

**Testimony of
The American Academy of Ophthalmology
The Connecticut Society of Eye Physicians
Before the Judiciary Committee
On March 7, 2012
Opposing
R.B. No. 5389 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA**

Good Morning Senator Coleman, Representative Fox and distinguished members of the Judiciary Committee. My name is Steven Thornquist, M.D. and I am a practicing board certified ophthalmologist in Trumbull, Connecticut and a past president of the Connecticut Society of Eye Physicians and current legislative chair. I am here today representing over 90% of the ophthalmologists in CT and the American Academy of Ophthalmology, representing 29,000 members offering you testimony opposing RB 5389 An Act Concerning the Palliative Use of Marijuana.

I am here in opposition to RB 5389, An Act Concerning the Palliative Use of Marijuana, for several reasons. Chiefly, because it includes glaucoma in the list of conditions for which marijuana may be used for the palliation of debilitating medical conditions. Our concern specifically is with regard to listing glaucoma, a condition that is rarely debilitating and that is not responsive to any palliative effect that has been attributed to marijuana. Palliative use, as defined in the bill, "means...to alleviate a qualifying patient's symptoms or the effects of such symptoms". Loss of vision, the primary symptom that occurs with glaucoma, does not abate in response to marijuana so there is no opportunity to use it for a palliative effect. As such it does not meet the criteria for inclusion under the provisions of this bill and should be removed from the list of covered conditions.

The only eye effect attributable to marijuana is an extremely weak and short-lived pressure lowering effect that while not harmful, is hardly helpful in light of the significant uncertainty entailed in using an inhaled chemical with inherent inconsistency in quality and quantity of effect. No ophthalmologist would ever prescribe an eye drop that has so weak or short lived an effect. The pressure lowering effect of cannabis is so unreliable that, even if it had no side effects at all, it would not support a case for the use of marijuana. Inhaled marijuana is a regressive treatment because it requires the entire body be subject to the pharmacologic effects of the drug whereas the topical application of eye drops concentrates the effect of the drug on the one organ where it is needed, the eye, limiting systemic exposure. We ask that this committee remove Glaucoma from the list of conditions qualifying for medical marijuana. This opinion is supported by the American Academy of Ophthalmology and by the National Eye Institute.

RB 5389 is further flawed by the establishment of a medical board that may add debilitating medical conditions, but is not given latitude to subtract conditions that are deemed to be no longer debilitating. Medical science continues to progress at a rapid pace and can be expected to provide treatments for many diseases presently regarded as debilitating.

We also question placing oversight and definition of portions of medical practice under the Department of Consumer Protection rather than the Department of Public Health. This duplicates and fractures the governance of medical practice in the state and could create conflicts that might impact care and the safety and health of patients. Further, we have concerns about the sequestration of licensing fees solely for the purposes of administering this bill. We would ask that this be further reviewed, and that consideration also be given to similarly sequestering medical licensing fees for use by the Medical Board for administering and reviewing medical practice, as well as for other licensed professions.

In closing, without scientific studies supporting the use of marijuana as a palliative agent for glaucoma, we cannot support RB 5389. We understand and empathize with patients who maybe desperate for relief of pain and who envision that the use of marijuana will relieve symptoms attributed to glaucoma. Our job is to ensure that therapies made available and promoted by the state are proven to be safe and effective.

I urge you to vote against this bill.

Respectfully,

Steven Thornquist, M.D.

Suggested Reading-

National Eye Institute
NEI is located on the NIH campus,
31 Center Drive
Bethesda, MD 20892-2510
(301) 496-5248
www.nei.nih.gov
stmt site <http://www.nei.nih.gov/news/statements/marij.asp>

Statement on Glaucoma and Marijuana Use

June 21, 2005

Glaucoma is an eye disease usually associated with an increased fluid pressure inside the eyes that damages the optic nerve, leading to vision loss or even blindness. The most common form of the disease -- chronic, open-angle glaucoma -- is a leading cause of blindness in the United States and the number one cause of blindness in African Americans.

Studies in the early 1970s showed that marijuana, when smoked, lowered intraocular pressure (IOP) in people with normal pressure and those with glaucoma. In an effort to determine whether marijuana, or drugs derived from marijuana, might be effective as a glaucoma treatment, the National Eye Institute (NEI) supported research studies beginning in 1978. These studies demonstrated that some derivatives of marijuana transiently lowered IOP when administered orally, intravenously, or by smoking, but not when topically applied to the eye.

However, none of these studies demonstrated that marijuana -- or any of its components -- could lower IOP as effectively as drugs already on the market. In addition, some potentially serious side effects were noted, including an increased heart rate and a decrease in blood pressure in studies using smoked marijuana.

A wide variety of therapies are currently used to treat glaucoma, including FDA-approved drugs and laser and conventional surgery. Research to date has not investigated whether marijuana use offers any advantages over currently available glaucoma treatments or if it is useful when used in combination with standard therapies.

The identification of side effects from smoked marijuana, coupled with the emergence of highly effective FDA-approved medications for glaucoma treatment, may have led to diminished interest in this research area.

Workshop on the Medical Utility of Marijuana--Report to the Director, NIH, by the Ad Hoc Group of Experts

Last Reviewed: May 13, 2009