JUDICIARY COMMITTEE TESTIMONY

Medical Marijuana—HB 6715—Robert L. Painter, M. D.
February 26, 2007

Thank you, Senator McDonald and Representative Lawlor, for the opportunity of presenting my thoughts concerning the palliative use of marijuana.

Raise any issue related to marijuana and scores of red flags are also raised. Fears of drug abuse, particularly in our children and skepticism or outright hostility toward the advocates of medical marijuana use and their presumed far left, out of touch agenda which would encourage increased drug use and a further national moral breakdown are common responses. Drug use and our War Against Drugs are serious problems. Marijuana is thought by many to be gateway drug for serious drug abuse. (It is useful to know, however, that only about 2% of marijuana users subsequently become addicted to hard drugs). Still, visions of ruined lives are called forth. Keep in mind that although we sanction the use of alcohol and tobacco, substances which causes hundreds of thousands of deaths each year and millions of dollars of health care costs, not one single death has ever been recorded due to marijuana.

I do not like drug use or drug abuse. While working as a surgeon, it confronted me with a myriad of problems that included confusing symptoms, the chance for a missed diagnoses, and the risk of succumbing to AIDS through a slip of the needle or knife. Misuse of illegal or prescription drugs is responsible for a huge public health and crime-based burden to society.

But as a surgeon, hoping to have available for my patients a range of therapeutic tools, medical marijuana presents more of an opportunity than something to be feared. This committee has heard the rationale for this therapeutic option before. But let me summarize:

> Some diseases and afflictions, particularly those associated with nausea, vomiting, and resultant weight loss are particularly suited to marijuana's ability to relieve symptoms and its low toxicity. Marinol, an FDA approved oral medication containing the active ingredient (THC) in marijuana, is an alternative, but is often slowly absorbed and slow to take effect, may produce excess psychotropic effects, and, of course, cannot be used by people who cannot eat. For those who are able to take it and have good results, it is another option. It is, however, expensive and has a fixed dose. Marijuana smokers can more reliably achieve the minimum effective dose and stop before other side effects kick in. The deleterious effects of smoking any substance have less meaning for these patients, many of whom are suffering from life-ending conditions. Studies in California show no increase in the adolescent use of marijuana or increase in drug use by the general public in places that allow marijuana for palliative purposes.

HB 6715 is a thoughtful bill that workably frames the palliative use of marijuana as a medical issue and allows Connecticut to join other states in adding this treatment modality to our ability to relieve suffering. Surveys show that it has the support of the general public. I ask you to report this bill out favorably.