New Hampshire
MEDICAL SOCIETY
ADVOCATING FOR PHYSICIANS & PUBLIC HEALTH SINCE 1791

Testimony on Behalf of the New Hampshire Medical Society in Opposition to HB 573

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Mr. Chairman and Members of the Committee,

There is no question that herbal marijuana contains potent pharmacologically active substances called "cannabinoids" that can relieve pain, reduce nausea and improve appetite. Two marijuana-derived medications, each containing a different cannabinoid, are approved for medical use in the United States. A third medication containing biologically active cannabinoids more closely mirroring marijuana is available in Europe and Canada. It is undergoing clinical trials in the United States and is expected to be approved for use soon. The National Institutes of Health and the global pharmaceutical industry are actively engaged in research to better understand natural human cannabinoid systems and develop safe and effective medications for pain and other indications. This work is promising.

Herbal marijuana historically served a valuable role in healing, before modern medications were available, relieving suffering in circumstances as diverse as complicated childbirths, traumatic injuries and terminal diseases. In the context of contemporary health care and pharmaceutical safety standards, however, herbal marijuana cannot appropriately be viewed as a medication.

Drugs approved for medical use in the United States undergo extensive safety and efficacy studies. Production and delivery systems are carefully monitored to assure uniform dosing and freedom from toxic contaminants. After drugs are introduced into clinical practice, post-marketing studies monitor them for unanticipated outcomes and withdraw approval when risks outweigh benefits. Prescription medications are prescribed and monitored by qualified clinicians who consider intended therapeutic actions against potential side effects for individual patients.

Herbal marijuana meets none of these criteria. Dosing of the active cannabinoids in marijuana is unpredictable due to variable levels in raw biologic material, as well as variable delivery systems (smoking, eating, vaporizing, distilling, etc.) and patient factors such as size, gender and metabolic pathways. Combusted marijuana contains numerous cancer-causing and otherwise harmful hydrocarbons and may contain potentially toxic contaminants such as molds or pesticides. Physicians cannot prescribe and safely monitor marijuana use because of the unpredictability of actions of the biologic materials. The actual distribution chain for dispensed marijuana in other states rarely is limited to whom other interventions haven't worked, but makes marijuana widely available to those who simply want to use marijuana and find a doctor to certify a qualifying condition.

Further, calling marijuana "medical marijuana" or "medicine" suggests that marijuana use is safe. In reality, chronic marijuana use is associated with impaired brain development in young people, diverse physical and psychological problems and poor work and school performance. And, despite common misperceptions that marijuana has a low addiction rate, it is in fact second only to alcohol as a drug for which individuals seek addiction treatment in the United States.

There are very few patients whose pain or other symptoms cannot be well controlled with thoughtful medical care using medications or procedures currently approved for use in the United States. Numerous barriers exist to adequate pain and symptom management, however, including: lack of access to primary care, inadequate care coordination, limited availability of mental health services, poor reimbursement for care of complex chronic conditions, lack of awareness of available pain treatment options and misunderstandings regarding the use of controlled substances, among many others.

The introduction of "medical marijuana" into New Hampshire as proposed in this bill will not overcome these barriers and improve patient care; rather it will introduce additional public health and administrative challenges that confound care. Rather than advancing herbal marijuana and the many challenges that will inevitably accompany it, further draining New Hampshire's limited financial, administrative and clinical resources, legislators should work to improve access by all citizens to quality care for complex chronic conditions, including pain.

If legislators believe herbal marijuana is essential to the care of exceptional patients whose pain, nausea, anxiety or other symptoms do not respond to approved, comprehensive medical treatments, we urge you do the following to mitigate the public health risks:

- Frame marijuana as an herbal remedy, not a medical treatment.
- Craft an herbal marijuana distribution system that
    - Reflects the very limited actual clinical need for herbal marijuana
    - State and local law enforcement leaders support because it allows them to prevent diversion without undue strain on their resources.
- Clearly focus the indications for herbal marijuana and require that patients have adequate trials of approved medical interventions, including FDA-approved cannabinoids/marijuana derivatives, prior to qualifying for herbal marijuana.
- Require that all potential users are counseled on the risks of use as stated above.

As written, HB 573 does not appear to be aimed at making herbal marijuana available for rare patients with unmet clinical needs, but to create an infrastructure for widespread distribution of marijuana. It is not in the interest of the citizens of New Hampshire to pass legislation that is opposed by leaders in the healthcare and law enforcement communities that will be responsible for supporting its implementation.

We urge you to engage with healthcare and law enforcement leaders to consider how we might safely meet any unmet medical needs of patients without creating extensive adverse public health consequences.