



**Testimony
Before the Public Health Committee
On March 3, 2016
Opposing
R.B. No. 5450 AN ACT CONCERNING THE PALLIATIVE USE OF MARIJUANA**

Good Morning Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee. My name is Frank Castiglione, M.D. and I am a practicing board certified dermatologist practicing in Hamden, CT. I am also the President of the Connecticut Dermatology society. I am here on behalf of the physicians and physicians in training in the above mentioned medical societies offering you testimony opposing RB 5450 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.

RB 5450 is 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, or for which marijuana is found to have little real benefit. Medical science continues to progress at a rapid pace and can be expected to provide treatments for many diseases presently regarded as debilitating. The law wisely provides for research into the effects and uses of marijuana, but will only allow the board to act on some of that data. If the research so allowed finds no significant efficacy for marijuana on an approved condition, that condition cannot be rescinded as the law is currently worded.

We applaud the addition of a pediatrician to the Board of Physicians, and the requirement that they be chosen in consultation with the Connecticut chapter of their specialty society, but would suggest that that level of vetting be extended to the other seven members of that board, who should also be chosen in consultation with their specialty group, or the Connecticut State Medical Society, as an umbrella group for all physicians and surgeons. And we question why the current language requiring expertise in relevant fields of medicine is excised, rather than simply adding pediatrics to the list. These physicians and surgeons have a very important job, and should be very carefully chosen and highly qualified.

We also have concerns about 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.

Finally, we oppose RB 5450 because it continues to include 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.

According to our ophthalmology colleagues 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.

In closing, because of these flaws, and without scientific studies supporting the use of marijuana as a palliative agent for glaucoma, we cannot support RB 5450. We understand and empathize with patients who maybe desperate for relief of pain and who envision that the use of marijuana will relieve symptoms. 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,

Frank Castiglione, M.D.