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Medical marijuana issue in N.J. pits pain-relief proof against politics

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 [Susan K. Livio/Statehouse Bureau](#)

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Diane Riportella of Egg Harbor Township cries inside the governor's office as she is told that Gov. Chris Christie was unable to meet with her, after she testified in favor of medical marijuana during a Senate Health, Human Services and Senior Citizens Committee hearing at the Statehouse in November. Riportella has ALS, or Lou Gehrig's Disease. (Frank H. Conlon/For The Star-Ledger)

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TRENTON — Diane Riportella is in the final stages of Lou Gehrig's Disease. She expects to die soon.

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The 54-year-old Egg Harbor Township woman says smoking pot "gives me a reprieve from this living nightmare" by suppressing her pain without relying solely on morphine, which leaves her

"lifeless."

"When I smoke marijuana, I feel normal. I can express myself and be the person I want," she said at a Senate committee hearing last month.

Poonam Alaigh, the state health commissioner and a doctor, also says she has seen the value of medicinal marijuana. One patient suffering from severe nerve pain recently confided to her he has been using pot in addition to prescription painkillers and feels remarkably better.

"He told me how his life changed so much as a result of this," Alaigh said. "It was an eye-opening experience for me."

But all year long the politics of medical marijuana in New Jersey has trumped any shared belief in its benefits.

Fearing the new law will feed more recreational users than patients, Gov. Chris Christie's

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administration proposed unprecedented restrictions limiting the potency level of legal pot far below what can easily be bought on the street, as well as the number of strains sanctioned growers may cultivate.

Christie would also prohibit the sale of cannabis-laced brownies and other edible products popular in other medical marijuana states as an alternative to smoking.

Democratic lawmakers say they never intended such a restrictive program and have advanced a resolution to kill the rules. Christie on Friday sought to end the standoff by announcing a compromise on other parts of his plan, saying he will remove tougher rules on where pot will be distributed and requirements that doctors allow medical marijuana as only a last resort.

But the announcement didn't quell the controversy over how New Jersey will implement its new medical marijuana law.

In her first interview since the health department unveiled its rules three months ago, Alaigh said New Jersey's approach to medical marijuana is misunderstood. While concerned about keeping pot from recreational users, she contends New Jersey's program is better than other states with medical marijuana laws because it is more focused on the patient's well-being.

"Where other states give patients a license to possess, our physicians will be actively involved ... ensuring the right patients are on the appropriate care plan," she said.

The state also plans to be the first to create a database tracking patients' progress and side effects from pot, based on reports from doctors and operators of "alternative treatment centers," that will dispense the pot, Alaigh said.

"This is going to be a great observational study over time, and may actually be the foundation for future studies," she said. "This is really exciting."

While medical marijuana advocates strongly oppose many of the administration's proposals, the debate is hindered because there hasn't been much research in this country, where pot was declared illegal by the federal government in 1937.

ProCon.org, a nonpartisan, nonprofit research site, identifies 69 studies worldwide: 32 said marijuana is a valid source of pain and symptom relief, 14 concluded it had no medicinal benefit, and 23 had mixed results.

The favorable studies credit marijuana with reducing pain and helping people regain their appetite, including cancer patients undergoing chemotherapy. It's been shown to reduce muscle spasms seen in multiple sclerosis patients.

In crafting New Jersey's medical marijuana program, Alaigh said she was most influenced by the recent studies from McGill University Health Centre in Canada and state-funded research at the University of California at San Diego. At both sites, researchers gave patients marijuana with a potency level at or less than 10 percent THC (tetrahydrocannabinol) and they felt a marked drop in pain, fewer problems with sleep and reduced anxiety, according to the published findings.

Alaigh said this is why the Department of Health and Senior Services would require growers to produce marijuana with a potency level of no more than 10 percent. Patients will have the option to buy low, medium and high doses of pot to see what works best for them, she added.

SIX STRAINS

The department would also restrict the number of plant strains sold in New Jersey to six from the

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thousands that exist. Known elsewhere by colorful names such as Diesel, AK-47, White Widow, strains reflect varying degrees of chemical compounds cultivators say (but science hasn't proved) provide an energy boost or a sleeping aid, depending on a patient's needs.

Alaigh also would prohibit the sale of pot-infused edibles like ice cream and brownies. The alternative treatment centers would sell buds for smoking and vaporizing, as well as lozenges, skin ointments and edible oils. They may also provide patients with recipes for edible goods, Alaigh said.

Alaigh said the edible pot-product market booming in California and Colorado lacks the "integrity" she wants the program to convey, and any benefits of eating pot would be harder to measure. "I don't want an ATC to become a bakery, This is serious business."

The two studies cited by Alaigh showed less-potent pot relieved pain, but their leaders say more research is needed to determine the effects of higher levels.

Igor Grant, director of the Center for Cannabis Research at the University of California-San Diego, said in seven clinical trials, his team relied on marijuana with a maximum potency of 8 percent because that's what is produced at the only legal place the center could obtain it, a federally sanctioned lab.

Grant said patients felt the most pain relief at the 4 percent to 6 percent potency, with fewer benefits and more side effects at the higher range. "I don't think anyone has done enough research yet but our data show for neuropathic pain, THC doses of 4 percent were fine and did ameliorate the pain, and the side effects were very tolerable," he said.

Grant noted his studies were short-term, and did not take into account how the body grows accustomed to the drug and its side effects if the patient is a frequent user.

The clinical director of McGill's Pain Clinic, Mark Ware, gave patients with severe nerve pain marijuana with potencies of 2.5 percent, 6 percent and 9.4 percent. Patients who received the highest dose felt the least pain and slept better, according to a McGill statement on the research released in August.

Although Ware did not use pot with a THC level in excess of 10 percent, he said future studies should examine the impact on patients who consume higher potency levels.

QUESTIONS REMAIN

"So would we get better results if we had slightly higher THC levels, would we get better results if the patients could use it for longer periods, or if they could use it more frequently during the day?" Ware said. "I think these are questions that we can't answer."

The San Diego and McGill studies did not look at pot in edible forms. Grant said in general, inhaling the drug is faster and more reliable than any edible product. Those who support medical marijuana, however, say patients, not the government, should decide what form of the plant is best for them, whether it's in a pipe or baked into a cookie.



Frank H. Conlon/For The Star-Ledger

New Jersey Governor Chris Christie stands with bill sponsor Assemblyman Reed Gusciora as they answer questions about medical marijuana during a press conference at the Governor's Office in Trenton in December.



"This is very important to chronic pain sufferers, plus it offers an alternative for throat and lung cancer patients, who have difficulty smoking the medicine," said Cindy Kleiner, 47, of Wantage. She takes Marinol, an FDA-approved synthetic form of THC that doesn't do enough to control the chronic pain she suffers from two car



Frank H. Conlon/For The Star-Ledger

Jay Lassiter of Cherry Hill holds up a week's supply of medication to treat HIV as he testifies in favor of medical marijuana during a Senate Health, Human Services and Senior Citizens Committee hearing at the Statehouse in November.

accidents. She said she researched medical marijuana in anticipation of the law passing.

"When cannabis is smoked, it only lasts for approximately two hours and you are not even getting close to the 10 percent THC. When it is eaten, the dosage can be measured and it can

last up to 12 hours," Kleiner said.

Kleiner and other patients also object to limiting strains and potency because some who already use pot illegally are exposed to THC levels at 15 percent or 20 percent.

"Patients are not going to buy from legal dispensaries. They are going to be forced to purchase this medicine on the streets because of the better quality there," said Kleiner.

Patients and medical marijuana advocacy groups say they are frustrated by the administration's reluctance to give more credence to the experience in other countries.

"Many of the new restrictions created by the Department of Health and Senior Services are based in politics, not in science," said Chris Goldstein, a board member for the Coalition for Medical Marijuana New Jersey.

Philippe Lucas from the Vancouver Island Compassion Society, a nonprofit marijuana club operating outside Canada's sanctioned program, said government-supplied marijuana is typically 12 percent THC potency, compared with the 15 percent to 25 percent he sells.

"The main thing to remind regulators is that if the product legally available to patients is not as good (or as potent) as that available on the black market, patients will keep having to risk arrest to get effective medicine, and that benefits no one," Lucas said in an e-mail. "That's exactly the situation we currently face in Canada."

Dale Gieringer, state coordinator for the California National Organization for the Reform of Marijuana Laws, noted that cannabis products sold in the Netherlands have potency levels ranging from 6 percent to 18 percent, and are "rigorously tested according to established pharmaceutical standards" in that country.

Alaigh said she has reviewed European studies and practices, and does not give them as much weight.

"There is no drug that gets approved here based on studies outside the U.S.," Alaigh said, "This is not an FDA approved drug, but I cannot relax our standards."

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I always get a good laugh about drug users saying alcohol is the same. How about those murders in CT where they guys burned the family to death...what is there excuse...drugs of course. Along with many accidents and many many crimes. They didn't mention bud light or coors did they. Every hear a junkie say he robbed houses for a six pack. Most recreational users I know "experiment" from the light drugs on to the hard stuff and some have gotten hooked, most don't. I have seen the brain dead drug users. Ever hear of a miller whore...no it is usually a crack whore...wonder why they don't turn tricks for a 6 pack. Do you suppose smoking a couple of bones before work would be good. Currently California appears to have every single person on medical pot and pain killers, must be a really sick population...what do you think the unemployment rate of regulate pot users are? I agree that prescription pain killer are probably just as bad and many doctor should be arrested for this wanton destruction of people just sitting there stoned. Sure if you drink a 1/5 of jack you are useless and will be arrested if they catch you driving after you killed that family in an accident. If you can prove you really are going to die in the next year then fine you can smoke pot...but we both know people abuse it to become DEAD HEAD!

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Go back to school idiot...

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Medical marijuana is a hoax. I feel sorry for the sick people who are being used as pawns. The purpose of "Medical Marijuana" is to make us accept it as an everyday product so that one day they will be able to market it (and tax it) same as cigarettes.

40 years from now we will look back and joke about these people touting the benefits of marijuana the same way we now look at commercials of Mickey Mantle pushing cigarettes.

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No you have it wrong, America is a hoax. We have no freedoms here. Our country is run by the rich and big business, politicians are in place to make us think we have freedom, but the only freedom we have is what they want us to have. Marijuana is a natural product that has scientifically been proven to help people with various problems. The only reason it is not a legal product is because big pharm doesn't want it to be, they would lose too much money peddling their products that have worst side effects than what they are supposed to cure.

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I agree 1000% hasbrains. The ONLY reason pot is not legal is because Big Pharm would lose BILLIONS of dollars in profits, hence the Dems AND Reps would lose hundreds of millions in campaign contributions.

How much money would these companies lose because people would stop buying sleeping pill products, pain relievers, etc. There are 20 types of over the counter sleeping pills, probably 50 types of pain relievers. Why? Because they can market the same garbage with a twist and make TONS of money.

The politicians have no problem with the recreational abuse of Percocet, Oxy, etc. do they? No, because prescriptions keep getting filled, the companies make money, and everyone is happy.

What a crock of S--T CC spewed (or any other politician) when they talk about their 'fear' of recreational abuse or that it 'leads' to harder drug abuse. That is TOTAL BS. Also, how many people die of lung disease from cigs or from drunk drivers. As long as those political pigs continue to get money from the tobacco and booze industry, they don't care.

If there was a Marijuana industry that contributed to their party, you would not be hearing or reading about this.

Like I always say...Marijuana is made by God...man made alcohol and pharmaceuticals
Who do you trust?

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masterwookie

December 05, 2010 at 1:02PM

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The federal government can still arrest and prosecute anyone who uses, sells, or distributes marijuana. Thank god. Keep you junky dope smokers in line.

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bob

December 05, 2010 at 1:30PM

Follow

And the government does the same to anyone who grows tobacco. You may not grow, process or sell tobacco without federal government permission.

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bob

December 05, 2010 at 1:40PM

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TOBACCO MAKES ME FEEL BETTER WHEN I SMOKE IT AND HELPS ME WITH MY BOWEL MOVEMENTS AND CURBES MY APPITITE.

Tobacco helps people loose wait and remain regular. It also deposits a film on the teeth and helps to prevent dental cavities. If the Government would spend \$1 Billion on tobacco research we would learn more about the medicinal properties of tobacco.

The pre-Columbian American Indians found many uses for that tobacco miracle leaf including the making of Peace. If everyone at the UN smoked tobacco, the world might be a better place to live.

I WOULD BE WILLING GO TO TRENTON AND CRY TOO.

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masterwookie

December 05, 2010 at 12:44PM

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And where are the medical studies showing marijuana is helpful and has no side effects?

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Due Diligence

December 05, 2010 at 3:21PM

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MARINOL!!

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bobd0

December 05, 2010 at 8:20PM

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Marijuana Studies Clear the Air For Those That Care to Look

Bonnie King Salem-News.com

Falsehoods are put to rest by going straight to the source: read the studies.

(SALEM, Ore.) - In our ongoing coverage of the pros and cons of Cannabis, we get many submissions that are worthy of publishing. The following list from reader Malcolm Kyle is especially valuable because he details ten significant marijuana studies that "the Feds wish they'd never commissioned".

US Attorney General Eric Holder has made it clear that our state laws are moot. More people are showing concern for the federal government's apparent lack of respect for the will of the voters, at least at state level, affirmed in the top cop's recent letter to former administrators of the DEA.

Holder said in the letter, obtained by CNN, that the Justice Department would continue to "vigorously enforce" the federal Controlled Substances Act "against those individuals and organizations that possess, manufacture, or distribute marijuana for recreational use, even if such activities are permitted under state law."

Sadly, it is the American public who are the losers here. Without a policy mandating upfront, truthful and transparent discussions on the subject of cannabis use and the effects of its prohibition, nothing can be gained.

This historical move by Eric Holder inexplicably demonstrates that until the Federal government shows respect for the law-abiding citizens of our country and allows us to be in charge of our personal health and safety decisions, we will all be at their mercy. That is, unless "states rights" carry some weight when push comes to shove. If California's

Proposition 19 passes next month, and it is still polling high, the entire country will be watching to see what happens.

The list below is just an example of the many studies that have been overlooked, swept under the rug, or discredited - often by the very people that commissioned them. They are worthy of contemplative research, and fodder for many an intelligent debate.

These studies and more will be included in the "Cannabis De-Classified" section soon to launch on Salem-News.com, for the benefit of our educated, and vastly interested readers.

This should definitely increase your ability to discuss the subject at a higher level.

1) MARIJUANA USE HAS NO EFFECT ON MORTALITY:

A massive study of California HMO members funded by the National Institute on Drug Abuse (NIDA) found marijuana use caused no significant increase in mortality. Tobacco use was associated with increased risk of death. Sidney, S et al. Marijuana Use and Mortality. American Journal of Public Health. Vol. 87 No. 4, April 1997. p. 585-590. Sept. 2002.

2) HEAVY MARIJUANA USE AS A YOUNG ADULT WON'T RUIN YOUR LIFE:

Veterans Affairs scientists looked at whether heavy marijuana use as a young adult caused long-term problems later, studying identical twins in which one twin had been a heavy marijuana user for a year or longer but had stopped at least one month before the study, while the second twin had used marijuana no more than five times ever. Marijuana use had no significant impact on physical or mental health care utilization, health-related quality of life, or current socio-demographic characteristics. Eisen SE et al. Does Marijuana Use Have Residual Adverse Effects on Self-Reported Health Measures, Socio-Demographics or Quality of Life? A Monozygotic Co-Twin Control Study in Men. Addiction. Vol. 97 No. 9. p.1083-1086. Sept. 1997

3) THE "GATEWAY EFFECT" MAY BE A MIRAGE:

Marijuana is often called a "gateway drug" by supporters of prohibition, who point to statistical "associations" indicating that persons who use marijuana are more likely to eventually try hard drugs than those who never use marijuana - implying that marijuana use somehow causes hard drug use. But a model developed by RAND Corp. researcher Andrew Morral demonstrates that these associations can be explained "without requiring a gateway effect." More likely, this federally funded study suggests, some people simply have an underlying propensity to try drugs, and start with what's most readily available. Morral AR, McCaffrey D and Paddock S. Reassessing the Marijuana Gateway Effect. Addiction. December 2002. p. 1493-1504.

4) PROHIBITION DOESN'T WORK (PART 1):

The White House had the National Research Council examine the data being gathered about drug use and the effects of U.S. drug policies. NRC concluded, "the nation possesses little information about the effectiveness of current drug policy, especially of drug law enforcement." And what data exist show "little apparent relationship between severity of sanctions prescribed for drug use and prevalence or frequency of use." In other words, there is no proof that prohibition - the cornerstone of U.S. drug policy for a century - reduces drug use. National Research Council. Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us. National Academy Press, 2001. p. 193.

5) PROHIBITION DOESN'T WORK (PART 2): DOES PROHIBITION CAUSE THE "GATEWAY EFFECT"?:

U.S. and Dutch researchers, supported in part by NIDA, compared marijuana users in San Francisco, where non-medical use remains illegal, to Amsterdam, where adults may possess and purchase small amounts of marijuana from regulated businesses.

Looking at such parameters as frequency and quantity of use and age at onset of use, they found the following: Cannabis (Marijuana) use in San Francisco was 3 times the prevalence found in the Amsterdam sample. And lifetime use of hard drugs was significantly lower in Amsterdam, with its "tolerant" marijuana policies. For example, lifetime crack cocaine use was 4.5 times higher in San Francisco than Amsterdam. Reinerman, C, Cohen, PDA, and Kaal, HL. The Limited Relevance of Drug Policy: Cannabis in Amsterdam and San Francisco. American Journal of Public Health. Vol. 94, No. 5. May 2004. p. 836-842.

6) OOPS, MARIJUANA MAY PREVENT CANCER (PART 1):

Federal researchers implanted several types of cancer, including leukemia and lung cancers, in mice, then treated them with cannabinoids (unique, active components found in marijuana). THC and other cannabinoids shrank tumors and increased the mice's lifespans. Munson, AE et al. Antineoplastic Activity of Cannabinoids. Journal of the National Cancer Institute. Sept. 1975. p. 597-602.

7) OOPS, MARIJUANA MAY PREVENT CANCER, (PART 2):

In a 1994 study the government tried to suppress, federal researchers gave mice and rats massive doses of THC, looking for cancers or other signs of toxicity. The rodents given THC lived longer and had fewer cancers, "in a dose-dependent manner" (i.e. the more THC they got, the fewer tumors).

NTP Technical Report On The Toxicology And Carcinogenesis Studies Of 1-Trans- Delta-9-Tetrahydrocannabinol, CAS No. 1972-08-3, In F344/N Rats And B6C3F Mice, Gavage Studies. See also, "Medical Marijuana: Unpublished Federal Study Found THC-Treated Rats Lived Longer, Had Less Cancer," AIDS Treatment News no. 263, Jan. 17, 1997.

8) OOPS, MARIJUANA MAY PREVENT CANCER (PART 3):

Researchers at the Kaiser-Permanente HMO, funded by NIDA, followed 65,000 patients for nearly a decade, comparing cancer rates among non-smokers, tobacco smokers, and marijuana smokers. Tobacco smokers had massively higher rates of lung cancer and other cancers.

Marijuana smokers who didn't also use tobacco had no increase in risk of tobacco-related cancers or of cancer risk overall. In fact their rates of lung and most other cancers were slightly lower than non-smokers, though the difference did not reach statistical significance. Sidney, S. et al. Marijuana Use and Cancer Incidence (California, United States). Cancer Causes and Control. Vol. 8. Sept. 1997, p. 722-728.

9) OOPS, MARIJUANA MAY PREVENT CANCER (PART 4):

Donald Tashkin, a UCLA researcher whose work is funded by NIDA, did a case-control study comparing 1,200 patients with lung, head and neck cancers to a matched group with no cancer.

Even the heaviest marijuana smokers had no increased risk of cancer, and had somewhat lower cancer risk than non-smokers (tobacco smokers had a 20-fold increased Lung Cancer risk). Tashkin D. Marijuana Use and Lung Cancer: Results of a Case-Control Study. American Thoracic Society International Conference. May 23, 2006.

10) MARIJUANA DOES HAVE GREAT MEDICAL VALUE:

In response to passage of California's medical marijuana law, the White House had the Institute of Medicine (IOM) review the data on marijuana's medical benefits and risks. The IOM concluded, "Nausea, appetite loss, pain and anxiety are all afflictions of wasting, and all can be mitigated by marijuana."

The report also added, "we acknowledge that there is no clear alternative for people suffering from chronic conditions that might be relieved by smoking marijuana, such as pain or AIDS wasting."

The government's refusal to acknowledge this finding caused co-author John A. Benson to tell the New York Times that the government "loves to ignore our report... they would rather it never happened." Joy, JE, Watson, SJ, and Benson, JA. Marijuana and Medicine: Assessing the Science Base. National Academy Press. 1999. p. 159. See also, Harris, G. FDA Dismisses Medical Benefit From Marijuana. New York Times. Apr. 21, 2006

Much thanks to Malcolm Kyle for this submission.

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masterwookie

December 05, 2010 at 12:53PM

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Hasbrains: You are a dope addict. If pharm companies in fact controlled the doping legislation then explain how a state like NJ - home to the most pharm companies would ever allow medical marijuana to be passed as law?

Do you really want your train engineer, police officer, school bus driver, or teacher to be high on chronic? You potheads are nothing but junkies.

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Due Diligence

December 05, 2010 at 3:23PM

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@masterwookie

MARINOL!! Read between the lines. Or do you need my help at that as well?

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bob

December 05, 2010 at 1:27PM

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TOBACCO HAS MEDICINAL PROPERTIES.

Will we be able to smoke tobacco for medicinal reasons? Can we mix POT with tobacco and smoke it in bars, workplace, and public events. If my Reefer has 99 percent tobacco and 1 percent pot, is it still medicinal. Why? Why not?

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bobd0

December 06, 2010 at 12:23PM

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"TOBACCO HAS MEDICINAL PROPERTIES."

Yes, you can read about tobacco's "properties" at the following link to the CDC's fact sheet on tobacco use. Yet tobacco is still legal to sell openly to anyone over 18 years of age while marijuana, with proven medicinal value, non-addictive and non-lethal in any dose can't even be used as a medicine.

You think you're clever, bob, but your ridiculous attempts only highlight the insanity of

your, and Chris Christie's, position on medical marijuana.

Read and hopefully learn.

http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/

"Smoking & Tobacco Use"

"Morbidity and Mortality

Tobacco use leads to disease and disability.

* *Smoking causes cancer, heart disease, stroke, and lung diseases (including emphysema, bronchitis, and chronic airway obstruction).¹*

* *For every person who dies from a smoking-related disease, 20 more people suffer with at least one serious illness from smoking.²*

Tobacco use is the leading preventable cause of death.

* *Worldwide, tobacco use causes more than 5 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030.³*

* *In the United States, tobacco use is responsible for about one in five deaths annually (i.e., about 443,000 deaths per year, and an estimated 49,000 of these tobacco-related deaths are the result of secondhand smoke exposure.¹*

* *On average, smokers die 13 to 14 years earlier than nonsmokers.⁴*

Costs and Expenditures

The cigarette industry spends billions each year on advertising and promotions.⁵

* *\$12.5 billion total spent in 2006*

* *\$34 million spent a day in 2006*

Tobacco use costs the United States billions of dollars each year.

* *Cigarette smoking costs more than \$193 billion (i.e., \$97 billion in lost productivity plus \$96 billion in health care expenditures).¹*

* *Secondhand smoke costs more than \$10 billion (i.e., health care expenditures, morbidity, and mortality).⁶*

State spending on tobacco control does not meet CDC-recommended levels.^{7,8}

* *Collectively, states have billions of dollars available to them—from tobacco excise taxes and tobacco industry legal settlements—for preventing and controlling tobacco use. States currently use a very small percentage of these funds for tobacco control programs.*

* *In 2008, \$24.4 billion was available to states from tobacco taxes and legal settlements, but states spent less than 3% of the \$24.4 billion on tobacco control programs.*

* *Investing only 15% (i.e., \$3.7 billion) of the \$24.4 billion would have funded every state tobacco control program at CDC-recommended levels.*

Tobacco Use in the United States

Percentage of U.S. adults who were current smokers in 2009:⁹

* *20.6% of all adults (46.6 million people)*

* *23.2% of American Indian/Alaska Native adults*

* *22.1% of white adults*

* *21.3% of African American adults*

* *14.5% of Hispanic adults*

* *12.0% of Asian American adults (excluding Native Hawaiians and other Pacific Islanders)*

NOTES:

–*Adult is defined as 18 years of age or older.*

–*Current smokers are defined as persons who reported smoking at least 100 cigarettes during their lifetime and who, at the time of interview, reported smoking every day or some days.*

Thousands of young people and adults begin smoking every day.

* *Each day, about 1,000 persons younger than 18 years of age begin smoking on a daily basis.¹⁰*

* *Each day, about 1,800 adults 18 years of age or older begin smoking on a daily basis.¹⁰*

Many adult smokers want or try to quit smoking.

* *Approximately 70% of smokers want to quit completely.¹¹*

* *Approximately 45% of smokers try to quit each year.¹²*

NOTES:

–*See CDC's Smoking Cessation fact sheet for more information.*

–*"Try to quit" is defined as smokers who reported that they stopped smoking for at least 1 day in the past 12 months because they were trying to quit smoking.*

References

1. Centers for Disease Control and Prevention. *Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004*. *Morbidity and Mortality Weekly Report* 2008;57(45):1226–8 [accessed 2010 Sep 1].

2. Centers for Disease Control and Prevention. *Cigarette Smoking-Attributable Morbidity—United States, 2000*. *Morbidity and Mortality Weekly Report*. 2003;52(35):842–4 [accessed 2010 Sep 1].

3. World Health Organization. *WHO Report on the Global Tobacco Epidemic, 2009*. Geneva: World Health Organization; 2008 [accessed 2010 Sep 1].

4. Centers for Disease Control and Prevention. *Annual Smoking-Attributable Mortality,*

Years of Potential Life Lost, and Productivity Losses—United States, 1995–1999. *Morbidity and Mortality Weekly Report* 2002;51(14):300–3 [accessed 2010 Sep 1].

5. Federal Trade Commission. *Cigarette Report for 2006*. Exit Notification Washington, DC: Federal Trade Commission; 2009 [accessed 2010 Sep 1].

6. Behan DF, Eriksen MP, Lin Y. *Economic Effects of Environmental Tobacco Smoke Report Exit Notification*. Schaumburg, IL: Society of Actuaries; 2005 [accessed 2010 Sep 1].

7. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007. [accessed 2010 Sep 1].

8. Campaign for Tobacco Free Kids. *A Broken Promise to Our Children: The 1998 State Tobacco Settlement Eleven Years Later Exit Notification* (PDF—713.72 KB). Washington: Campaign for Tobacco Free Kids; 2009 [accessed 2010 June 21].

9. Centers for Disease Control and Prevention. *Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years—United States, 2009*. *Morbidity and Mortality Weekly Report* 2010;59(35):1135–40 [accessed 2010 Sep 10].

10. Substance Abuse and Mental Health Administration. *Results from the 2008 National Survey on Drug Use and Health: National Findings*. Rockville (MD): Office of Applied Studies [accessed 2010 Sep 2].

11. Centers for Disease Control and Prevention. *Cigarette Smoking Among Adults—United States, 2000*. *Morbidity and Mortality Weekly Report* 2002;51:642–5 [accessed 2010 Sep 1].

12. Centers for Disease Control and Prevention. *Cigarette Smoking Among Adults and Trends in Smoking Cessation—United States, 2008*. *Morbidity and Mortality Weekly Report* 2008; 58(44):1227–32. [accessed 2010 Sep 1].

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