



**WRITTEN TESTIMONY IN SUPPORT OF HOUSE BILL 5389:  
AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA,  
BEFORE THE JOINT COMMITTEE ON JUDICIARY**

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The Drug Policy Alliance strongly supports – with amendments -- House Bill 5389, *An Act Concerning the Palliative Use of Marijuana*. We urge you to amend and support this important legislation aimed at reducing the suffering of seriously ill patients in Connecticut.

First, the effectiveness of marijuana for palliative use has been firmly established. Research from publications such as the *Western Journal of Medicine*, the *Journal of Palliative Care*, and the Congressionally-chartered Institute of Medicine support the effectiveness of medical marijuana in relieving a range of symptoms including: pain, muscle spasms, nausea, loss of appetite, and wasting syndrome. Doctors must be allowed to use their professional medical judgment to recommend palliative marijuana to help relieve the suffering resulting from debilitating and life-threatening illnesses.

Second, palliative marijuana has strong support in Connecticut among doctors, nurses, lawyers, activists, and workers – and voters. In a Quinnipiac poll from March, 2011 79% of Connecticut residents’ support “allowing a doctor to prescribe marijuana for medical purposes.” The people of Connecticut know that if their family or friends were seriously ill they would want every medically appropriate option to be available. In Connecticut palliative use of marijuana is supported by the Connecticut Nurses Association, A Better Way Foundation, the Connecticut Department of Public Health, the Connecticut Department of Consumer Protection, the Connecticut Pharmacists Association. In the tri-state area, palliative marijuana enjoys broad support, including New York organizations such as the Association of the Bar of the City of New York, Housing Works, GMHC, New York Aids Coalition, and the Pharmacists Society of the State of New York. In New Jersey a medical marijuana law was passed two years ago with support from the New Jersey State Nurses Association; the New Jersey Academy of Family Physicians; the New Jersey Hospice and Palliative Care Organization; the New Jersey League for Nursing; the Leukemia and Lymphoma Society Southern NJ and Northern NJ chapters

Third, there is strong national support for compassionate use of marijuana by a broad range of groups such as American Medical Association’s Council on Scientific Affairs, Physicians Association for AIDS Care, Lymphoma Foundation of America, the American Civil Liberties Union, United Food and Commercial Workers, Law Enforcement Against Prohibition, Addiction Science Forum, the General Assembly of the Presbyterian Church, and the Teamsters Union.

While we support palliative use of marijuana in Connecticut, we strongly urge the Committee to amend the bill to make it workable.

- *Include provision for patient production of palliative marijuana.* In the event that a patient does not live near a dispensary or cannot otherwise afford to procure palliative marijuana from a dispensary, this legislation should include a provision to allow patients – or their caregivers -- to produce marijuana for palliative use. This change will also assure that Connecticut does not make the same mistake as

nearby New Jersey: that state enacted a palliative marijuana law two years ago, yet patients still do not have access to marijuana because of regulatory hurdles that have stymied implementation, leaving patients and families to suffer.

- *Licensed pharmacists should not be the only party eligible to operate a dispensary.* While pharmacists in Connecticut are licensed by the state, they must follow federal drug laws to maintain their licenses. Therefore, a licensed pharmacist may lose their license if they seek to operate a dispensary, given that palliative marijuana is not currently legal under *federal* law. Thus the Legislature
- *Licensed producers:* There should be an option for one entity to produce and distribute to patients so that the law does not require entities to distribute between each other in violation of federal law
- *Unrealistic financial restrictions on producers:* Requiring a \$25,000 application fee, and a \$2,000,000 escrow account will severely limit the likelihood of a viable dispensary from coming online – these financial restrictions should be reduced.
- *“Pharmaceutical” grade:* There is no such thing as “pharmaceutical grade” marijuana, and if this term is used it should be defined within statute as to what it means.
- *Section 15:* This provision should allow patients and caregivers to cultivate until the distribution system is actually distributing. It also shouldn’t be contingent on lack of regulations being in place but whether producers and distributors are actually licensed and ready and able to dispense to patients.
- *Severability:* A severability clause should be added at the end of the statute.

By amending HB 5389 to address the concerns outlined above, Connecticut will have workable legislation to provide care and relief to patients and their families. In passing this legislation, Connecticut will join sixteen other states -- Alaska, Arizona, California, Colorado, Delaware, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Washington, and Vermont-- and the District of Columbia in allowing seriously ill patients to access medical marijuana with a doctor’s recommendation. In addition to Connecticut, seventeen other states are considering bills to allow compassionate use -- Alabama, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, West Virginia, and Wisconsin.

With the backing of doctors, nurses, scientists, lawyers, activists, workers, and voters, the Drug Policy Alliance urges you to pass this bill. No one should be forced to endure suffering or endure the pain of watching their loved ones suffer while relief exists. We hope you will show compassion and end their suffering with your vote. Thank you.

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