Responses

answered question 13
skipped question 0
Figure 1.1 Shows the results of 10 surveyed individuals from three different forums targeting individuals with a deadly or debilitating disease in the state of New Jersey.

**Survey Analysis**

More people were expected to participate in the survey, making the results less conclusive then they could have been. The survey was posted on several sub-forms on three main forums: healingwell.com, cancerforums.net, alsforums.com. A link to the survey was also posted to the facebook page of the The Multiple Sclerosis Society. The survey was banned on the cancer forum (Figure 1.2) and therefore was only seen by members of the other two forums, and the facebook page for the The Multiple Sclerosis Society.

Figure 1.2 Survey banned on cancer forum.

Of the results that we did collect we saw that a majority of the participants were not familiar at all with the New Jersey Marijuana law, but a majority of the participants have used medical marijuana. A majority of the participants also strongly agreed with the legalization of medical marijuana, surprisingly many of the participants said that smoking marijuana would be their preferred method of intake. However, some said they would not like smoking it, citing the harmful effects on the lungs. In the other questions a majority were unsure of what the THC levels should be, or whether a physician could regulate daily consumption. However a majority did say that the government should no be in charge of a maximum limit of marijuana. Also a majority said they believed there were no negative side effects to marijuana.

If this survey was completed by more New Jersey residents eligible for the prescription of medical marijuana the results could be conclusive about how the restrictions of medical marijuana are affect the potential patients.
References


Editorials

Submitted to the Star Ledger
Medical Marijuana Restrictions and Use in Clinically Ill Patients
By Christina Lam

March 23, 2011

The legalization of medical marijuana (MMJ) in New Jersey has opened doors to alternative medicine, but these laws are far from perfected. Medical marijuana use is slowly beginning to be accepted as a substitute for other drugs, but there is still a stigma attached to it. This social stigma affects individual views on the scientific aspect of MMJ use, which is why the Compassionate Use Act can be argued to be ineffective in some ways. Restrictions set by the bill (S119) may cause detrimental effects in the medical community. Aside from the fact that there are many other ailments that can be treated with medical cannabis, it seems that the restrictions on MMJ distribution and intake limit its potential effectiveness. For example, one common ailment listed as legally treatable by MMJ on the Medical Marijuana Compassionate Use Act is glaucoma, a condition that can cause damage to the optic nerve due to high interocular pressure. Bill S119 states that alternative treatment centers can only provide a MMJ patient with dried leaves or flowers of the plant or any mixture that does not include seeds, stems, or roots. This means that the main route of MMJ intake by the patient would be smoking or creating their own edibles. However, research has shown that the most effective way of treating glaucoma with MMJ is through an aqueous solution of THC applied directly to the eye. This method does not alter a patient’s state of mind and can be used when necessary. If a patient were to smoke MMJ to relieve interocular pressure, they would have to smoke a suitable dose every three to five hours in order to have long-lasting relief. Ingesting cannabis is not a very reliable method since the absorption of THC is limited by its bioavailability in the gastrointestinal tract. Ideally, patients should have access to medical cannabis in various forms based on their illness and/or lifestyle.

Scientific reports of MMJ effectiveness should be publicized in more widely read periodicals to bring to light its many uses. Awareness of various traditional medical treatments versus medical cannabis should be more widespread. With improved awareness and acceptance, revisions of the MMJ Act can eventually lead to safe production, distribution, and use of MMJ.

_____________________________________________________________________________________________

Submitted to National Public Radio

Reducing the Restrictions on Medical Marijuana in NJ could Make the Medicine more Beneficial to Citizens
By: Emily Rogalsky

Medical Marijuana is believed by some doctors and scientists to alleviate debilitating pain and nausea from life threatening diseases such as cancer and AIDS. On his last day as governor, Governor Jon Corzine signed the bill to legalize medical marijuana on January 10, 2010 making New Jersey the fourteenth state to legalize medical marijuana. But the restrictions on the selling and consumption of this medicine make the law almost meaningless.
Legal practicing physicians have the ability to prescribe usable medical marijuana (dried leaves and flowers of marijuana and any mixture or preparation thereof that does not include the seeds, stems, or roots to patients with cancer, glaucoma, multiple sclerosis, HIV/AIDS, seizure disorder, amyotrophic lateral sclerosis, severe muscle spasms, muscular dystrophy, inflammatory bowel disease, Crohn’s disease. What the state is not telling its patients, however, is that the THC levels of the medical marijuana are drastically less than the levels found in street marijuana.

What does this mean? This means that if the patient is accustomed to using marijuana that is bought on the street they will feel little to no effect from the medical marijuana that is now available to them. The state may be assuming that all of the patients are new to the idea of using marijuana, causing the low THC levels to have some effect on the patients. It is obvious, though, to most anyone who has been in a social scene, that marijuana is socially consumed by a high enough percent of society that the low THC levels of the medical marijuana will only benefit a small percentage of the patients.

Consuming medical marijuana can cause potential side effects like any other drug. If the state is going to prescribe this medicine and allow its patients to possibly endure side effects than the benefit that the medicine provides should out way the cost of the side effects.

Submitted to The Daily Targum
By: Jimmy Mona
How Chris Christie is Sabotaging the Medical Marijuana Bill

Governor Chris Christie is trying to kill the Medical Marijuana law in New Jersey by imposing so many restrictions that it will be pointless and will not help any patients. He has placed restrictions on the potency of the marijuana, and dispensary are not allowed to sell the pot in cookies or brownies even for patients who have lung problems. He has also placed a financial restriction on the drug to scare away people from opening dispensaries. If you want to open a dispensary you will have to pay up to $20,000 in fees, and you are not allowed to make profit from selling the drug. Christie did not sign the bill, it was signed into law by Governor Corzine and Christie dislikes it so much that he decided it was his job to politically sabotage the bill.