

# Jewish Social Policy Action Network

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## TESTIMONY BEFORE THE PENNSYLVANIA HOUSE OF REPRESENTATIVES HEALTH & HUMAN SERVICES COMMITTEE

### PUBLIC HEARING HOUSE BILL 1393

Harrisburg, Pennsylvania  
December 2, 2009

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Jewish Social Policy Action Network  
Testimony to the Pennsylvania House of Representatives  
Health & Human Services Committee  
December 2, 2009

Good morning. My name is Ruth Damsker and I am member of the Jewish Social Policy Action Network (JSPAN) Board of Directors, a former two term Commissioner of Montgomery County, and a former 3 term Tax Collector of Cheltenham Township. On behalf of JSPAN, we thank the chair and committee for the opportunity to present today.

The Jewish Social Policy Action Network is an organization of over 2,000 members throughout the Commonwealth. Our board consists of rabbis from several branches of Judaism, several past presidents of the Philadelphia area Jewish Community Relations Council, aging and education advocates and other public servants. We are a faith-based policy advocacy organization that is driven by our cultural and religious conscience. We have previously testified before the Pennsylvania State Senate during the debate to raise the minimum wage in 2005 and have written a number of amicus curiae or friend of the court briefs for ourselves and other faith based organizations on issues ranging from education to immigration to condemnation proceedings to the separation of church and state, including two briefs to the US Supreme Court.

While our member Rabbi Cytryn will elaborate on the religious principles that guide our endorsement of HB 1393, I have included in our written testimony a recent Post-Gazette op-ed column written by JSPAN President Brian Gralnick co-authored with Arthur Caplan, Director of the Center for Bioethics at the University of Pennsylvania. While this bill has few co-sponsors, it has widespread support from many communities. Among the religious community, JSPAN joins other religious organizations that include the United Methodist Church, Presbyterian Church (USA), Episcopal Church, Unitarian Universalist Association, Union for Reform Judaism, United Church of Christ and the Progressive National Baptist Convention.

Editorial boards in our state that are calling for passage of medical marijuana include the Pittsburgh Post-Gazette, Philadelphia Inquirer, Delaware County Daily Times, The Pocono Record, Scranton Times, The Daily Review, Pittsburgh Tribune-Review, and The Daily Collegian.

I want to address a common myth that the opponents of medical marijuana put forth, that this is a ruse for a broader goal of legalizing marijuana. Unlike Glenn Beck or the Pittsburgh Tribune-Review, our organization has not taken a position in favor of making marijuana available for all adults, nor has it ever been mentioned or proposed. This bill is about people like my late husband Dr. Jeffrey Damsker who could have benefited from medical marijuana while undergoing chemotherapy for a malignant brain tumor. This bill is about a better quality of life for Pennsylvania's patients. It's about compassion, and it's about science.

I was married to a radiation oncologist for 35 years. I am proud that my son Jason followed in his late father's footsteps and is a medical oncologist in Montgomery County, Pennsylvania. There is a lot of debate swirling around health care, but the fact is that Pennsylvania's doctors do not have the freedom to recommend what they deem most medically appropriate to people suffering from cancer, multiple sclerosis, glaucoma or other chronic illnesses. Dr. Swidler will elaborate upon this during his testimony.

Finally, I want to speak to you as a Jewish mother of four and grandmother of 5. Like every mother, I worry about the dangers that both legal and illegal drugs might have on children. But I am not concerned that passing a medical marijuana bill will make this problem worse. Right now, on our street corners and in our schools, kids can buy marijuana fairly easily from their friends. Providing their grandmothers access to medical marijuana will not exacerbate this problem. On the contrary, treating marijuana as a powerful medicinal drug for limited purposes will raise awareness that this is a serious drug and not something to be taken for recreation. This isn't just speculation on my part. In fact, surveys of students in states that have passed medical marijuana have consistently reported declines in teen marijuana use since those laws were passed.

So if you want to protect our kids from marijuana and help alleviate pain and suffering from your family members, your neighbors and your constituents, you will report favorably on this bill.

Again, I want to thank the committee for allowing JSPAN to testify on this important issue and now I am pleased to introduce JSPAN's next presenter, Rabbi Eric Cytryn of Beth El Temple in Harrisburg.

Rabbi Eric Cytryn  
Beth El Temple  
2637 North Front Street  
Harrisburg, Pennsylvania

Testimony to the Pennsylvania House of Representatives  
Health & Human Services Committee  
December 2, 2009

I thank the chair and the committee for the opportunity to present testimony today. My name is Eric Cytryn, and I am the Rabbi at Beth El Temple in Harrisburg. I am a member of the Jewish Faith's Conservative Movement and belong to the Rabbinical Assembly of America. I am also a member of JSPAN.

I am here to state that Jewish values and ethics unequivocally support passage of House Bill 1393. From its earliest sources, Judaism has both permitted and required us to act as God's agents in bringing healing or, in failing that, in reducing pain. In Judaism, there is no positive value to pain. Great Sages in our Talmud are quoted as saying that they would rather live without the suffering of this world even if it meant living without the promise of reward in the world to come.

Alas, that is no one's choice to make. So, when someone is suffering we do what we can to alleviate that pain. To the extent that marijuana proves effective as a narcotic that quells pain, Judaism supports its use medicinally.

Judaism also supports the use of medical marijuana in providing relief from symptoms, conditions and treatment side effects of glaucoma, wasting syndrome associated with HIV/AIDS, nausea associated with chemotherapy and spasms that accompany multiple sclerosis and chronic pain.

While I give testimony as a Conservative Rabbi, both to my religious left and right Jewish legal experts have voiced their support for the legalization of medical marijuana. The Union of Reform Judaism supports legalization of medical marijuana. Orthodox Rabbis have written in support of the legalization of medical marijuana. And, in Israel, the Jewish State, medical marijuana is already legal.

Because God commands us to be compassionate and merciful, we have a responsibility to respond actively (and not only prayerfully-spiritually) to our neighbor's distress; and because we believe our bodies are owned by God; and because we believe that medicine is a good thing that God gave us to show our love and concern for our fellow creatures by striving to alleviate pain and heal disease, Judaism unequivocally supports the use of marijuana in medically indicated situations. The Jewish community urges the House to respond favorably to House Bill 1393.

Again, I thank the committee for this opportunity and introduce Dr. Howard Swidler who will provide a more medical presentation.

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Testimony to the Pennsylvania House of Representatives

Health & Human Services Committee

December 2, 2009

My name is Howard J. Swidler, M.D., I am a practicing emergency physician with over 30 years of experience including 25 as Chief of Emergency Medicine in my hospital. My pre-medical school education was in pharmacy, giving me substantial additional education in pharmacology, pharmaceutical chemistry and toxicology. I maintain dual Board Certification by both the American Board of Emergency Medicine and The American Board of Family Medicine and am also a member of JSPAN. I am here to support the compassionate use of medical marijuana bill that is currently being reviewed. Such a bill is vital to many patients who could see considerable benefits and have few reasonable alternatives.

Aside from the vast number or anecdotal reports on both the safety and efficacy of medical marijuana, and there is now also a fairly large body of formal research attesting to efficacy of medical marijuana for a number of conditions. It is shameful that we have allowed politics to interfere with the natural progress of science in this area and as a result denied a likely very beneficial treatment to many patients.

Absent the legal implications, the risks associated with medical use of marijuana are astoundingly low. The current approved alternatives, if they exist at all, are often potentially dangerous, have substantial side effects, and are often addictive. As a medical doctor, it is very troubling that we have this isolated issue regarding medication, treatment and research that has been removed from the objective scientific realm and moved to the political system. The consideration of marijuana as a "narcotic" and/or "dangerous drug" is irrational and divorced from reality and science. Both the chemical structure and pharmacology are far removed from all other narcotics, tranquilizers and other related compounds.

Marijuana is non-addicting. There is no physical dependence or physical withdrawal associated with its use. It is, from a practical standpoint non-toxic. Marijuana is safer by some measures than almost any other drug. This includes prescription drugs, over-the-counter drugs, alcohol and nicotine. In toxicology there is something called the LD50. This is the dose or level that will kill 50% of individuals exposed. In this area, marijuana is one of only a handful of compounds that has NO defined LD50. There is simply no known quantity of marijuana capable of killing a person. The other relative important concept in pharmacology for comparing safety is therapeutic index. This is the ratio of drug dose to

cause a therapeutic effect compared to the dose causing toxicity. We have many drugs that are routinely used where taking twice the appropriate dose may cause substantial harm. This includes narcotics as well as most other drugs used for pain and most of the drugs used for nausea. Even many "benign" over-the-counter drugs have marginal ratios. Taking a single dose equal to 10-15 times the approved dose of acetaminophen (Tylenol), even taking twice the dose over a prolonged period can have serious consequences. With no known toxic dose, marijuana's safety profile far exceeds even these "benign" drugs. Marijuana also has no known significant drug interactions to be concerned about. All the narcotics, tranquilizers, anti-depressants and the drugs used for nausea are potentially very dangerous when mixed together or if mixed with alcohol.

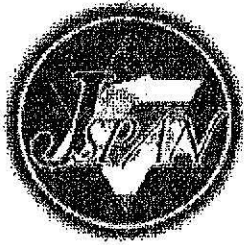
In my 30 years of practicing emergency medicine, I have not seen a single overdose of marijuana, never seen a patient whose primary complaint is related to use of marijuana, either acutely or from chronic use. Never admitted a patient for detox or for rehab from marijuana, never treated a patient who was withdrawing from or having problems decreasing or stopping its usage. Essentially all alternative drugs used for appropriate conditions are addictive, most cause not just unpleasant but medically dangerous withdrawal syndromes. In addition, they essentially all have substantial side effects, limiting usage considerably.

#### SPECIFIC EXAMPLES:

Probably the two largest groups of patients that might benefit are those with chronic pain syndromes and those suffering the severe nausea and vomiting associated with chemotherapy for cancer or HIV. When simple over-the counter analgesics are inadequate, those with chronic pain now have only narcotics like morphine, codeine, oxycodone methadone etc. These are often supplemented with major or minor tranquilizers and/or antidepressants. All these medications are habit-forming, lose potency with extended use and have considerable side effects. Having a non-narcotic alternative would be a real benefit.

There are essentially 2 options for the nausea and vomiting. The first is a group of ~~drugs called phenothiazines (compazine, phenergan others). These drugs cause~~ significant sedation, lowered resistance to seizures, dysphoria (general feeling of not feeling well, as opposed to euphoria), and impairment of mental function. They also have a very limited dosage range. As little as double the standard dose can cause acute dystonic reactions with severe involuntary painful muscle spasms. There is a second newer medication that solves many of these problems, but it is very expensive and not effective in everyone. Neither of these medications help appetite and therefore do not do address the wasting syndrome that may cause some patients to lose 50% or more of their body weight.

This is without a doubt very important legislation. For a select group of patients the benefits may literally be life saving. For others, substantial improvements in overall quality of life may be realized. Physicians will benefit from a new addition to our pharmacopia and by being able to honestly discuss risks and benefits. Patients will be more likely get good information about marijuana use from their physicians knowing they are able to speak freely. I urge you to move forward on this bill quickly.



# Jewish Social Policy Action Network

*Progressive voices for a healthy democracy*

May 13, 2009

VIA facsimile to (215) 924-8480

The Honorable Mark B. Cohen  
128 Main Capitol Building  
PO Box 202202  
Harrisburg, PA 17120-2202

Re: HB 1393 – Medical Marijuana Legislation

Dear Representative Cohen:

I am writing on behalf of the JSPAN Board of Directors to advise you that our organization heartily endorses HB 1393, which would legalize the use of marijuana for limited medical purposes.

In deciding to endorse this bill, we were substantially guided by the thinking of several rabbis on our Board whose training and experience represent the Conservative, Reform and Reconstructionist traditions of Jewish thought.

As you know, Jewish law teaches us that the alleviation of pain and suffering is a religious obligation. Since ancient times, Jewish religious authorities have ruled that alleviating pain takes priority over many other religious obligations. The imperative to heal and to reduce human suffering is itself a reflection of Judaism's belief in the sanctity of human life and its incalculable value.

Extensive medical literature clearly documents that marijuana is an effective analgesic for sufferers of nausea related to chemotherapy, appetite and weight loss related to AIDS, migraine headaches, Alzheimer's, muscle spasms, fibromyalgia, arthritic pain, glaucoma and other conditions. The limited legalization of marijuana for medical purposes would help alleviate unnecessary pain and suffering. Pennsylvania should join the other states that have already permitted such use.

Thank you for introducing this important legislation.

Sincerely,

Jeffrey Pasek  
President

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post-gazette.com Pittsburgh Post-Gazette OPINION / PERSPECTIVES

## Legalize medical marijuana: Its benefits are proven; Pennsylvania is behind the times

Friday, September 04, 2009

By Arthur Caplan and Brian Gralnick

Perhaps you know a Pennsylvanian suffering from multiple sclerosis, glaucoma or AIDS, or someone who is struggling to work up an appetite because of the nausea they suffer from chemotherapy. Beyond the difficulty these people face in dealing with these debilitating conditions, what would you say ought to be done if there were a beneficial, very affordable medicine that these patients needed but that they could not obtain in a safe and legal way?

That is the reality for far too many ailing Pennsylvanians when it comes to accessing medical marijuana. There is legislation pending in Harrisburg that would end the frustration so many of your ill friends and neighbors feel about being unable to legally obtain marijuana.

The passage of House Bill 1393, sponsored by state Rep. Mark Cohen, D-Philadelphia, would enable physicians to prescribe marijuana for patient use if they deem it medically appropriate. There is plenty of evidence to show that marijuana can help people cope with a variety of diseases.

As far back as 1999, the National Academy of Sciences Institute of Medicine reported, "Nausea, appetite loss, pain and anxiety are all afflictions of wasting, and all can be mitigated by marijuana." And there is plenty of data showing benefit for those with glaucoma and multiple sclerosis.

That said, medical marijuana is not right for every patient. Nor is it even the first drug of choice. As the institute report continued, "There will likely always be a subpopulation of patients who do not respond well to other medications. The combination of cannabinoid drug effects (anxiety reduction, appetite stimulation, nausea reduction and pain relief) suggests that cannabinoids would be moderately well-suited for certain conditions, such as chemotherapy-induced nausea and vomiting and AIDS wasting." Doctors would need training on when and for whom marijuana ought to be prescribed.

Organized medicine supports legalization of medical marijuana for the sick and terminally ill. The American College of Physicians, the American Nurses Association and the American Public Health Association are just three of the many medical organizations that believe marijuana has medical benefit.

Pennsylvania would not be going out on a legislative limb in passing this bill. Thirteen states have already passed medical marijuana legislation. It is time that Pennsylvania joined New Jersey, New York, Minnesota, New Hampshire and other states in letting science and facts replace fear and misinformation when it comes to allowing doctors to prescribe marijuana to the sick.

The main worry about legalization seems to be the message it would send to children. The message is simple: There is a big difference between medicine and recreational drug abuse, between treating suffering and getting high. Kids are not stupid. When they see marijuana used with a doctor's prescription for someone with cancer it is not going to lead them to use marijuana in their buddy's basement or after school. In fact, states with medical marijuana laws have consistently seen a decrease in teen use.

Legalizing medical marijuana isn't really a controversial issue in Pennsylvania. It is just one that needs a little bit of leadership and action by our elected officials.

A May 2006 Franklin & Marshall College poll found that 76 percent of Pennsylvanians support "allowing adults to legally use marijuana if a doctor recommended it." Pennsylvanians are in agreement with the rest of the nation according to polls from AARP and Gallup.

After a state budget is finally passed, the Pennsylvania Legislature should approve House Bill 1393. No one in our state ought to be forced to continue to suffer because of inaction in Harrisburg.

Arthur Caplan is director of the Center for Bioethics at the University of Pennsylvania ([www.bioethics.upenn.edu](http://www.bioethics.upenn.edu)). Brian Gralnick is president of the Jewish Social Policy Action Network ([www.jspan.org](http://www.jspan.org)).

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