

Opposition to Senate Bill 487 AN ACT CONCERNING THE LEGALIZATION, TAXATION AND REGULATION OF THE RETAIL SALE AND RECREATIONAL USE OF MARIJUANA AND CONCERNING THE PRODUCTION AND REGULATION OF HEMP

Good morning. My name is Dr. Elsa Stone. I am a retired primary care pediatrician and a past president of the Connecticut Chapter of the American Academy of Pediatrics. The AAP is an organization of 64,000 pediatricians committed to the optimal physical, mental, and social health and well being of all infants, children, adolescents and young adults. We have about 1000 members in Connecticut. We are deeply opposed to this bill, and are very concerned that this bill will endanger the health and development of our youth.

In January 2015 the AAP published a policy statement and technical report, titled "The Impact of Marijuana Policies on Youth: Clinical, Research, and Legal Update". In it, the AAP reviewed the evidence and reaffirmed its opposition to legalizing marijuana because of the potential harmful impact on child and adolescent health.

Marijuana is the most common illicit substance used by adolescents. While having some positive therapeutic uses in adults, for example in the treatment of post chemotherapy nausea and vomiting, in adolescents it is NOT a benign drug!

New medical research on adolescent brain development has found that brain maturation, particularly in the areas that support complex cognitive thought, decision making and social behavior, is not complete until the early 20s. Marijuana can cause disruptions and alterations in the development of these critical areas of the brain.

So what are some of the consequences of this? We see a decrease in short term memory, decreased concentration, decreased attention span and problem solving, all of which impacts learning. We also see altered motor control, coordination, judgement, reaction time, and tracking. Does any of us want to be on the road with a stoned adolescent? And there is some evidence, in long term marijuana users, that some of these effects may persist even if drug use ceases.

Meanwhile, the concentration of THC in marijuana preparations has increased from 4% in the 1980's to 12% currently, thereby heightening the impact of each dose.

Long term marijuana use can affect lung function, and can have a particularly deleterious effect on mental health, with increasing rates of depression and psychosis. Marijuana use in pregnancy can affect the growth of the fetus, and cause subtle deficits in its learning, memory and executive functions as it grows.

Studies have also indicated that marijuana can be addictive. The greater the use by an adolescent, the greater the risk of addiction. This is a dangerous drug for adolescents!

In changing the legal status of marijuana, we are promoting the perception that this is a safe drug. There has already been a decline in the % of 12-17 year olds who perceive a “great risk” in using marijuana once/month or once or twice a week! Declines in risk perception precede or coincide with increased use. With legalization, the increased marketing to adults will entice children, whether we intend that or not.

In short, any policy that increases use of marijuana by adults will inevitably lead to increased access for adolescents, whatever our intentions. We have only to look at cigarette and alcohol use by underage children and youth. The real risk is NOT trivial!

Legalization creates a lucrative and dangerous opportunity for industry to commercialize and market marijuana to children and adolescents. It can take years to regulate the safety and marketing of products harmful to children. We need only look at the past with tobacco and the present problems with e-cigarettes. We should not consider marijuana “innocent until proven guilty”. If we proceed with unregulated legalization, too much harm may have occurred before we decide to act.

Thank you for your deep consideration of this issue.