

Written Testimony on SB 1138
Finance Committee
Connecticut General Assembly
April 28, 2019

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This testimony is based on my own expertise and that of over a dozen top scientists who serve on the Advisory Board of Smart Approaches to Marijuana (SAM). Co-founded by former U.S. Representative Patrick Kennedy, SAM is the leading non-partisan, non-profit national organization offering a science-based approach to marijuana policy.

I have worked in the health care and public health environment for nearly a decade, from nonprofit behavioral health-integrated community health centers to large hospital systems. I have founded two successful companies in the health care technology industry. I am now Chief of Staff and Senior Policy Advisor at SAM. I received my Bachelor of Arts in Communication from the University of Denver and live in the state of Colorado with my wife and two-year-old daughter. As a Coloradan, I can tell you the toll of legalized marijuana has been intense.

Senate Bill 1138 is bad policy and should be opposed. A study SAM undertook in Connecticut found that the costs associated with marijuana legalization would total \$216 million, compared to an estimated \$113.6 million in projected tax revenue. In other words, marijuana's costs exceed the revenue by over 90%.¹ This reflects the recent findings of a 92-page study conducted by the Centennial Institute in Colorado that found Colorado's government pays \$4.50 for every \$1 in marijuana tax revenue.²

The bill also presents major public health and safety problems for Connecticut and will result in many other negative consequences, for six main reasons:

- (1) SB 1138 would disproportionately affect lower-income communities of color
- (2) SB 1138 would increase drug use among Connecticut kids;
- (3) SB 1138 would be a strain on Connecticut's budget;
- (4) SB 1138 will reinforce, not diminish, the black market for marijuana, especially because the amounts allowed for home grows are excessive;
- (5) SB 1138 will aggravate drugged driving, creating costs likely to outweigh revenues;
- (6) SB 1138 would be a burden for Connecticut's employers and business community;

¹ <https://learnaboutsam.org/wp-content/uploads/2018/09/SAM-CT-Report-Costs-Marijuana2123.pdf>

² <http://cdn-centennial.pressidium.com/centennial/wp-content/uploads/2018/12/Economic-and-Social-Costs-of-Legalized-Marijuana-v1.2.pdf>

A. Communities of Color

Unfortunately, the marijuana industry has targeted communities of color, despite promises to the contrary. This should, perhaps, not be surprising: the tobacco and alcohol industries have long targeted such communities. One Johns Hopkins study revealed that predominantly African-American neighborhoods in Baltimore were eight times more likely to have carry-out liquor stores than racially mixed or white neighborhoods.³ And tobacco companies have historically placed larger amounts of advertising in African-American publications, exposing African-Americans to more cigarette ads than whites,⁴ and have marketed more harmful and more addictive products to them.⁵

The marijuana industry is already copying the Big Tobacco playbook in Colorado. There, marijuana use is up overall. And in Denver, pot businesses are concentrated in lower-income, neighborhoods of color—one lower-income neighborhood has a pot business for every 47 residents.⁶ As for Colorado schools, those that had 25% or fewer youth of color had 313 marijuana-related suspensions compared to 658 marijuana-related suspensions for schools comprised of populations with 76% or more youth of color.⁷

Moreover, in the two years after Colorado legalized marijuana, the number of Hispanic and black kids arrested for marijuana-related offenses *rose* 29 and 58 percent, respectively. In the same period, the number of white kids being arrested for identical crimes dropped eight percent.⁸ In 2018, the marijuana arrest rate for African Americans was double that of whites.⁹ Seeing legalization as the solution to racial injustice in law enforcement is thus misguided.

³ Johns Hopkins Bloomberg School of Public Health. *Off-Premises Liquor Stores Targeted to Poor Urban Blacks*. 2000.

⁴ CDC. African Americans and tobacco use. CDC, 17 Aug. 2016; U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health, 1998.

⁵ CDC. African Americans and tobacco use. CDC, 17 Aug. 2016; National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use*. Smoking and Tobacco Control Monograph No. 19, NIH Pub. No. 07-6242, June 2008; Gardiner PS. The African Americanization of Menthol Cigarette Use in the United States. *Nicotine and Tobacco Research* 2004; 6:Suppl 1:S55-65; Ton HT, Smart AE, Aguilar BL, et al. Menthol enhances the desensitization of human alpha3beta4 nicotinic acetylcholine receptors. *Mol Pharmacol* 2015;88(2):256-64; Smokefree.gov. *Menthol Cigarettes*. Bethesda (MD): U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 2015.

⁶ Migoya, David, and Baca, Ricardo. “Denver’s pot businesses mostly in low-income, minority neighborhoods”. *The Denver Post*, 2 Jan. 2016.

⁷ Colorado Department of Public Safety. (2016). *Marijuana legalization in Colorado: Early findings*. Retrieved February 3, 2018, from <https://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf>

⁸ Colorado Department of Public Safety, Division of Criminal Justice, Office of Research and Statistics. *Marijuana Legalization in Colorado: Early Findings*. Denver, Mar. 2016.

⁹ Colorado Department of Public Safety, Division of Criminal Justice, Office of Research and Statistics. *Marijuana Legalization in Colorado*. Denver, Mar. 2019.

B. Public health impact

The addictive nature and negative health effects of marijuana are numerous. A 2017 report by National Academy of Sciences (NAS) written by top scientists, entitled *The Health Effects of Cannabis and Cannabinoids: Current State of Evidence and Recommendations for Research*, concluded after a review of over 10,000 peer-reviewed academic articles, that marijuana use is connected to a number of problems, including:

- respiratory problems;
- mental health issues (like psychosis, social anxiety, and thoughts of suicide);
- increased risk of car accidents;
- progression to and dependence on tobacco, alcohol, and other drugs;
- learning, memory, and attention loss (possibly permanent in some cases);
- and low birth weight.¹⁰

A study from March 2017 stated that “clear associations exist between cannabis use status in young adulthood and subsequent mental health and substance use.”¹¹ Given these findings, expanding the use of marijuana would be irresponsible.

Notably, NAS report also stated that, “in states where cannabis use is legal, there is increased risk of unintentional cannabis overdose injuries among children.”¹² This connection with children is particularly pertinent given the rise in use by Colorado youth since legalization. The only nationally representative study on marijuana use, the National Survey on Drug Use and Health (NSDUH), indicates that Colorado has held the top ranking for first-time marijuana use among youth the past 2 years in a row, with a 65% increase in the years since legalization.¹³ Young adults age 18-25 continue to increase in marijuana use, well above the national average.

Another point of grave concern in the field of public health is the increase in hospital and emergency room utilization after legalization. In Colorado, the annual rate of marijuana-related emergency room visits increased 35% between the years 2011 and 2015.¹⁴ Additionally, calls to poison control centers have risen 210% between the four-year averages before and after

¹⁰ National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: Current state of evidence and recommendations for research*. Washington, DC: The National Academies Press.

¹¹ Silins, E., Swift, W., Slade, T., Toson, B., Rodgers, B., & Hutchinson, D. M. (2017). A prospective study of the substance use and mental health outcomes of young adult former and current cannabis users. *Drug and Alcohol Review*. Wiley-Blackwell. <https://doi.org/10.1111/dar.12512>

¹² National Academies of Sciences, Engineering, and Medicine. 2017. *The health effects of cannabis and cannabinoids: Current state of evidence and recommendations for research*. Washington, DC: The National Academies Press.

¹³ National Survey on Drug Use and Health. (2006-2016). State use estimates [Data file]. Retrieved from <https://www.samhsa.gov/data/population-data-nsduh>

¹⁴ Colorado Department of Public Health & Environment, Colorado Violent Death Reporting System. (2017). Colorado Suicide Dashboard. Retrieved November 22, 2017, from https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS_12_1_17/Story1?:embed=y&:showAppBanner=false&:showShareOptions=true&:display_count=no&:showVizHome=no#4

recreational legalization.¹⁵ Colorado’s Department of Public Health and Environment found in a recent report that there was a 400% increase in children aged 0-9 being exposed to marijuana products since legalization, and tens of thousands of homes in Colorado are not storing marijuana products safely or subjecting their children to second-hand marijuana smoke.¹⁶

This is why national medical associations do not support marijuana legalization. For example, the American Medical Association states that, “cannabis is a dangerous drug and as such is a public health concern; the sale should not be legalized.”¹⁷ The American Academy of Pediatrics and American Academy of Adolescent Psychiatry, and American Society of Addiction Medicine all have serious concerns about marijuana and oppose legalization.¹⁸

C. SB 1138 would be a strain on Connecticut’s budget

When costs are counted, legalized recreational marijuana will not bring in revenue for the state of Connecticut. The social costs associated with marijuana, some of which have been outlined above, far outweigh any revenue that it brings in. A study SAM recently undertook in Connecticut found that the costs associated with marijuana legalization would total \$216 million, compared to an estimated \$113.6 million in projected tax revenue. In other words, marijuana’s costs exceed the revenue by over 90%.¹⁹ While advocates are quick to tout tax revenue as a counterbalance to this arrangement, like with the lottery, the additional funds are not nearly enough to fix budget shortfalls. Every year, there will always be claims of a silver bullet for the budget. Yet, as history shows us, every year, there is always need for something more. Marijuana will not be a workable, pragmatic, or even helpful solution in the short or long term.

Marijuana legalization would also result in a variety of currently unquantifiable costs, including:

- Increases in alcohol use and abuse
- Increases in tobacco use
- More opioid abuse
- Increases in short-term/long-term recovery for marijuana use disorders
- Greater marijuana use among underage students
- Property and other economic damage from marijuana extraction lab explosions

¹⁵ Rocky Mountain Poison and Drug Center. (2017). Retrieved December 22, 2017, from <http://www.rmhidta.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

¹⁶ Colorado Department of Public Health and Environment. Monitoring Health Concerns Related to Marijuana in Colorado: 2018

¹⁷ Report 2 of the Council on Science and Public Health (I-13), A Contemporary View of National Drug Control Policy. (2013). American Medical Association. Retrieved from <https://www.ama-assn.org/sites/default/files/media-browser/public/about-ama/councils/Council%20Reports/council-on-science-public-health/i13csaph2-summary-only.pdf>

¹⁸ Public Health Organizations’ Position on Medical Marijuana. [Web post, Smart Approaches to Marijuana]. (2016) Retrieved from <https://learnaboutsam.org/the-issues/public-health-organizations-positions-on-medical-marijuana/>.

¹⁹ THE PROJECTED COSTS OF MARIJUANA LEGALIZATION IN CONNECTICUT (January 2018). Smart Approaches to Marijuana. <https://learnaboutsam.org/wp-content/uploads/2018/02/SAM-CT-Report-Costs-Marijuana2123.pdf>

- Controlling an expanded black market, sales to minors, and public intoxication
- Other administrative burdens of most state legalization programs, such as:
 - money for drugged driving awareness campaigns;
 - drug prevention programs; and
 - pesticide control and other agricultural oversight mechanisms
- Long-term health impacts of marijuana use

This last issue, in particular, represents a major cost of the two currently legal, addictive recreational drugs—tobacco and alcohol. Currently these two drugs account for many of today’s top health conditions and health care costs. Far too little is known about the recognized negative long-term health effects of marijuana use (among them increased rates of mental illness, respiratory problems, and a tendency to develop other substance abuse disorders) to make the same sort of cost models seen for tobacco, such as those done by University of California, San Francisco, researchers.²⁰ Moreover, since research on the health effects of marijuana use is about on par with 1930s tobacco research, marijuana use may cause other health problems about which nothing is currently known. But the indirect costs of such long-term health impacts represent almost half of the cost of tobacco to the state of California,²¹ and it would be foolish not to recognize their impact here.

There are other reasons to be concerned. For example, over half the pot money promised for drug prevention, education and treatment in Washington state never materialized.²² And in Colorado, bureaucracy to regulate the industry continues to consume a large percentage of the revenue made.²³

D. SB 1138 will reinforce, not diminish, the black market for marijuana

Perhaps most importantly, SB 1138 will roll out the red carpet for a larger black market for pot than currently exists. Although this may initially sound counterintuitive, a closer look at what has happened in California, Colorado (where non-medical marijuana was legalized in 2012), and in Oregon (where non-medical marijuana was legalized in 2014) reveals why.

California Governor Gavin Newsom has declared that the black market is “getting worse, not better” since legalization and has deployed the National Guard to fight cartel activity in the state.²⁴

²⁰ Max et al. (2014). *The Cost of Smoking in California, 2009*. San Francisco, CA: Institute for Health & Aging, University of California, San Francisco, 2014. Retrieved from <http://www.trdrp.org/files/cost-smoking-ca-final-report.pdf>.

²¹ *Id.*

²² “State hasn’t met promise to fund marijuana mitigation.” Editorial. The Seattle Times. 17 May 2016. Retrieved from <http://www.seattletimes.com/opinion/editorials/state-hasnt-met-promise-to-fund-marijuana-mitigation/>.

²³ McGovern, B. (2015, June 12). Colorado weed czar: Revenue up in smoke. *Boston Herald*. Retrieved from http://www.bostonherald.com/news_opinion/local_coverage/2015/06/colorado_weed_czar_revenue_up_in_smoke.

²⁴ “Getting Worse, Not Better’ Illegal Pot Market Booming in California Despite Legalization.” Fuller, Thomas. The New York Times. 27 April 2019.

A leaked January 2017 report from the Oregon State Police states that “cannabis legalization has not had a noticeable effect on Mexican [drug trafficking organizations’] illicit cannabis cultivation operations on public lands.”²⁵ It also indicates that “only 30 percent of [Oregon’s marijuana] market activity is captured in legal transactions.”²⁶ *That means over two-thirds of Oregon’s marijuana transactions are illegal.*

Similarly, in February 2015, years after legalization passed, Colorado Attorney General Cynthia Coffman told reporters: “The criminals are still selling on the black market. ... We have plenty of cartel activity in Colorado [and] plenty of illegal activity that has not decreased at all.”²⁷

To further reinforce the spread of black market activity, a special media investigation revealed in 2018 that a record number of packages were mailed to or from Colorado through the U.S. Postal Service, up to 934 from 805. The number was 234 in 2012.²⁸ This is especially thriving in rural areas due to the difficulties involved in distinguishing between legal and criminal marijuana farms. About \$6.5 million worth of illegal marijuana was confiscated by federal agencies in the White River National Forest in Aspen, Colorado, and 9,200 illegal marijuana plants were found growing on islands in the middle of the Colorado River.²⁹

The surge in black marketeering derives from organized criminal groups “hiding in plain sight” in legalized states.³⁰ Marijuana growing and sales no longer attract the type of attention they did prior to legalization—and the taxes imposed on state-legalized pot necessary to pay for all the bureaucratic oversight create a large demand for cheaper product that the black market easily fills. Senate Bill 1138 will create similar incentives.

Drugged Driving

Marijuana-impaired driving is increasingly responsible for traffic fatalities in Colorado and Washington since pot legalization was established there. According to the AAA Foundation for Traffic Safety, the percentage of traffic deaths related to marijuana doubled in Washington State

²⁵ Oregon State Police. *A Baseline Evaluation of Cannabis Enforcement Priorities In Oregon*. 2017, available at: <http://media.oregonlive.com/marijuana/other/2017/03/20/statepolicesmaller.pdf>.

²⁶ *Id.*

²⁷ “Special report, ‘Clearing the haze:’ Black market is thriving in Colorado.” *Colorado Springs Gazette*, 20 Mar. 2015. Retrieved from <http://gazette.com/special-report-clearing-the-haze-black-market-is-thriving-in-colorado/article/1548305>.

²⁸ Larson, D. (2018). Record number of mailed marijuana packages caught by feds in Colorado last year. *Denver 7 News*. Retrieved February 9, 2018, from <https://www.thedenverchannel.com/news/investigations/record-number-of-mailed-marijuana-packages-caught-by-feds-in-colorado-last-year>

²⁹ Associated Press. (2017, September 29). Federal agencies raid pot grow operation in Aspen area. *Denver News*. Retrieved February 3, 2018, from <https://www.usnews.com/news/best-states/colorado/articles/2017-09-29/federal-agencies-raid-pot-grow-operation-in-aspen-area>

³⁰ Durbin, Kaitlin. “Colorado Springs mayor: Day of reckoning coming for city’s illegal marijuana growers,” *Colorado Springs Gazette*. 28 May 2016; Gurman, Sadie. “Drug traffickers ‘hiding in plain sight’ amid legal Colorado marijuana.” *The Cannabist*. 28 Jan. 2016.

the year retail marijuana sales were allowed.³¹ In Colorado, marijuana is now involved in more than one of every five deaths on the road, and that number is rising.³²

The number of drivers in Colorado intoxicated with marijuana and involved in fatal traffic crashes increased 88% from 2013 to 2015.³³ Marijuana-related traffic deaths increased 66% between the four-year averages before and after legalization.³⁴

E. Employers

Marijuana legalization also involves significant risks to existing businesses. According to the National Council on Alcoholism and Drug Dependence (NCADD), illegal drug use is responsible for annual economic losses of over \$80 billion.³⁵ As marijuana is by far the most widely used illegal drug, it is unsurprising that its use would trigger significant losses on its own.³⁶

As marijuana use has increased in states that have legalized its use, so has use by employees, both on and off the job. Data from major drug testing firm Quest Diagnostics, which analyzes the results millions of workplace drug tests each year, found that states that have “legalized” the use of marijuana have seen massive increases in workforce positivity since legalization. Oregon has seen a 63% increase, Nevada has seen a 55% increase, and Colorado has seen a 47% increase. All states that have implemented legal sales far outstrip the national average of 2.3%. Overall workplace positivity rates rose 10% last year while positivity rates in safety-sensitive workers, such as airline pilots and nuclear power plant employees, increased 5%.³⁷

Unlike cigarettes, marijuana’s psychoactive properties intoxicate and create tangible problems in the workplace. A peer-reviewed study of thousands of employees indicated that marijuana users were unjustifiably absent from work 77 percent more often than non-users, and had a rate of

³¹ AAA Foundation for Traffic Safety. *Prevalence of Marijuana Involvement in Fatal Crashes: Washington, 2010-2014*. May 2016; Washington Traffic Safety Commission. *Driver Toxicology Testing and the Involvement of Marijuana in Fatal Crashes, 2010-2014*. Feb. 2016; Kaste, Martin. “More Washington drivers use pot and drive; effect on safety disputed.” *NPR.org*. 19 Aug. 2015.

³² Fatality Analysis Reporting System and Colorado Department of Transportation (CDOT), as reported in Rocky Mountain HIDTA Investigative Support Center Strategic Intelligence Unit. *The Legalization of Marijuana in Colorado: The Impact*, Volume 4. Sept. 2016. Web. 23 Oct. 2016.

³³ Migoya, D. (2017, August 25). Exclusive: Traffic fatalities linked to marijuana are up sharply in Colorado; Is legalization to blame? *Denver Post*. Retrieved February 3, 2018, from <https://www.denverpost.com/2017/08/25/colorado-marijuana-traffic-fatalities/>

³⁴ National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS) 2006-2011 and Colorado Department of Transportation 2012-2016. Retrieved February 6, 2018, from <http://www.rmhidta.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

³⁵ *Drugs and the Workplace* (Issue brief). (n.d.). Retrieved March 29, 2017, from National Council on Alcoholism and Drug Dependence Inc. website: <http://www.ocpa-oh.org/Drugs%20and%20the%20Workplace.pdf>.

³⁷ Quest Diagnostics. Workforce Drug Testing Positivity Climbs to Highest Rate Since 2004, According to New Quest Diagnostics Analysis. *Quest Diagnostics Newsroom*, 11 April 2019.

workplace injuries 85 percent higher than that control group.³⁸ (They were also involved in workplace disciplinary incidents as a rate 55 percent higher than the control group,³⁹ but there is less data available to quantify the costs of such behavior on employers' bottom line.)

Data from the National Drug Use and Health (NSDUH), the nation's premier annual survey on drug, alcohol, and tobacco use, supports this conclusion. Per the 2014 NSDUH, people who used marijuana in the last month were, *even when controlling for alcohol use*:

- 40 percent more likely to have missed at least one day of work in the last month due to injury or sickness; and
- 106 percent more likely—that is, *more than twice as likely*—to have missed at least one day of work in the last month because they “just didn't want to be there.”⁴⁰

Large businesses in Colorado also now state that after legalization, they have had to hire out-of-state residents to find employees that can pass a pre-employment drug screen. The CEO of the large Colorado construction company GE Johnson has said his company “has encountered so many job candidates who have failed pre-employment drug tests because of their THC use that it is actively recruiting construction workers from other states.”⁴¹

F. Conclusion

Regardless of good intentions, SB 1138 is bad policy. It will increase marijuana use (including among children), make Connecticut roads more dangerous, reduce businesses' productivity, and target communities of color. It will also not help Connecticut's budget due to the costs of implementing the program and dealing with its consequences. And, ironically, it will not reduce black marketeering or criminal activity surrounding the drug. For those reasons, I urge you to join every major medical association in the country by not supporting marijuana legalization and opposing this bill.

³⁸ Zwerling, C., (1990). “The Efficacy of Preemployment Drug Screening for Marijuana and Cocaine in Predicting Employment Outcome.” *JAMA: The Journal of the American Medical Association*. 264.20. 2639.

³⁹ *Id.*

⁴⁰ Substance Abuse and Mental Health Services Administration (SAMHSA). (2015) National Survey on Drug Use and Health, 2014. Rockville, MD: Office of Applied Studies, SAMHSA.

⁴¹ “Drug use a problem for employers.” Editorial. *Colorado Springs Gazette*, 24 Mar. 2015.