



**Testimony on HB 1015 Authorizing the Medical Use of Marijuana
Submitted on March 1, 2011
To the Judiciary Committee
By Calvina Fay, Executive Director, Save Our Society From Drugs**

Chairman Eric Coleman, Chairman Gerald Fox, Ranking Member John Kissel, Ranking Member John Hetherington and other distinguished Members of the Judiciary Committee:

We respectfully request that this testimony, on behalf of Save Our Society From Drugs, a national drug policy organization with members in the state of Connecticut, be included in the hearing that is scheduled for March 14, 2011 pertaining to HB 1015.

Save Our Society From Drugs (S.O.S.) has over ten years of experience in monitoring and making policy recommendations on drug policy issues including those pertaining to marijuana legalization. S.O.S. understands that a comprehensive approach to promote sound drug policy includes education, prevention, abstinence-based treatment, scientific research, and community awareness. Our members include doctors, researchers, law enforcement officials, business leaders, lawyers, and parents, just to name a few.

We have analyzed this bill and believe that this legislation will have significant negative impact on the state of Connecticut. Please take this opportunity to review our analysis of HB 5139.

SB 1015 ignores the fact that marijuana is an illegal drug not approved as medicine by the Food and Drug Administration (FDA), and its use is, therefore, unregulated. This has significant implications for patient care since there are too many health risks associated with such use.

Past evaluations by several Department of Health and Human Services agencies, including the FDA, Substance Abuse and Mental Health Services Administration and National Institute for Drug Abuse, found no sound scientific studies supported medical use of crude marijuana for treatment in the United States, and no animal or human data supported the safety or efficacy of it for general medical use. In fact, there is no scientific research on crude marijuana's effectiveness and risks as a medicine, dosages, interactions with other drugs, and impact on pre-existing conditions. Studies on crude marijuana do not exist that can be used to establish the quantity of dose, frequency and duration of administration, route or method of administration of marijuana for any medical condition, and smoking has never been a safe, acceptable method of administering medicine.

"Medical" marijuana laws create obstacles for employers to maintain a drug free workplace by prohibiting employers from sanctioning a person based upon a positive drug test as long as they are a "medical" marijuana cardholder and they did not use, possess, or indicate impairment by marijuana on the premises of the place of employment. Marijuana activists claim that the passage of such legislation would not allow an individual to be intoxicated while on the job, but how will intoxication be determined? No "impairment" level has ever been established; drug tests detect the "presence" of drugs, not "impairment." Studies, however, indicate the impairment caused by marijuana use can persist as long as 24 hours - even though the user may no longer be aware he is still impaired. Therefore, observation of employees may not determine potentially unsafe employees which would be detected through drug testing. Business owners lose an estimated \$100 billion per year because of substance abuse. In addition, employees who use drugs are only

two thirds as productive as non-users, and their use contributes to increased thefts, damaged equipment, increased healthcare costs, higher incidents of accidents and workers' compensation claims, and other unnecessary costs in the workplace.

SB 1015 could increase drugged driving incidents. Like the workplace issue, it will be impossible to determine through drug testing if an individual smoked marijuana before getting behind the wheel or the night before. According to a study conducted by the University of Auckland, regular cannabis users were 9.5 times more likely to be involved in automobile accidents.

In its current form, SB 1015 does not prohibit the establishment of marijuana dispensaries. States that have allowed for the establishment of marijuana dispensaries, better known as pot shops, have been unsuccessful in regulating them, and as a result, pot shops have proliferated in these states, creating significant dangers to surrounding communities.

- ✓ In 2010 Colorado's Department of Health took steps to restrict and regulate marijuana dispensaries. After receiving several legal threats, the Department dropped the issues, and it was later watered down and introduced as legislation. Did the legislation result in buckling down of the program? No. As of June 30, 2010, the last update on the program's website, the Marijuana Registry Program has over 95,000 individuals that legally hold registry ID cards, up 30,000 since February, 2010! The average age of a Colorado cardholder is 40, 71% are male, and 58% of cardholders live in the Denver metro area. Clearly "regulation" is not working.
- ✓ California's attempts to regulate the marijuana industry have been equally unsuccessful. Several cities including Anaheim, Los Angeles and San Diego are involved in legal battles regarding dispensaries and registry cards. Within the last two years, over 200 cities and 14 counties in California have banned or passed moratoriums on pot shops. This number speaks volumes about what happens when communities see through the smokescreen and are enlightened as to what "medical" marijuana really brings their communities - more illegal drug use, more crimes, and more of our youth being sold marijuana (and sometimes other drugs) from so-called medical marijuana patients.

Pot shops are in business to make money and will sell marijuana to anyone who produces a written recommendation. These recommendations can be obtained by paying physicians a fee and claiming any medical condition, even a headache. Dispensaries claim to operate as nonprofits, but they have been tied to organized crime gangs and are often multi-million dollar profit centers.

Dispensaries are easy marks for criminal activities because of valuable marijuana crops and large amounts of cash. Operators of dispensaries have been attacked and murdered by armed criminals both at their storefronts and at home. Common secondary byproducts related to dispensaries include: drug dealing, sales to minors, loitering, heavy vehicle and foot traffic in retail areas, increased noise, and robberies of customers just outside the facilities.

Other secondary impacts to communities where dispensaries are located include: street dealers who hang around to sell at a lower price than the dispensary, marijuana smoking in public and in front of minors, an increase in traffic accidents and driving under the influence arrests in which marijuana is implicated, and the loss of other commercial businesses who don't want to be located in the vicinity of marijuana dispensaries.

Finally, one needs to ask who will really be smoking marijuana under the guise of medicine. Proponents of "medical" marijuana want you to believe that only those with debilitating medical conditions who have unsuccessfully sought out other effective, approved treatment will qualify

for "medical" marijuana. **This is not true!** One only needs to look at the numbers from other states that have passed such legislation to see how widely the programs are being abused.

- ✓ Voters in the state of Oregon approved a "medical" marijuana act in 1998. As of January 1, 2011, the program has 38,269 individuals that legally hold "medical" marijuana ID cards, and of those, 90% are treating "severe pain" (an indefinable term that is being used to cover medical conditions such as menstrual cramps, headaches, and minor arthritis) rather than the more serious conditions such as cancer (4%), glaucoma (1%), and HIV+/AIDS (2%).
- ✓ Even more alarming are the numbers from California. In cities like San Diego where the issue has been closely examined, only 2% of those smoking as "medicine" have serious conditions such as AIDS, glaucoma and cancer. A full 98% are "treating" more minor conditions such as back and neck pain, anxiety, muscle spasms, insomnia, headaches, and other insignificant conditions. But even more troubling is that 12% of the users are under 21!

I hope that you will consider these findings and that you will REJECT SB 1015. We would be happy to provide you with additional information or discuss this issue further with you, if you so desire.

With Respect,



Calvina Fay
Executive Director
Save Our Society From Drugs
5999 Central Ave., Suite 301
St. Petersburg, FL 33710
727-828-0210
www.saveoursociety.org

