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TESTIMONY OF DR. GARY BLICK

March 7, 2012

To: Members of Connecticut's General Assembly Judiciary Committee

Re: Legislation to Legalize Medical Marijuana

My name is Gary Blick, MD, AAHIVS. I have been practicing medicine as a General Internist and HIV/AIDS Specialist in the State of CT since 1987. Currently I am the Founder and Medical Director of Connecticut's only Department of Public Health-designated Center of Excellence for HIV/AIDS and Sexually Transmitted Diseases, CIRCLE CARE Center, located at 153 East Avenue, Suite 32, Norwalk, CT. Over the past 25 years, I have provided direct medical care to over 2100 individuals with HIV/AIDS. I have also been a Clinical Researcher for the past 22 years, having participated in 109 clinical trials, presented over 90 medical/scientific presentations at national and international scientific conferences, and published over 53 medical articles in peer-reviewed medical journals.

Today I would like to speak in support of CT's Legislation to Legalize Medical Marijuana by sharing with you medical experiences with patients who have utilized inhaled marijuana for various medical conditions and illnesses, including HIV/AIDS, chronic hepatitis C viral infection, cancer, and glaucoma, as well as for various acute and chronic conditions associated with these illnesses, including wasting syndrome or cachexia, severe nausea and vomiting, chronic debilitating pain disorders, and chronic insomnia.

In my 25 years practicing as a Medical Doctor, I can personally testify to marijuana's effects in alleviating moderate-to-severe nausea, with or without vomiting, caused by HIV/AIDS medications, chemotherapy, and/or AIDS-related opportunistic infections. Although we have enumerable prescription antiemetic medications FDA-approved for oral use, the majority of patients with nausea/vomiting are unable to successfully ingest oral medications simply because they are nauseated and vomiting. Inhaled marijuana, in my opinion, is the single most effective anti-emetic, with rapid and prolonged relief and minimal toxicities, aside from euphoria. Oral anti-emetics are commonly associated with significant adverse toxicities, including fatigue/drowsiness, drops in blood pressure that can cause loss of consciousness and musculoskeletal injuries associated with falls and fainting, and, paradoxically, gastrointestinal-associated toxicities including severe heartburn, nausea, vomiting, stomach cramping, constipation or diarrhea, all directly attributable to the anti-emetics.

Although it is true we have relegated HIV/AIDS to a chronic, lifelong, treatable medical condition, HIV/AIDS patients still significantly experience cachexia or HIV/AIDS Wasting Syndrome, at an incidence of approximately 10%. That equates to approximately



180,000 U.S. patients who experience significant, potentially life-threatening, loss of lean body mass and/or total body weight loss at some point in their disease state. Cachexia and Wasting Syndrome are associated with anorexia, or loss of appetite, and may be associated with chronic nausea/vomiting. Inhaled marijuana is extremely effective as an appetite stimulant, while simultaneously alleviating nausea/vomiting. The other FDA-approved appetite stimulant, megestrol acetate, is laden with significant toxicities, including, but not limited to, erectile dysfunction and loss of libido, abnormal weight gain in the form of fat and water retention as opposed to lean body mass or muscle increase, insomnia, abdominal distention and gas, indigestion, headache, and severe allergic reactions. Although prescription THC, the active component of marijuana, is available as oral dronabinol, many patients are unable to ingest oral medications when suffering from anorexia with nausea/vomiting, a complication not associated with inhaled marijuana.

I can also testify to the beneficial effects of inhaled marijuana for chronic musculoskeletal and neuropathic pain conditions associated with HIV/AIDS, cancer and associated chemotherapies, and chronic hepatitis. When oral medications have failed to alleviate the severe burning pain of hands/arms and legs/feet associated with neuropathy that prevents patients from walking or even sleeping with a bed sheet on their feet, inhaled marijuana has significantly, albeit temporarily, reduced the severe burning pain to tolerable, mild-to-moderate pain, allowing patients to ambulate and obtain restful sleep. There is also no doubt that inhaled marijuana has benefitted my patients with significant stress reduction, allowing them to cope with the severe ramifications of HIV/AIDS and other illnesses.

Lastly, I would like to share with you my personal experience of witnessing inhaled marijuana's beneficial effect on reducing the high intraocular pressures (IOP) associated with glaucoma unresponsive to standard FDA-approved glaucoma ocular eye drops. For this experience, I would first like to introduce to you CIRCLE CARE Center's Billing Specialist, my 90-year old mother, Gloria Blick, who suffers from glaucoma and who was recommended to undergo selective laser trabeculoplasty to reduce the high IOP that could result in permanent blindness associated with glaucoma. Upon the conclusion of her testimony, I would like to conclude with a couple of statements.

GLORIA BLICK

To corroborate my mother's story with hard evidence, on 6/23/2011, her ophthalmologic surgeon, Dr. Jim Thimons, phoned me to recommend laser surgery to reduce my mother's high intraocular pressures of 19/19. This is the pressure at which glaucoma damage progresses and at which laser surgery may be effective. During this call, Dr. Thimons remarked, "It is too bad we do not have medical marijuana approved in CT". When it was apparent that my mother was fearful of and adverse to surgery of any kind at her advanced age, my partner, Scott Gretz, and I obtained marijuana and taught



her to inhale 2-3 hits of marijuana from a pipe every night before bedtime. Although the naysayers claim, "The high dose of marijuana necessary to produce a clinically relevant effect on IOP in the short term requires constant inhalation, as much as every three hours", mom inhales her marijuana around 9p nightly, and on 8/1/2011, after smoking for approximately 4 weeks and seeing Dr. Thimons at 9:30AM, approximately 12-13 hours after inhaling small controlled amounts of marijuana, her IOP dropped to 15/16, at which level Dr. Thimons claimed mom would no longer require surgery.

When mom discontinued smoking her marijuana pipe due to cough, her next visit on 8/15/2011, 2 weeks later, revealed a dramatic adverse rise in her IOP to 18/19. After we next taught mom to smoke 2-3 hits of marijuana without coughing from a joint instead of the pipe, her follow-up visits on 11/2/11 at 11:03AM (approx. 14 hours after smoking) and 2/13/2012 at 1:30PM (approx. 16 ½ hours after smoking) revealed normal IOP pressures of 14/14 and 15/14, respectively. Despite the fact that standard prescription eye drops for glaucoma failed my mother, medical marijuana corrected her refractory glaucoma, alleviated the need for her to undergo laser surgery, and thus, saved her vision.

In summary, although I agree that rigid, randomized, controlled clinical trials are desperately warranted to confirm my anecdotal reports, and those of all who are testifying in front of you today, the highly favorable risk-benefit ratio of medical marijuana supports its legalization and also makes it an ideal and ethical candidate for future larger, rigid clinical trials to prove its efficacy in all of the medical conditions referenced today. I have witnessed first-hand how marijuana has not only drastically improved my patients' quality-of-life, but also, in many instances, how marijuana has contributed to saving their lives. I respectfully request that you vote in favor of legalizing medical marijuana in our great and progressive State of Connecticut.

Thank you,

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