



State of Connecticut

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Testimony on **HB 5450**, AAC the Palliative Use of Marijuana, and **SB 290** AAC An Act Concerning The Sale And Purchase Of Tobacco Products, Electronic Nicotine Delivery Systems And Vapor Products And Signage Concerning The Use Of Such Products And Systems

March 2, 2016

By Senator Toni Boucher

Chairperson Gerratana, Chairperson Ritter, Ranking Member Markley, Ranking Member Srinivasan, and other distinguished members of the Public Health Committee, thank you for the opportunity to testify on HB 5450, AAC the Palliative Use of Marijuana.

I am strongly opposed to this bill, the focus of which is to extend the legal use of medical marijuana to children under the age of 18. This bill has the same disadvantages as Connecticut's previous efforts in advancing medical marijuana with respect to federal law, under which cannabis remains an illegal, schedule one controlled substance. More seriously, it would expose children, whose bodies are still developing, to a substance which has been linked to numerous health complications even in adults.

Parts of this legislation appear to anticipate these criticisms without drawing the proper conclusions from them. In response to the many experts who rightly note the paucity of rigorous scientific study on the safety and effectiveness of marijuana as medicine, the bill enjoins the Department of Consumer Protection to create a licensing procedure for laboratories and their employees, and for institutions and individuals engaged in research involving cannabis and contains language protecting them from legal penalties. The emphasis on research echoes the concerns of those who have opposed the designation of marijuana as medicine and the use of anecdotal evidence to promote its use. Writing on this same issue one year ago, the American Epilepsy Society asserted that more research into medical marijuana was needed, and that the marijuana based treatments provided to children in Colorado failed to meet FDA standards.

Even more worrying, noted the EAS, the fixation on medical marijuana may have caused parents to eschew better known and more thoroughly vetted treatments for epilepsy. The lack of reliable

scientific data on the subject means that these parents have no access to the kind of information that would allow them to make an informed decision on what treatment is best for their child. Indeed, the rush to expand the medical marijuana program shows a misplaced confidence in an unproven drug which may have serious long term consequences. Prolonged marijuana use has been found to hinder brain development, resulting in lower IQ and poor memory later in life, and an increased susceptibility to mental illness, such as schizophrenia and psychosis. Marijuana use has been linked to heart problems in young adults, to the suppression of the immune system, and even to an increased incidence of stroke in younger users. Regular usage of marijuana may also lead to addiction and provide a gateway to more dangerous drugs. According to a recent statement by the Connecticut Association of Prevention Professionals, "People addicted to marijuana are more than three times more likely to be addicted to heroin," a particularly frightening development, in light of the heroin epidemic in Connecticut schools and emergency rooms.

Once again, the bill shows an awareness of these issues. It empowers the Board of Physicians to recommend the addition of new debilitating conditions for which medical cannabis may be legally administered to minors, provided it takes into account, "among other things, the effect of the palliative use of marijuana on the brain development of such patients." This proviso concedes that using marijuana for medical purposes may cause health complications down the road, and yet instead of treading carefully, the proponents of this bill seek to expand the legal use of this drug to our most vulnerable patients regardless of marijuana's known dangers and considerable unknown properties, treating it, as they have in the past, with a legislative and regulatory indulgence that would not be accorded to any other experimental medicine.

The state of Connecticut has a duty to do everything possible to increase access to proven and effective medical treatments for children. As it stands, the scientific evidence in favor of medical marijuana is too scant, and the possible consequences too great to fall under this category. Even Willie Nelson has warned publicly and on television that we should never allow marijuana use in young children as it affects their brain development permanently. More research must be done by reputable scientists before a child's brain is experimented with, dispensing pot to young children is too risky and we should undertake no legislative effort that would expose our children to unnecessary risk. For similar reasons, I would also like express my support for SB 290, which would raise the smoking age to 21, (though state legislators in California pursuing similar legislation even considered raising the age to 25.) I believe that this bill is a step in the right direction toward limiting the use of tobacco among children and adolescents, whose developing brains are more susceptible to its effects, and wish that the committee would adopt a similarly stringent position with regard to marijuana and its own deleterious health effects. Thank you for your time and attention.