TESTIMONY OF EDWARD A. PANE
BEFORE THE PENNSYLVANIA HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH AND HUMAN SERVICES
ON HB 1393 COMPASSIONATE USE ACT OF 2009

Good morning, Chairmen Oliver and Baker, and Members of the Committee. My name is Edward A. Pane from Luzerne County, PA.

Thank you for this opportunity to provide this testimony on HB 1393, the Compassionate Use of Marijuana Act of 2009. I am the President and Chief Executive Officer of Serento Gardens Alcoholism and Drug Services, Inc. of Hazleton, PA. Serento Gardens is a comprehensive community based substance abuse treatment and education facility which offers both treatment and substance abuse prevention education. I have been with that agency for the past 31 years, 27 of them as its CEO. I have a total of 37 years experience in social services. I am a Certified Addictions Counselor with the Pennsylvania Certification Board. I am the faculty of the University of Scranton where I teach addictions studies. I am on the staff of Hazleton General Hospital where I do consultations on substance abuse related cases. It has been my honor to represent the United States overseas in both Iceland and Cyprus on behalf of the U.S. Department of State. While in those countries I conducted seminars and university lectures on the topic of community cooperation in substance abuse prevention.

Most importantly for the sake of today's testimony, I am a staunch advocate for the use of marijuana for medical purposes. It might seem odd to you that a substance abuse professional should advocate for such a cause, however, as you will hear, I am far from unusual among my colleagues.

While I have broad knowledge of the drug, I will limit my testimony to my expertise as a substance abuse counselor, educator and program director. I must also

emphasize that this testimony does not relate to the recreational use of marijuana and that I am explicitly opposed to that use.

There is a vast difference between the use of a drug for its medicinal value and the abuse of the same drug taken abusively to get high. Many drugs with legitimate use have psychoactive effects. Among them are pain killers, anti-anxiety agents, anti-depressants, cough syrups, over the counter decongestants and medications for Attention Deficit/Hyperactivity Disorders. All drugs in these families have the potential to create drug induced euphoria. Some have the capacity to cause physical dependence. None the less, all are legitimate medications in the arsenal of pain and disease management. To remove any drug with the potential for abuse would be to remove virtually all drugs. To keep marijuana from a rightful place on the list of approved medications because it has been used in the streets contradicts what we now do for other drugs.

There is a sharp difference between addiction and physical dependence. While marijuana has an exceedingly low potential for creating physical dependence, I know it is a concern of this Committee. Physical dependence caused by some prescribed drugs has created concerns for some of my clients as well. I would like to cite one such story to clarify the difference between physical dependence and addiction. A woman and her husband came to me for a consultation. She had been on long term opiate pain medication for a chronic condition and took the medicine as prescribed. Still, she was aware that she had become physically dependant on them. Attempts on her part to cease or decrease use of the drugs resulted in sweating, nausea, abdominal cramps, deep muscle and bone pain and diarrhea, all indicative of narcotic withdrawal. She was physically hooked on narcotics. The medicines worked as the physicians hoped. They eased intractable pain and made her life manageable. But the knowledge that she was

physically dependent caused her great distress. I gently explained that there as a difference between being physically dependant on a drug and being a drug an addict and that she was not an "addict" in the accepted use of the term.

In 2001, the American Academy of Pain Management in conjunction with the American Society of Addiction Medicine jointly published a consensus document addressing the distinction between of being a drug addict and being dependent on a drug. They stated, "Physical dependence, tolerance and addiction are discrete and different phenomenon that is often confused." They made these distinctions:

> **Addiction:** Addiction is a primary, chronic, neurobiologic disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving.
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> **Physical Dependence:** Physical dependence is a state of adaptation that is manifested by a drug class' specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.
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> **Tolerance:** Tolerance is a state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time. (Definitions Related to the Use of Opioids for Pain, 2001)

Use of a drug with addiction potential does not make one a drug addict. This is far less of a concern regarding marijuana. In 1994 Dr. J. E. Henningfield of the National Institute of Drug Abuse, and Dr. N. L. Benowitz of the University of California

independently ranked six drugs as to their physically addiction properties. They concluded that marijuana had the least addictive properties of the six drugs studied. In rank order from most to least addictive the drugs were: heroin, alcohol, cocaine, nicotine, caffeine and marijuana. (Hilts, 1994). This study dealt with drugs in a non medical context, in other words, as they are used on the streets, not in a medically prescribed manner. Concerns that the medical use of marijuana will spur individuals into the world of chemical addiction are baseless. No medical, psychological or scholarly research supports the position.

There are those who state that the medical use of marijuana sends a bad message to children and that marijuana is the gateway to harder drugs of abuse. In 2000 I conducted the first survey research among Certified Addictions Counselors in Pennsylvania. The study was done in conjunction with the Pennsylvania Certification Board and the results were published in their quarterly journal. Sixty-nine professional substance abuse counselors responded to the questionnaire. Eighty seven percent had more than five years work in the field; 20% had more than twenty years of clinical practice. Asked whether they believed marijuana had legitimate medical use, 78% said yes, they believed it did. When asked if medical marijuana would hinder drug prevention efforts, 62% felt that it would not hinder those efforts. They were asked whether or not physicians should be allowed to recommend marijuana to their patients, 74% said physicians should be allowed that choice. Finally, 87% of the certified addictions professional who responded said there was a stark difference between the use of medical marijuana and illegal, recreational use of the drug. (Pane, 2000)

The "Gateway" theory was found without merit in a report commissioned by the Federal Government. In 1999, the Institute of Medicine published an extensive research

study on medical marijuana, Marijuana and Medicine: Assessing the Science Base. (Joy, 1999) Their study was commissioned by the U.S. Office of National Drug Control Policy in 1997 in the wake of medical marijuana initiatives that had begun during the prior year. Weighing in on the "gateway" theory, they concluded, "There is no conclusive evidence that the drug effects of marijuana are causally linked to the subsequent abuse of other illicit drugs." (Joy, 1999).

In fact, the opposite of the "gateway" theory has been found. In a study published in 2008, marijuana use among middle grade through high school students was found to have decreased in 12 states studied which have legalized the drug for medical purposes. (O'Keefe, Karen; Earleywine, Mitch; Mirken, Bruce, 2008). This was the same conclusion reached by Dr. Thomas Sanzani, M.D. a physician who I interviewed in preparation for this testimony. Dr. Sanzani has his practice in Orcut, California and recommends marijuana to his patients as part of his practice. He clearly stated his strong for advocacy for drug prevention and education. He called the allegations that legal medical marijuana would lead children into its illegal use baseless. He stated, "No one is recommending marijuana for children any more than recommending they play with narcotics." (Sanzani, 2009)

In this brief testimony I have attempted to establish several things. First, it is my hope that I have legitimized myself as qualified to render an opinion as a substance abuse counseling professional and educator. Secondly, I have addressed the difference between the use of a drug with addictive potential and the lifestyle of one who is a drug addict and have cited research to support the difference between the two. I have presented a representative sample of other substance abuse counseling professionals in Pennsylvania

who make a clear distinction between the use of marijuana for medical purposes and its illegal street use. They made clear their majority support for medical use.

This testimony has also addressed the frequently raised fear that marijuana would be a gateway to harder drug abuse among youth. The United States Institute of Medicine concluded there was no merit to the claim. Other research has pointed to the opposite effect, a decrease in youth turning to the drug in states where it has been made legal for medical purposes.

I have devoted my life to the treatment of those suffering from addiction, and to the education of future generations of counselors. I am here before you today urging your support and advocacy for the legalization of marijuana for medical purposes in Pennsylvania. In doing so, you may give rest to your concerns that you risk harm to the youth who are our future. You will also take with you the quiet knowledge that individuals needlessly suffering the pain of diseases specified in this Act will have their quality of life made better because of the actions you and your colleagues took on their behalf.

Thank you again for this opportunity. It would be my pleasure to answer any questions you may have.

Respectfully submitted,

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