

HAVEN

Health Assistance InterVention Education Network



Legislative Testimony
Judicial Committee
Raised Bill No. 5389
An Act Concerning the Palliative Use of Marijuana

Senator Coleman, Representative Fox, Senator Doyle, Representative Holder-Winfield, Senator Kissel, Representative Hetherington and members of the Judicial Committee, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in opposition to Raised Bill No. 5389, An Act Concerning the Palliative Use of Marijuana.

Raised Bill No. 5389 appears to follow a minority of states which are recognizing "medical marijuana." HAVEN asks that Connecticut not follow these states at this time. Bill 5389 is fatally flawed as it fails to balance palliative pain management concerns and addiction medicine concerns. This is especially apparent when we consider the role of medical care professionals as patients as well as providers.

Substance use disorders have been increasingly recognized as an illness which takes a tremendous toll on the individual, their family, and society. By 2002, the economic cost of drug abuse in the United States was \$180.8 billion dollars.¹ There is no dispute that marijuana is mood altering and addictive. Marijuana has also been described as a gateway substance leading to use of other addictive substances and drugs. In the 1960s, the content of marijuana active ingredients is estimated to have been 2 to 3%. Today the percentage of active ingredients is estimated to be 25 to 30%.

Marijuana is a weed composed of 483 different chemical constituents. 66 are psychoactive cannabinoids, 256 are other psychoactive chemicals and the remaining are carcinogens. There are warnings for cigarettes, but no regulation or warnings for marijuana, because it is not FDA approved, and yet, this Bill suggests marijuana should be given status as a medicine.

Healthcare professionals suffer from substance use disorders at the same rate as the general population. It is accepted that 10 to 15 % of the population will suffer from substance use disorders. This bill puts at risk the far greater number within our state vulnerable to substance abuse in the purported interest of a relatively small number of

¹ Office of National Drug Control Policy, "The Economic Cost of Drug Abuse in the United States in 1992-2002" Section IV

individuals who may benefit from the use of an illegal substance for palliative or compassionate purposes.

In 2011, HAVEN provided assistance to more than 260 healthcare professionals, for many debilitating reasons including but not limited to anxiety, depression, post traumatic stress disorder, chronic neurologic illness, and/or substance use disorders. For some medical professionals marijuana was the drug choice. For some other professionals marijuana was the drug of relapse. We are pleased to report the professionals have been able to achieve treatment goals without the ongoing use of marijuana. If this Bill had been in effect, there would have been no incentive for the professionals to pursue effective alternative treatment.

While Bill 5389 purports to treat marijuana as a controlled substance, in fact, the Bill gives marijuana a favored status. The Bill makes obtaining a written certificate too easy, and there are no best practices for physicians to follow. The Bill then provides statutory protection including a prohibition against denying a right or privilege or being subject to disciplinary action by a licensing board for a qualifying patient, provider, or primary care giver. In contrast, a nurse or physician who obtains a prescription for oxycontin or percocet is not entitled to any such protections, even if the prescription is obtained for a legitimate medical purpose.

Medical professionals with substance use disorders and legitimate pain conditions require careful monitoring. Often, the professional will enter into a contract with both an addiction specialist and a pain management specialist. Physicians who prescribe controlled substances such as opioids for the treatment of pain are required to follow guidelines set forth by the Connecticut Medical Examining Board in order to be an approved provider for a health professional. Bill No. 5389 does not require any such protections and, in essence, shields potentially negligent conduct.

HAVEN is required by law to represent whether participants in our program are practicing healthcare with skill and safety and without posing a threat to the health and safety of any person or patient in the healthcare setting. HAVEN's position must be that the palliative use of marijuana by a healthcare professional endangers the health or well-being of their patients. There is no data to suggest otherwise. The legislature should consider whether the public would want the professionals providing care and treatment to their loved ones to be using marijuana on a regular basis. If there is an unexpected outcome, is the fact that the professional had a written certificate and deemed need relevant? The risk of a causal nexus without supporting data regarding safety should be sufficient concern to rethink this Bill.

In addition, the public should be concerned regarding who may be a primary caregiver. The primary caregiver may suffer from second hand exposure. If a healthcare professional claims to be a primary caregiver, they will have regular second hand exposure. If a hospital, employer, or HAVEN conducts a urine drug screen which tests positive for THC, it is unclear how we can proceed to rule out active inappropriate use in a professional designated as a primary caregiver or a "qualifying" patient. Patient care in Connecticut will be put at risk. HAVEN's mission would be compromised if HAVEN

could not deny a healthcare professional the right or privilege of being a primary caregiver, especially when the healthcare professional's fitness or behavior is in question.

Currently, if a professional is being monitored by HAVEN for substance use disorders and has a positive random drug test not verified by a legitimate prescription, this noncompliance is reported to the Department of Public Health under Connecticut General Statute Section 19a-12a. Discipline or continued confidential intervention is within the discretion of the Department of Public Health. Under the proposed Bill, if the professional claims that they have a written certificate or they were in the presence of a qualifying patient when the patient was using the marijuana, HAVEN cannot assure that the professional is practicing medicine in a state free of substances of abuse. Moreover, the public cannot expect the Department of Public Health or Medical Examining Board to monitor the professional as this bill prohibits the necessary oversight. Again, patient care may be anticipated to be put at risk.

Raised Bill 5389 creates an advisory board limited to eight physicians or surgeons in one of the following specialties: neurology, pain medicine, pain management, medical oncology, psychiatry, infectious disease, family medicine or gynecology. The advisory board criteria is not adequate, as an addiction specialist is not included on the board. An addiction specialist is essential for such an advisory committee. The omission of a physician board certified in addiction medicine underscores the major flaw in this Bill—the lack of recognition of addiction as an illness and public health risk. Addiction medicine does not preclude palliative care. Addiction medicine supports smart and safe care.

The utility of this board is also suspect as a quorum is satisfied with less than fifty percent of the Board present. The value of the board composition is undermined by the fact that only three members will carry the full weight of board recommendations.

HAVEN respectfully submits that this is not the time for establishing medical marijuana in Connecticut. Other states are struggling since such efforts were initiated. There is much to learn in order to be sure that such a Bill is in the best interest and the correct public policy for our state. As framed, this Bill does not adequately protect patient safety in Connecticut.

I would like to again thank the Committee for allowing me to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions I would be happy to make myself available at your convenience.

Respectfully submitted:



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