

DRUG POLICY ALLIANCE

Reason. Compassion. Justice.

ETHAN A. NADELMANN

IRA GLASSER

**WRITTEN TESTIMONY IN SUPPORT OF HOUSE BILL 6715:
A BILL TO PROVIDE FOR THE MEDICAL USE OF MARIJUANA,
BEFORE THE JOINT COMMITTEE ON JUDICIARY
February 26, 2007**

**By Gabriel Sayegh
Director, State Organizing and Policy Project
Drug Policy Alliance
New York, NY**

I am grateful for the opportunity to appear before this Committee today in support of HB 6715. This important bill has passed this Committee twice in the last three years, because the Committee saw the wisdom and necessity of protecting patients and doctors in Connecticut. Doctor-recommended medical cannabis should not be a controversial issue. Today, I hope reason, science, compassion and justice prevail, and that this year Connecticut residents will finally have another proven option to alleviate pain and suffering associated with such conditions as cancer and HIV/AIDS.

My organization, the Drug Policy Alliance, has worked on this bill and similar legislation across the country. The medical research supporting the efficacy of cannabis for medical use is firmly established¹ in studies throughout the world, including by our own federally-funded Institute of Medicine (IOM). A 1999 report by the IOM, conducted at the request of the White House Office of National Drug Control Policy, included the following: “The accumulated data indicate a potential therapeutic value of cannabinoid drugs, particularly for symptoms such as pain relief, control of nausea and vomiting, and appetite stimulation.”² The IOM went on to recommend that Congress immediately authorize single patient clinical trials whereupon subjects could legally use inhaled cannabis medicinally in a controlled setting.³ Unfortunately, that hasn’t yet occurred, largely because on the federal level, ideology and rhetoric continue to trump sound science.

The most recent study confirming the medical efficacy of cannabis was published earlier this month in the respected journal *Neurology*.⁴ In that rigorous study, funded by the State of California, researchers found that cannabis provided much-needed relief to persons suffering from AIDS-associated chronic pain. Other governments have also conducted research establishing the medical benefits of cannabis. An overview of cannabis’ medical efficacy conducted by the Canadian Senate’s Special Committee on Illegal Drugs in 2002 advised Parliament to revise federal regulations so to allow people with certain conditions—more conditions than provided for under your current bill here in Connecticut—may, under medial supervision, use cannabis.⁵

In our own country, eleven states—Alaska, California, Colorado, Hawaii, Maine, Montana, Nevada, Oregon, Rhode Island, Vermont and Washington – now allow patients to use doctor-recommended cannabis. The laws generally protect patients, their caregivers, and their doctors from state-level prosecution. This is critical because 99% of all marijuana prosecutions are on the state level. Medical marijuana legislation similar to that here in Connecticut is being considered in Alabama, Maryland, New Jersey, New Mexico, New York, and South Carolina, to name a few.

I have a personal connection to this issue—both my father and my brother are patients in California who use doctor-recommended medical cannabis. My father uses for symptoms associated with his diabetes and dysfunctional thyroid, and my brother for chronic pain associated with work-related injuries. One of the most important elements of their being able to use cannabis for medical purposes relates to economics. Marinol, which contains synthesized versions of some, but not all, of the properties of cannabis, is prohibitively expensive. It costs over \$30 for a single pill. My family does not have that kind of money. And besides, Marinol does not work for some patients, and did not work for my father. He could not control the dosage level and it caused unpleasant side effects that he does not experience with natural cannabis.

Lucky for them, they live in California, where they are protected under state law. If they lived in Connecticut right now, they would not be protected under state law and would, like so many others, have to break the law in order to find the relief they need and deserve. One continuing challenge we face is that they cannot come to visit me for any length of time, because New York—like Connecticut—currently has no medical marijuana law. I hope this changes soon.

I urge you to give a favorable recommendation to this legislation, and to support this bill when it finally gets a full House and Senate vote. The reasons behind not supporting medical marijuana do not stand up to scientific scrutiny, to reason, or even to basic goodness. Science, patient experience, justice, and basic human dignity and compassion compel us to allow those persons with terminal and other illnesses to use the medicines which alleviates pain and suffering.

Thank you for your time.

Gabriel Sayegh
Drug Policy Alliance
70 West 36th Street, 16th Floor
New York, NY 10018
212-613-8048

¹ Armentanto, Paul. *Emerging Clinical Applications for Cannabis and Cannabinoids: A Review of the Recent Scientific Literature*. NORML Foundation. (Washington, D.C.) 2007.

² National Academy of Sciences, Institute of Medicine. 1999. *Marijuana and Medicine: Assessing the Science Base*. Washington DC: National Academy Press. page 3.

³ *Ibid.* page 8.

⁴ Abrams et al. 2007. Cannabis in painful HIV-associated sensory neuropathy: a randomized placebo-controlled trial. *Neurology* 68: 515-521.

⁵ http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=17296917&query hl=1 &itool=pubmed_docsum.

⁵ Canadian Special Senate Committee on Illegal Drugs. 2002. *Cannabis: Our Position for a Canadian Public Policy*. Ottawa. Proposals for Implementing the Regulation of Cannabis for Therapeutic and Recreational Purposes. The Committee found that any “person affected by one of the following [medical conditions]: wasting syndrome; chemotherapy treatment; fibromyalgia; epilepsy; multiple sclerosis; accident-induced chronic pain; and some physical conditions including migraines and chronic headaches, whose physical state has been certified by a physician or an individual duly authorized by the competent medical association of the province or territory in question, may choose to buy cannabis and its derivatives for therapeutic purposes.”