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Testimony for HB 5389: An Act Concerning the Palliative Use of Marijuana

Senator Toni Boucher

Wednesday, March 7, 2012

Dear Senator Coleman, Representative Fox, Senator Kissel and Representative Hetherington and other distinguished members of the Judiciary Committee.

Thank you for your consideration of my testimony in opposition to HB 5389 An Act Concerning the Palliative Use of Marijuana.

It is disappointing that in this year's session, filled with hope for educational reform, we should be should be considering a bill that would send a such a negative message to our families and children- the very ones that education reform is meant to assist in making the most of their potential.

I think we can all agree that Connecticut students already have so many barriers to success. Many Connecticut students live in homes where substance abuse creates a difficult learning environment. Many of those students' mothers tell me that they want the drugs and their negative influence out of their neighborhoods.

The destructive influence of drugs is everywhere we turn. Pick up any newspaper to read about those whose lives are ruined and whose talents are wasted due to drug use. Turn on the tv news to see stories about the collateral damage families endure because of drugs. I would also ask you to think about Connecticut's foster children. Consider this fact: 80% of our foster children were taken from homes affected by addiction.

I have reams of data which speak to the unhealthy effects of marijuana on the heart, lungs, immune system, and brain. Doctors tell me that it is particularly harmful for post-traumatic stress disorder. Going over that data with you could literally take me days.

If in fact this is about helping the afflicted manage pain, there are many alternative drugs that would keep patients alert and functional as they look forward recovery from a serious illness. If it does not matter that a smoked substance can further harm the heart, lungs and brain then change this bill to apply palliative care for the terminally ill. If it was restricted to those cases, I could actually encourage support of this initiative.

Instead, HB 5389 would increase substance abuse, crime and legal challenges in Connecticut that have characterized medical marijuana programs in other states. Please consider that the committee is deliberating on a serious policy change that puts us in direct conflict with the US Department of Justice. California voters approved use of medicinal marijuana in 1996, but its use remains illegal under federal law.

Note that on March 5, 2012 in San Diego a federal judge on Monday dismissed a lawsuit brought by San Diego medical marijuana advocates that aimed to halt the government's efforts to close dispensaries. The suit was one of several filed in California in November following efforts by U.S. attorneys to shut down dispensaries. Letters were sent to dispensaries and landlords ordering them to close within 45 days or risk prosecution and forfeiture of assets. The judge concluded that federal law does not allow marijuana to be dispensed and prescribed for medicinal use as other drugs can, and it is not a fundamental right protected by the U.S. Constitution.

Lawsuits are sure to follow as the bill changes marijuana to a schedule II drug in CT. U.S. law supersedes CT law, and marijuana is still a federal schedule I drug as explained in the addendum to this testimony. This bill also sends a powerfully negative message to young people, especially after last session's reduction in penalties for possession.

I strongly urge the committee to vote against HB 5389. Thank you for the opportunity to testify on this bill.

Addendum

I first began work on this issue after an emotional appeal from a mother and father who had found their son dead from a drug overdose at home in his bed. They and countless others warned that this measure would be devastating to our state and their concerns have been confirmed by medical research studies and the consequences of medical marijuana in other states. After exhaustive study and consultations with many state and national experts as well as cancer patients, I am convinced that the argument that smoked marijuana is medically necessary is untrue.

Marijuana proponents argue that the drug is a useful medicine. In fact, the FDA and other major medical organizations (such as the American Medical Association, the National Multiple Sclerosis Society, American Glaucoma Society and the American Cancer Society) have all opposed medical marijuana. Marijuana bills, such as HB 5389, continue to include glaucoma as a condition for which marijuana can be recommended, even though the American Glaucoma

Society warned patients that marijuana can make their glaucoma worse. In addition, marijuana produces heart problems, suppresses the immune system, and is dangerous to patients suffering from cancer and AIDS. It can even increase the risk of Kaposi's sarcoma in AIDS sufferers.

Modern medical science has other treatments and pain relievers that are more effective than smoked marijuana. There is no FDA approved medication which is smoked, since it is difficult for physicians to determine the correct dosage. Furthermore, smoking any substance introduces harmful particulate matter into the lungs which can lead to respiratory problems. From this standpoint, marijuana smoke is very dangerous, since it contains more cancer causing agents than cigarette smoke, and leaves four times the amount of residue in the mouth and throat. Even if marijuana were the best medicine for any ailment, there are derivatives such as Marinol and Sativex that deliver marijuana's effects without causing the same health problems as inhalation.

In addition to marijuana's unsuitability as medicine, allowing medical marijuana would also present serious legal challenges to Connecticut. Although HB 5389 changes marijuana from a schedule I to a schedule II drug under Connecticut's controlled substances list, marijuana is still classified as a schedule I controlled substance under federal law and would remain illegal regardless of any state law authorizing its use. This discrepancy between state and federal law may leave Connecticut open to litigation by the Department of Justice, which has strongly committed itself to enforcing the Controlled Substances Act. Recently, the U.S. Attorney in Colorado indicated that there were no "safe harbors" for dispensaries in that state, because the federal government considers marijuana an illegal substance.

Similar problems involving dispensaries have arisen in other states. Last year, the state of Montana was forced to overhaul its medical marijuana laws in the face of criticism that the rapidly expanding marijuana industry in the state had led to widespread abuse. In October 2011, the federal government ordered many of California's marijuana dispensaries to shut down, with prosecutors arguing that California's medical marijuana industry is engaged in illegal sales under the guise of supplying qualifying patients. A lawsuit by medical marijuana advocates to oppose the government's efforts to shut down these dispensaries was dismissed on March 5, 2012 by a federal judge in San Diego, who ruled that that federal law prohibits the sale of marijuana. The ever increasing supply of marijuana in states such as California, Montana and Oregon has dramatically swelled the number of marijuana users who are obtaining the drug, under laws which were originally intended to benefit only a small number of very ill patients.

As shown by the experience of other states, the abuse inherent in this bill cannot be prevented. The few states that have taken this path have seen an alarming increase in marijuana use, crime, higher cost to communities and state services, law enforcement and lower property values and negatives changes in the quality of life in their communities. Classifying marijuana as medicine creates the false impression that it is benign, and increases its use. A University of Michigan survey of 46,000 American teenagers concluded that marijuana use has risen to the point where more teens are smoking pot than cigarettes. This survey not only concluded that teenage use of marijuana had risen, but that this rise correlates with an increasingly favorable perception of the drug among high school students.

Marijuana is a harmful, Schedule I, federally illegal drug that does not save or improve lives. It can undermine the seriously ill's best prospect of recovery and is the wrong prescription for Connecticut. I am tremendously grateful and proud that we have fought repeated attempts in the past to take our state down this dangerous path and have not broken a trust with our constituents of doing no harm. Let us all work to continue to keep our children and neighborhoods safe.