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**Connecticut State Medical Society  
testimony on  
HB 5389 An Act Concerning Palliative use of Marijuana.**

**Judiciary Committee  
March 7, 2012**

Senator Coleman, Representative Fox and members of the Judiciary Committee, on behalf of the members of the Connecticut State Medical Society and the Connecticut Chapter of the American Society of Addiction Medicine. thank you for the opportunity to provide testimony in opposition of HB 5389, An Act Concerning Palliative Use of Marijuana. I am Mark L. Kraus, M.D., and I am the chairman of the Connecticut State Medical Society Committee on Alcohol and Other Drug Education. I have spent my entire medical career in the treatment of addition medicine.

Research into the therapeutic of cannabis and cannabinoids has lagged behind that of other modern medications. The recent discovery and elucidation of the endocannabinoid receptor system, coupled with improvements in technology and new research tools, has facilitated analytical, pharmacological and other preclinical research. Clinical research is also increasing, although only a small number of controlled studies meeting modern scientific standards has been published.

All cannabis-based and cannabinoid medications should be subjected to the rigorous scrutiny of the Federal Food and Drug Administration (FDA) regulatory process. This process provides important protections for patients, making medication only available when they: 1) Are standardized by identity, purity, potency and quality; 2) Are accompanied by adequate directions for use in the approved medical indication; and 3) Have risk/benefit profiles that have been well-defined in well-controlled clinical trials. The FDA has set forth the criteria that must be met if a botanically-based medication is to achieve marketing approval through this process.

All major medical organizations support the FDA approval process. The American Medical Association (AMA) has rejected the use of state legislation to authorize whether a medication should be made available to patients. The Institute of Medicine has also rejected this approach and has called for further research into the development of non-smoked, reliable delivery systems for cannabis-derived and cannabinoid medications. Rigorous research is needed to better understand the significance of different cannabinoid formulations and ratios, as well as methods of administration and dose-response relationships. Cannabis has a range of effects, some of which may be disturbing to patients with serious medical conditions, adversely impact their cognitive skills, or impair their lung function. Such effects should be better understood, particularly in the context of chronic medical use.

"Medical marijuana" currently distributed pursuant to some state legislation, does not accord with critically important aspects of the modern scientific model. It lacks quality control and standardization; it can be contaminated with pesticides and microbes; and it does not assure patients

a reliable and reproducible dose. Increased cannabis potency heightens the risk of adverse events -- especially among cannabis-naïve patients -- as well as the dangers of dependence and addiction. There are no effective risk-management measures to prevent diversion and abuse, especially by adolescents.

The practice of medicine must be evidenced-based; all medical interventions should be justified by high-quality data. Despite the paucity of rigorous scientific data, dispensaries are now distributing cannabis and cannabis products to large numbers of individuals. Yet physicians, who are the gatekeepers of this process, under state law, have inadequate information on which to base their judgment if they choose to discuss cannabis as a treatment option with their patients. Physicians should carefully consider their ethical and professional responsibilities before issuing a cannabis recommendation to a patient. A physician should not advise a patient to seek a treatment option about which the physician has inadequate information regarding composition, dose, side effects, or appropriate therapeutic targets and patient populations.

Thank you for your thoughtful and careful consideration of this proposal. We urge you to oppose HB 5389.