CHAIRPERSON: Senator Gary Winfield, Representative Matthew Blumenthal

SENATORS: Kissel, Bizzarro, Flexer, Haskell, Lesser, McCrory, Sampson,

REPRESENTATIVES: Rebimbas, Carpino, Champagne, Cummings, Currey, Dillon, Dubitsky, Fishbein, Fox, Godfrey, Harding, Haskell, Hill, Horn, Luxenberg, McGorty, Miller, O'Dea, O'Neil, Palm, Porter, Riley, Walker, Young

REP. BLUMENTHAL (147TH): I'm going to read the safety announcements. In the interest of safety I would ask you to note the location of and access to the exits in this hearing room. The two doors through which you entered the room are the emergency exits and are marked with exit signs. In the event of an emergency please walk quickly to the nearest exit. After exiting the room go to your right and exit the building by the main entrance or follow the exit signs to one of the other exits. Please quickly exit the building and follow any instructions from the Capital Police. Do not delay and do not return unless and until you are advised it is safe to do so. In the event of a lockdown announcement, please remain in the hearing room, stay away from the exit doors and seek concealment
behind desks and chairs until an all-clear announcement is heard.

So as you may have noticed, I am not Representative Stafstrom and I am not Senator Winfield, and you're going to notice that the attendance is a little bit sparser than usual on our side in the dais today. Rest assured that is not because we do not consider your testimony important; and in fact we have continued to hold this hearing out of respect for the public and the fact that we notice it and because you want your testimony.

As you may have heard last Friday, a colleague of ours, Representative Ezekiel Santigo died suddenly and the funeral services are today so the Chairs and a number of the members of this Committee who were close with him are attending those services, but we wanted to continue with this hearing so we could get your testimony. Rest assured that all those who are not present for it will be viewing it on the television recording and we believe that Representative Santiago would not only understand but really value the fact that we are continuing with the legislative business that he considers so important. He was somebody raised in public service who spent a great amount of time serving the public, fighting fiercely for his city of Bridgeport and citizens and residents of the state of Connecticut. He was a giant of this building and he will be missed dearly. So I would ask respectfully that we all offer him a moment of silence. [Silence]

Thank you, and we'll get started with the hearing. Before we get started I just wanted to talk briefly about the ground rules. I'm sure we're going to have some folks who feel very vigorously on both
sides of this issue, or on all sides, probably more than two sides; but we'd ask that you treat the -- this hearing in the audience as if you were in a courtroom. There should be no demonstrations of support or disband for any of the people testifying here today. Please keep quiet unless you're testifying or unless you're addressed by members of the Committee out of respect for the proceeding and the public testimony we're going to hear.

All right. We will get started. Our first witness will be Representative Candelora.

REP. CANDELORA (86TH): Thank you, Mr. Vice-Chairman Blumenthal and Ranking Member Rebimbas and members of the Judiciary Committee. My name is Vincent Candelora testifying in opposition of I guess all the Bills on the agenda. And with me I have Dr. Kaminer from Yukon. He's a Doctor of Psychiatry Pediatrics and Dr. D'Souza from Yale University and I would like to just yield my time to them.

DR. DEPAK D'SOUZA: Good morning and thank you for the opportunity to testify. I'm the Depak D'Souza. I'm a Professor of Psychiatry at Yale University and also a Staff Psychiatrist for the Connecticut Mental Health Center. I'm not just testifying on behalf of them, I'm testifying as an individual. I'm a psychiatrist for the last almost 30 years. I treat Veterans with serious mental illness. I also conduct research on cannabis and cannabinoid for the last 25 years. I'm also the father of a 17-year-old who is on the brink of adulthood and also drive on 95. And that basically summarizes the four main reason why I have concerns about -- about the Bill that's being discussed.
The first is the impact of cannabis on the developing brain in young people and I'm going to turn over to my colleague, Dr. Yifrah who is actually working with a pediatrician and works in child psychiatry. So the first is the issue of cannabis on the developing brain. We have now mounting evidence from both animal studies and some limited gene studies suggesting that exposure to cannabis in adolescents can have far reaching effects. We also know that the acute effects of cannabis impair many important cognitive functions that are important for student life such as learning and memory. While this Bill is not going to allow the sale of cannabis from young people, we know from experience both with tobacco and alcohol and the experience in Colorado that there is a trickle-down effect that cannabis actually ends up with kids. And despite all the legislation, 90 percent of kids in Colorado who smoke cannabis actually get it from their parents, family members and friends. So we don't have a mechanism in place to actually prevent cannabis trickling down to children and young people. As you know, brain development continues until the age of 25, not 21 so I would urge the Committee to take that into consideration.

The second issue is the issue of addiction. There is no question that cannabis is addictive like many other drugs that are common criteria that we have in the diagnoses and diagnostic and statistically manual, DSM5 which people in psychiatry use that people can tend to spend a lot of time, money, using marijuana, recovering from it, acquiring or attempting to quit it. We have done brain imaging studies here at Yale showing clearly that even once a day users of cannabis show reductions in -- in the
number of cannabinoid receptors in the brain. About 20 percent of people who use regularly will develop a Cannabis Use Disorder and this is important for the Committee to know, there are no accepted treatments for Cannabis Use Disorder as yet. So it's conceivable that there would be an increase in the people seeking help for cannabis and we won't have anything to provide them treatment for.

The third issue is driving. There is absolutely no question that both in experimental studies in the lab and field studies that cannabis impairs driving and impairs many of the cognitive functions that are critical to driving such as attention, memory, keeping track of distance and time, etc. And one's risk of getting into a motor vehicle accident is increased about two-fold when one is under the influence of cannabis. Unfortunately our law enforcement colleagues don't have the tools necessary to be able to evaluate people conclusively for exposure to cannabis or driving under the exposure of cannabis and the cost of a study done in 2017 showed that the cost of motor vehicle accidents in Canada was almost a billion dollars. I ask the question, who will pay for that care in the state of Connecticut?

And the last point I would like to make --

REP. BLUMENTHAL (147TH): We'll just ask you to summarize.

DR. DEPAK D'SOUZA: The last point I would like to make is the issue of the impact of cannabis on people with serious psychological illness such as schizophrenia and bipolar disorder. We know for sure that there's a negative impact on the -- on the exposure -- on cannabis exposure and serious mental
illness such as schizophrenia and bipolar disorder including hospitalization, etc. We are already cutting down mental health services here in Connecticut. I would imagine that we would need to think about how we would manage paying for and providing services for those with serious mental illness who experience problems with cannabis.

REP. BLUMENTHAL (147TH): Thank you. Are there questions from the Committee?

SENATOR CHAMPAGNE (35TH): Are we going to hear from the other -- the other doctor? Can you please give us a brief on what you had to say?

DR. YIFRAH KAMINER: My name is --

REP. BLUMENTHAL (147TH): Please use the microphone and please state your name for the record. Thank you.

DR. YIFRAH KAMINER: Sure. Yifrah Kaminer, Professor of Psychiatry in Pediatrics at the University of Connecticut Health Center. I'm also Chairman of the Board of the Research Society of Marijuana and on the Scientific Advisory Board for Marijuana and Legalization.

There are several other disorders Dr. D'Souza didn't have time to address. This includes increasing suicidal behavior. You know that we have a suicide epidemic in our country. Every year since 2006 an additional 1000 people end their lives. There's a study that just came out last week based on 11,000 cases in Europe that showed that there's 250 percent increase in suicidal behavior amongst cannabis users compared to non-cannabis users, 40 percent increase in depression which basically exacerbates existing depression and increases depression changes to
develop in the future. Furthermore the THC of my Woodstock Generation was 24 percent. THC right now when confiscated, the cost on the street is 20 percent concentrates always and so forth are 60/40 percent THC. Some people also started to vape it. This is like blowing your brain and this increases the chances to develop psychosis. We start to see more and more cases of heart attacks, strokes, and -- and -- and cardiac arrhythmias. There's also some genetic impact, which I don't have too much time to talk about it. I just finished a chapter, updated to the minute. There are some second and third generation of impact of parents who use marijuana before they mate and before they get pregnant. So this is a very important issue.

Those of you who want to see what's happening in Colorado. It's very easy. It's official provocation. The experiment in Colorado this last year was a disaster. Colorado adolescents are number one for two or three information in any problem which is -- in case of academic, mental health, driving issues and so forth. 20 percent of kids from states that did not approve marijuana legalization, 20 percent of youth said they would start using if it became legalized. So the legal issue is a very important aspect for first-time users because what we see even with decriminalization, which is a default face, again if you don't have legalization decriminalization shows that there is an increase of 5 years in the percentage of first-time users plus a decrease in the age of first-time onset, which increases the likelihood of all these disorders including dependence, mental health issues and so forth.
By the way, let me tell you if you check in your schools, there's a higher likelihood of use of marijuana among athletes, even though it's not supposed to be healthy. We have some information about potential cancer related issues such as very specific (inaudible - 00:12:57). There's a very long list of problems.

I'm -- in my 30 years of experience in working with the substance abuse between the more than 2,000 cases I'm amazed how much it affects; it's very clear that marijuana legalization is a bad idea, being ignored for the name of ideology and alleging making money and taxing. And as you know, seemingly tobacco and alcohol problem that are being served for every cent we're going to get from taxation of legalizing marijuana, we're going to spend 4.5 cents on negative consequences. And who's going to measure -- and who's going to provide us with resources for mental health issues? Who's going to address the increase in fatal crashes? In Colorado right now 20 percent of fatal crashes, medical examiner has found marijuana in the system. And if you ask yourself what's happening in our schools? It's nothing that our adolescents don't sleep very well. They go to sleep too early, that's a different story, but they also use marijuana that affects their concentration, attention, shorter memory, long-term memory; so why do we send it even to school? It's basically a waste of time.

Last but not least, we live in a state that has not enforced helmet wearing for motorcycle rides, which is ridiculous. Those people crash their heads every day. And the rush to marijuana -- this gold rush of marijuana in this Massachusetts -- whatever happened in Massachusetts who want it to happen here should
not happen. And if it will by the way, because they want to -- you know want to second the wagons, if it will by any chance, and hopefully it won't; before it should happen there should be a very long discussion how to address those issues otherwise you open a road without road signs, without any speed limits, you let a pedestrian cross it and you ask yourself don't you expect any casualties to happen? So I feel there's a mix here of in my opinion, of ignorance and greed. Public health is being ignored and if we are not going to protect our kids and our families, what are we supposed to do? Thank you.

SENATOR CHAMPAGNE (35TH): So can you describe in a little more detail what this Cannabis Use Disorder is?

DR. DEPAK D'SOUZA: Sure. Most substance abuse disorders, there is certain criteria for it and cannabis is no exception. One can apply the same criteria across cocaine, tobacco, heroine and that's basically spending a lot of time, money acquiring the drug, getting high on the drug, recovering from the drug, quitting the drug, neglecting their roles such as the roles of being a student, roles of being a parent, roles of being an employee. Cannabis withdrawal is now well recognized as a distinct syndrome, cravings for that tolerance. That is to say that if one joint a day got me high five years ago, now I might need more than that because the brain adapts to continuous exposure to the drugs. So that's in a nutshell what a Cannabis Use Disorder is.

The last large epidemiological study called the NESARC Study showed that 1 out of 3 or 3 out of 10 people who use marijuana met criteria for Cannabis
Use Disorder. Furthermore about 50 percent of them met criteria for moderate to severe Cannabis Use Disorder. Within this criteria of Cannabis Use Disorder you can actually grade how severe that is. And about 50 percent of them met criteria from moderate to severe Cannabis Use Disorder and this vitally has -- this criteria have nothing to do with the legality of cannabis so that was removed from a previous definition of Cannabis Use Disorder. So this has nothing to do with being pulled over by the police and being tested or going to jail for it. So criminal stuff is left out of this. This is really about how much time, money a person is spending and how much time they're trying to recover. The number of quit attempts they've made and so on and so forth.

SENATOR CHAMPAGNE (35TH): Okay. And you -- you also talked about developing brains -- and I read something that said that even one use of marijuana can affect the developing brain. Can you talk about that?

DR. YIFRAH KAMINER: Sure. So it's almost impossible for us to do an experiment where we would take young people and randomize half of them to get marijuana and the other half not to get marijuana. That doesn't have to happen. That's technically not possible, it's not feasible. Animal studies have been really important in filling that gap of information and in animal studies there is data showing that exposure to cannabis during specific phases of adolescence can lead to long-term consequences. There was a study that was published in January, a study involving a large number of adolescence showing that just one or two exposures to cannabis was associated with structural changes
in the brain that was -- that continued -- that persisted despite cessation of cannabis use, and second it correlated with changes in cognitive test performance as in testing -- on tests for memory, attention and so on and so forth.

DR. DEPAK D'SOUZA: May I add something to this?

SENATOR CHAMPAGNE (35TH): Sure.

DR. DEPAK D'SOUZA: We have some very specific areas in the brain and very fancy names. In any case, these areas have been found to be affected by smoking and they found that with people that smoke basically there is a shrinkage of this area that is very important for emotional control and the real-world system. As we know, adolescence in general, normal adolescents are very high in positivity and sensation seeking behavior, which is between 15 and 16. This is also the age that many of them use marijuana although now I see much younger kids as well and all these brain structure changes, we not reverse and because the THC concentration is growing I think people need to understand that they higher the concentration, the more is the likelihood that it will have an effect because marijuana -- I always give the anemology of cocaine. When people -- true cocaine lives in the Andes, in South America, the concentration is half a percent. By the time it gets to the street it's 60 percent when it's commercial and it's -- it's a mind blower. This is what's happening in marijuana right now. People are looking, especially industries and individuals to increase the THC. It's very difficult if -- let's say there's going to be legalization, how do you control the THC concentration? So in this world of regulation, the word that everybody throws,
regulation is not feasible. Regulation doesn't work very well for alcohol, doesn't work well for tobacco and regulation in Oregon where marijuana is legal for recreation has been found also to have addressed only 3 percent of all the outlets in terms of regulation. This is basically close to nothing and it's going to be definitely a huge gap that everybody is going to use as a mantra, call it regulation but it is extremely difficult to regulate. So whatever you consider, please put aside the term regulation because it's unfeasible. It has not been working in states that legalized it.

By the way, even Colorado where everybody talks about marijuana five-year experiment, two-thirds of communities in Colorado as an ending effect, they are not allowing to open smoke shops. So the same way that the state said to the feds, we're going to ignore you, communities ignore the state and say we don't want it here. And many of those shops by the way in terms of the legalization process, they did not agree even to open a shop 300 meters from a school or from a house of forfeit. We show that folks have in mind is business, not the health of our kids. And you don't want to live in a high rise where there's a smoke shop downstairs and all kind of people hang out there all day long and your kids go to school back and forth. Those issues definitely effect the likelihood that younger and younger kids as mentioned, and a larger number of kids will be first time users. And to what my colleague has said, 1 out of 6 kids will smoke marijuana once. 1 out of 6 will be dependent within 12 months. And the people who are opposed to our opinion are most probably going to blame us for doing -- for using skill technique. This is the
difference between us and the industry. We care for people. We serve the public. We don't have any secondary gain from this. We speak our mind based on the size, but try to demolish signs but they have negative intents because they want to make money. Remember this is how the tobacco industry started saying nicotine is not harmful, even helpful. This is how the opioid industry started and now we're trying to end these issues. And last but not least people say, we should legalize marijuana to treat opioid disorders. This is lunacy. This is desperation. You need to think very carefully about the scientific evidence and the public health issue. And to cite the public health official from the United Kingdom, and a little bit center in England, kind of cooler. Said, look even if there's no clear causation, cause clear causation appears only in orthopedics when you break your hand, you know that's what happened. Or you have an infection disease, you know why you are getting this bacterial infection. He said, if there is association or correlation shouldn't we air on the side of caution in terms of public health because five years from now you're going to wake up and say, what have you done? And I guarantee this to you.

SENATOR CHAMPAGNE (35TH): So in visiting one of my - one of the hospitals in my district they're already seeing patients coming out of Massachusetts with issues due to the -- psychological issues. Are we going to start seeing more of this in our own hospitals?

DR. DEPAK D'SOUZA: So I should say that we've already started seeing this in a slightly different context. The medical marijuana program, which we already have in the state of Connecticut, and by the
way I serve on the -- as a physician -- on the Physician's Advisory Board since the inception of the medical marijuana program. I treat patients with very serious mental illness -- Veterans will very serious mental illness such as schizophrenia and bipolar disorder. Despite the tight regulations that we have for the medical marijuana program where you need to go to a doctor to certify that you have a condition that qualifies for the medical marijuana card I have patients who have been able to go to doctors, wink, wink, get the certificate, go out and use marijuana, end up in the hospital at the VA in the ER and then they get hospitalized for weeks on end and someone has to pay for that. So we have already started seeing that within a much more tightly regulated system of medical marijuana.

So I have absolutely no doubt that we are going to see an increase in the demand for Cannabis Use Disorder treatment, in the number of patients with schizophrenia who get hospitalized because of their use of marijuana, the number of patients with bipolar disorder who end up getting hospitalized for an exacerbation of their symptoms, and as my colleague said, there is now very convincing evidence, association but never-the-less convincing evidence that exposure to cannabis in adolescence is associated with an increased risk for schizophrenia, which is the most devastating of mental health disorders that we have. Once someone develops schizophrenia they essentially become a ward of the state because of the direct and indirect cost of treating them for their condition, but also because many of them never actually are able to be employed. And so they become wards of the state forever. That is a tremendous cost and a tremendous burden to
society. So I really urge you to definitely think about that, especially in the context of -- I have to go to another meeting later on today to convince some of you to not reduce the funds to the Connecticut Mental Health Center where we treat people with serious mental illness, and we are going to see an increase in people seeking treatment for mental health exacerbation.

DR. YIFRAH KAMINER: I would like to add to a specific question two things. People call me sometimes. I get more and more phone calls from parents and physicians in the community who say do you know anybody who treats adolescents and adults who develop psychosis? Second issue, there's a journal that most people don't read; it's called Internal Journal of Traveler. So one of my colleagues in another states find out that in a specific country during a period of five years, 80 youngsters developed psychosis after they smoked marijuana. One of the worst places to go to, and if your kids or friends go to warn them, it's Goa, India which is becoming the largest epic community in the world. People go to Goa, healthy psychologically and need to be evaluated because they're totally psychotic because they use all kinds of marijuana and so forth. This is not an innocent drug. This drug is going to cause casualties and the chances is, if it's 1 out of 100, would you let your kid smoke marijuana for those who vote for legalization, you most probably would say no. But this is getting worse because as I said, unfortunately our kids who are looking for high are very innovative and they found -- they find ways to use alcohol in various ways and now people vape, okay? They vape by using JUUL or using e-cigarettes
or any other mechanisms. They're using vaping concentrates of oils that is being given to people who have cancer and all kinds of other problems instead of using it topically, they smoke it. Again, it's a hand grenade in your brain and this is only going to get worse because if you're going to send out the word that cannabis is no big deal and we legalize it, that's what youngsters will say to their parents. Everybody does it, it's not dangerous, it's even "medical," which is a horse term because there's no medical cannabis. There's medical CBD.

And by the way, in the state of Minnesota, that's the only state that approved medical marijuana only in a non-smokable form. Meaning if marijuana is medical I would like to be able to buy at CVS, okay? Not in some dispensary who work under private vendors with no experience, no knowledge, no certification, serve the public. There was a survey in Colorado that people called dispensaries and pretended to pregnant women with morning sickness, 70 percent of the cases they were told, yeah you should use marijuana, it's good for you. And then when they're asked but should I consult my doctor 50 percent of the dispensaries said, well most probably. I personally know people who own dispensaries. Trust me, you can finish high school, have an IQ, you'll get a job at a dispensary and you will pretend to be a pharmacist -- an amateur pharmacist. So I'm not getting on the case of the medical marijuana because this train left the station. It should be more lenient on the quality of service there and the quality of material, which can be plugged with all kind of problems but the bottom line is, if you move to the highest level
which is legalization, you're going to regret it, we're all going to regret. They're regretting in Colorado already. They say in many states, if you choose decriminalization the majority of voters in all those states would not have approved legalization. Once you make it criminalized or decriminalized.

SENATOR CHAMPAGNE (35TH): My final question. Does everybody react the same to marijuana use?

DR. DEPAK D'SOUZA: No. I think that -- that's a fair question. I think it depends what you're talking about response. So does everyone who smokes marijuana develop cannabis dependence? Absolutely not. So it's a small -- it's about 3 in 10 people will develop Cannabis Use Disorder. 3 in 10 is a substantial amount. One of the interesting things is we don't understand why some people are vulnerable to develop some of these problems related to cannabis exposure and others are not. But not everyone responds to cannabis in exactly the same way.

DR. YIFRAH KAMINER: Yet similarly to alcohol or anything else, people have different levels of tolerance but I'd like to make one more point because cannabis appears to be the only smokable medication in the United States. No other medications -- alleged medication is being smoked. So I can tell you some of the most important medication we use, such as Digitalis for heart and quinine for malaria, which is by the way still the number one killer in the world, they all come -- they all come from plants. But we do not consume plants to deal with heart attacks, headaches or malaria. So the bottom line is, if we allow
research, particularly in the cannabis or CBD this is where we want to go. Other than that, all this should allow CBD research but do not allow any kind of use of THC of more than 1 percent. That's the way I see.

SENATOR CHAMPAGNE (35TH): Okay. Thank you.

REP. BLUMENTHAL (147TH): Representative Fishbein.

REP. FISHBEIN (90TH): Thank you, Mr. Chair. Good evening, or good morning gentleman. So what are the concerns being the amount of THC in the product that's being sold; is it possible for the state of Connecticut to establish a level of THC and say, thou shall not sell over this level. Is that possible?

DR. DEPAK D'SOUZA: I wouldn't really know about the mechanics of that but I think that if you were to ask a panel of experts I think they would be able to tell you that a THC content of less than 6 percent might be okay because that's been the THC content of marijuana for many, many years and it's only in the last 20 or 30 years that it's really shot from 4 to 6 percent to now almost 20 percent. The thing is I'm not sure how you would enforce that. It's not clear to me how you would enforce that. What you could enforce is to get distributors to label -- to first of test the THC and CBD content of the cannabis that they plan to sell and to label it like most other food products and medications are labeled. But to enforce that is very difficult. And just to give you an idea of that, there have been studies that have been done showing that much of the recreational marijuana sold in the US, the label doesn't match what is actually being sold. That is to say that the cannabis -- the label may
say 10 percent but when you actually test it in an independent lab it doesn't really match up in a substantial amount of marijuana that's sold for recreation purposes.

REP. FISHBEIN (90TH): But certainly like we -- like I think we have standards for alcohol at some level that if you have alcohol that you're selling that is over certain alcohol content that it is illegal. So I would think just logically that some process could be put into place along those lines and if law enforcement believes that this particular product is over that level of THC they would confiscate perhaps all of it, test it to see if perhaps a crime had been committed in violation of that statute, and then return it if it is not and you know, retain it as evidence if it is. I suppose that that's possible.

The smoke versus the edibles, does the testing indicate that there is a difference in the effect on the adolescent brain let's say, smoking as opposed to just edibles.

DR. DEPAK D'SOUZA: So, that's a very good question. The substantial difference between the oral consumption of cannabis-based product and a smoked version. When one smokes cannabis one has the capacity to exquisitely titrate the dose response. That is to say, you take a hit. If it's too much you just don't take another hit. If it's too little you can take another hit and that's immediate feedback that you're getting. When you consume an oral product or an edible, you take the product and you have to wait anywhere between 60 to maybe 120 minutes for the effects to emerge. And sometimes people end up doing silly things because of that.
So you take -- you eat a brownie containing cannabis, nothing happens for 15 minutes and you say well maybe I need another one. And you take more and more and that's -- and that can sometimes happen. And people who need to be in control or people who are anxiety prone, for them edibles can sometimes have a very bad outcome because then it suddenly hits them; that's number one. Second is that the duration of effects with edibles lasts much longer than when one smokes cannabis. We do studies in our lab with both oral THC and smoked THC and intravenous THC and there's absolutely no doubt with edibles or oral THC there's substantial variability in the onset of effects and the duration of effects.

REP. FISHBEIN (90TH): So if given a choice between the two, legalized smoking as opposed to edibles, edibles are more prohibitive than the -- than the smoking?

DR. DEPAK D'SOUZA: I would say that there are -- I wouldn't quite frame it that way because with smoking comes many other problems. So there's no surprise that most drugs of abuse, the choice of root of administration is smoked whether it's heroine, whether it's cocaine, it's because you get an immediate hit. That is extremely rewarding. That really reinforces that has -- that has incredibly reinforcing effects and acts on parts of the brain that are -- that are the neuro substrate of reward. That's why most drugs of abuse are smoked. So if you're concerned about addiction, then smoking is not the way to go, right? And if you're concerned about bad outcomes like anxiety or psychosis then edibles are not the way to go.
The other issue with smoking -- I'm not talking -- I'm specifically talking about smoking and not vaporizing. There are some concerns about primary complications related to chronic exposure to plant-based -- to burning plant-based products. Like the same kinds of concerns that one has with tobacco use and smoking.

DR. YIFRAH KAMINER: Let me give an example because I work with adolescents. Edibles is -- has been a terrible idea, even in Colorado that is struggling to remove edibles.

REP. BLUMENTHAL (147TH): Dr. D'Souza, if you could just speak into the microphone please so we can transcript.

DR. YIFRAH KAMINER: Sure. Edibles appeal to children and to adolescents. There are ER admissions of children who have used edibles and drinkables. They come in different colors, different flavors and there's casualties from edibles because kids really like it even though, you know companies say they do not actually approach or target adolescents and they said the same about the -- about the tobacco as well. So this is a major issue with -- with edibles. And it's in fact splitting hair. How would you -- just again, I'm against legalization in any way, shape or form and you say, well maybe we can regulate it. It's almost impossible. In addition to that, people who get -- who use drugs and people using it again and again, whether you want to call them addicts or not, they have a very interesting temperamental aspect that we all differ from each, a personality trait. They're high on sensation seeking. They're looking for a better high, whether it's bungy jumping, or smoking.
this or doing that, and they also develop tolerance very quickly. So even if you limit the THS sort of speak to a certain percentage, they're going to use more and more because -- so instead of smoking one joint, or using one edible they're going to use more and more and more and then basically the concentrations go up. Therefore what I'm saying is that again, if somebody opposes legalization even with medical marijuana the ratio between CBD, the medical component in THC need to be very high and preferably when the THC under 1 percent.

For example THC is associated with schizophrenia. There's no doubt about it. The 15 years of research on this, however, CBD has been studied as -- as an agent that might protect against schizophrenia. So it's a very important issue to understand. Also the psychology of people who use drugs and the fact of it, all these regulations and changes of all these, if you will, products at the end of the day people will find a way to use it, abuse it and pass it on to adolescents and this will be our next generation of addicts. And we're in the midst of an epidemic which is American-made, made in the USA. The ratio between death in America and death in Europe is incomprehensible and we -- I know at least from talking with the medical examiner who is on our campus -- and by the way, this is public information; the last piece of information we have in 2015 and 2016, 85 young people -- 85 at least the cause of death was opioid use and most of them of course use cannabis before. Because kids don't use heroine or opiates because they have chronic pain. That is not the case. So we need to understand that the availability of cannabis in the street, particularly if it's been authorized and been
legalized; and like in Colorado there are more dispensaries and smoke shops than McDonald's and Starbucks combined. This is where we're heading.

Our neighboring state, Massachusetts, they were talking about -- I don't know if you know, how many smoke shops can you open in the town? It will be at least 10 percent of the number of alcohol outlets. So in Springfield it's going to be 20 and in Boston it's going to be 200. This is what we will have face.

REP. FISHBEIN (90TH): I've been to Colorado so I know what Colorado is like.

DR. YIFRAH KAMINER: Colorado is about 6.7 million -- so it's -- it's a large state but in total population about 6.7.

REP. FISHBEIN (90TH): Sure. The edibles being consumed by adolescents, that is illegal in all of those states, correct?

DR. YIFRAH KAMINER: Any user of marijuana under the age of 21, it is legal, but come on. This is the problem.

REP. FISHBEIN (90TH): Okay. I'm just trying to -- I'm trying to differentiate here --

DR. YIFRAH KAMINER: Absolutely.

REP. FISHBEIN (90TH): I don't know of any state that's allowing -- so, making a colored edible it isn't like you know, a child goes into the store 16 years old, do I get Coca-Cola or do they get edible marijuana. They legally cannot purchase the edible, correct?
DR. YIFRAH KAMINER: So then they're calling somebody else that's going to buy for them because we see that even the whole leaf marijuana -- the medical marijuana --

REP. FISHBEIN (90TH): Yeah, I'm just talking about edible.

DR. YIFRAH KAMINER: 75 -- 75 percent of adolescents in treatment for substance Cannabis Use Disorder in Colorado, the number one source is dispensaries and patients from dispensaries. So if you're totally legalizing, it's a major tsunami, you open it completely.

REP. FISHBEIN (90TH): Yeah, the proposed law before us has to do with 21 and younger so I'm just trying to confine my information gathering to what's before us. But with that in mind, you know there is talk in the building about changing that age to 25, which would avail some of the concerns I believe about the juvenile situation but I think based upon what I'm hearing today it would not avail the concerns about mental health because although not an adolescent one over the age of 25, at least based upon the research, there's significant mental health issues; is that fair to say?

DR. YIFRAH KAMINER: If we talk about brain development, in the United States you can drive a car at 16. You can bare arms and go to the military at 18. You can drink only at 21. If it was a fully up to me, then the brain development I would have said push everything to 25. But the issue is that the fact that this is available for adults, it twinkles down and we see the casualties. Cannabis, even if taken whole, say that the whole -- in the
Neverlands you're looking at it as legal. Not true. It's not legal.

REP. FISHBEIN (90TH): I'm just trying to get to you know, is there a concern about mental health if we were to just legalize it for 25 and above?

DR. DEPAK D'SOUZA: So just to -- to make a couple of points. One is that brain development continues under the age 25. It doesn't abruptly stop at 21. So first thing is that brain development continues until 25 and many of the serious mental illnesses that we're talking about often manifest between the age of 18 and 25, which is a critical period. So while -- so let's say one were to increase the age limit to 25, it's conceivable that we might be able to address some of the concerns about the serious mental illnesses, but in terms of Cannabis Use Disorder, I don't think there's any evidence that any person above the age 25 is any less risk for developing Cannabis Use Disorder as an addiction to Cannabis Use Disorder. Am I being clear?

REP. FISHBEIN (90TH): Yeah, I'm just -- I'm trying to jive that info -- drive that information with what I've recently been told about tobacco usage. You know in my town they've talked about addiction to tobacco and a window around that area of addiction and I'm just trying to put the two together.

DR. DEPAK D'SOUZA: So -- so it would fair to say that the developing brain is very vulnerable to addiction. And as I said the brain continues to develop to the age of 25. That doesn't mean that once you reach 25 you're not going to develop an addiction. It's just that before 25 you're at much greater risk.
REP. FISHBEIN (90TH): Okay. Somebody --

DR. YIFRAH KAMINER: The ratio is 1 to 6 among adolescents, 1 to 10 among --

REP. FISHBEIN (90TH): Sir, if you're going to -- if you're going to respond just please use the microphone.

DR. YIFRAH KAMINER: Yeah, what I'm saying actually. Part of your point -- question I mean, the point is valid. We know for example if kids use alcohol before age 14 as compared to drinking alcohol at age 21, the ratio is 1 to 7 in terms of developing dependence, meaning the younger they start the higher the likelihood you will develop dependence. It's the same idea, yes with cannabis because the brain is a little bit more mature. It's a process. So we say that adults who start to use marijuana at the age of 20, although I don't know where they are cause everybody starts younger, the ratio is about 1 to 10, 1 to 11 with developing dependence. So Cannabis Use Disorder -- children and adolescents who do it, this can be 1 out 5, 1 out of 6. So the age -- there is an age factor and maturation factor.

REP. FISHBEIN (90TH): Okay. I just -- my last area of inquiry has to do with the operation of a motor vehicle. You know I've reviewed the Colorado law. I've seen that they have a rate that you can't be over operating a motor vehicle. There's a standard. How is that ascertained? I think it's .06 parts per million THC level, something like that. How does that ascertain by an officer in the field, let's say?

DR. DEPAK D'SOUZA: So you raise an excellent point that really our colleagues in law enforcement don't
have the necessary tools and it's not just Connecticut. Basically because of the pharmaceutical kinetics of THC or other -- the way the body metabolizes THC it's very hard to differentiate new exposure to THC from old exposure. So if I've been smoking every day for the last 30 days and I take a hit just before I get into my car to go back to the hospital and I'm stopped, it will be very hard just based on the urine test to differentiate something that I used just a short while ago from something that I used last week. That is one of the challenges that we face. And I don't think there's a -- there is a conclusive answer to how to address that issue. There have been a number of mathematical models that have been built that -- that look at different metabolites of THC and try to predict new use from old use, but I don't know whether that's actually being tested in a court of law. That -- where it will stand up in a court of law, where someone can be conclusively determined to have been under the influence. I think the best way of determining whether someone is under the influence is whether they're under the influence. And there are tests. Cognitive, motor tests that can be administered on site, in the field, on the highway to determine whether someone's under the influence of a drug.

Those -- of course those tests request some degree of training and training that I don't think has been available on a wide scale to law enforcement officials.

REP. FISHEIN (90TH): And I just -- and you have no knowledge as to if there's actually a chemical test in the -- in the Colorado law there's that standard. The only way that I can find that you can ascertain
whether somebody is below or above that test while they're operating a motor vehicle is to draw their blood in the field.

DR. DEPAK D'SOUZA: Yeah, so you draw the blood and you test for THC and depending on what state and which country, some say it's 5 ng/ml above which some which some other countries it's 15 ng, so that's also kind of a moving target and there's no consensus on exactly what that should be.

REP. FISHBEIN (90TH): Okay.

DR. YIFRAH KAMINER: May I add to this? I say again, and I'll try to keep it kind of simple. The problem -- there's two issues here. You're talking the technical one, which we'll get to in a minute. The problem is the belief system that you can drive under the influence of marijuana. There's some studies in adolescents that show that they're clearly against driving under the influence of alcohol, but they don't think that driving under the influence of marijuana is a big deal because the chill effect.

Now in Colorado the limit is 5 ng/ml, however, in many fatalities the level was 30 or more ng/ml, 70 percent of adults who smoke marijuana in Colorado in a study that has been done, say that they have been smoking and driving; many of them in terms of frequency said at least 12 times a month. So what we see in terms of casualties that's part of it.

Now in terms of the technical issue, the technology is there, however, it still looks like IBM computers from the 1970s that you know, look like a refrigerator. It's not like the TSA you know when they look for explosive with a steel brush or with a
-- with a -- with an inhaler. It is getting here, but it might take a few -- few years. There are definitely some people who work on these. But the main issue, even pre-legalization -- not to mention the pre-legalization is to educate the public that driving under the influence of marijuana is as bad as driving under the influence of alcohol and sometime people try to sell you the idea, which is ridiculous, that if you use marijuana they're going to use less alcohol, less cocaine, etc., and guess what? People who get medical marijuana have a higher likelihood of using all the other drugs that I mentioned than those who do not use at all. So the bottom line is you open a door, somebody comes to the window. Now when kids use e-cigarettes and JUUL, which is a very important issue, you can't even detect it in school. They all contain nicotine. Many of them you can also vape cannabis and as a matter of fact, 50 percent of kids who use JUUL that has nicotine will end up smoking cigarettes within 3 to 5 years, so all the gains which we made in reducing smoking tobacco will come back again with increase of use of marijuana. So this marijuana is a cat with nine tails. It's not straight forward about anything. And whatever data we have, we should take it very seriously because many of the phenomena are very new and the industry is using it against us. How do you know? Again, please be cautious and ask yourself if you would like your son or daughter to use marijuana, you should ask the advocates for legalization if how they would keep it out of the hands of kids, and the answer is absolutely we cannot. It's all or nothing in my perspective.
REP. FISHBEIN (90TH): And just from my perspective you know, the gateway drug this is an open question and you know, certainly because the product is illegal and one whose purchasing has to go to someone who is breaking the law presently in Connecticut, I would think that would increase the ability or the exposure of that individual to the same person who is also selling cocaine, heroine and those oxy, those other things on the street. So you know, the argument is that if we legalize it then we're not exposing those people to purchase -- possibly purchasing those other products. So --

DR. YIFRAH KAMINER: Not necessarily so. I'm coming from a visit in another country where online they sell cannabis, and by the way they've realized well the big sting operation that they're selling some other things. Because if you sell pizza you also want to sell Coca Cola and then you want to sell muffins and then you want to sell donuts. That's the nature of the business. And -- and I don't know what you mean by the gateway theory. Cut it any way you want. I don't know any kid who used opioids or cocaine that has not started with tobacco, alcohol, or -- or cannabis. So people are trying to base some very clear guidelines to the history of the use of marijuana are basically denying evidence-based practice and replacing it by fake news.

REP. FISHBEIN (90TH): Well I thank you. Thank you gentleman. Thank you, Mr. Chairman.

REP. BLUMENTHAL (147TH): Representative Dubitsky.

REP. DUBITSKY (47TH): Thank you, Mr. Chairman. And thank you very much for coming in. This is very educational for me. I had a couple of questions that are following up on some of the ones that I --
the answers that I've heard before. You -- Representative Fishbein asked you about levels of THC, low levels, high levels and I -- I -- I'm not sure I got a complete answer other than it's hard to tell. Is -- is there some -- if marijuana were legalized, would it make any sense to have some type of THC limit as to what you're allowed to sell or does it not matter?

DR. DEPAK D'SOUZA: So it's one of those yes and no answers. Yes, I would think definitely that it would be good to have an upper limit for the THC content of any product, edibles or marijuana. That said, if a person wants to use more they're just going to use more of that weaker product or that regulated product so it's one of those yes and no answers. I think in the UK there have been serious discussions about trying to limit the THC content of marijuana that's available and also to increase the CBD content of marijuana. So as you've heard me mention earlier, Cannabidiol is another important constituent of cannabis and we believe that unlike THC, which has psychoactive properties and has been associated with certain problems, CBD on the other hand does not have those properties and in fact may be -- be protective. So one could perhaps engineer you know plans to -- to make much more T -- CBD at the expense of THC and make those kinds of products available.

REP. DUBITSKY (47TH): Okay. Cause I --
[crosstalk].

DR. YIFRAH KAMINER: Let me just say this. Nobody wants CBD. People want the high. CBD is no fun. [Laughing] That's the bottom line. CBD is no fun.
REP. BLUMENTHAL (147TH): I'll remind -- I'm sorry to interrupt. I'll remind the audience, please no commentary or outbursts. Thank you very much.

DR. YIFRAH KAMINER: CBD might be an important compound that might help people in the future in research and I'd like to see more research on CBD, however, the study that just came out two days ago -- okay, it was so updated March 19 from psychiatry from 11 countries, in Europe and including Brazil, so it's worldwide showed that definitely if the limit let's say is 10 percent, there's definitely major difference in the liability of developing psychosis and of course the number of times that you use it, the frequency per week also would effect the outcome. So indeed this is a problem. But again, it's like concerning alcohol, what -- do you want to drink like six bottles of beer that the concentration of alcohol is 5 percent? Only 1 shot of whiskey that the concentration is 15 percent. At the end of the day it has an addictive effect. You just smoke more or you drink more.

REP. DUBITSKY (47TH): All right. Well I remember when I was in Utah they sell this horrible stuff called 3-2 beer where the alcohol level is really low but you cannot physically drink enough of it to really catch up with normal beer. I imagine that's not the case with marijuana. You can probably just continue smoking more?

DR. YIFRAH KAMINER: Yes, so let me make an announcement here for those of you who don't read the Columnist. I read the Columnist every week to help me control the world because there's so many -- we have so many issues. Coors, the company that makes beer will very soon come out with a drink that
is a combination of alcohol and cannabis. You know, these companies move very fast. They see where is the demand. And of course, high access will drink it as well. What is the percentage? Would we jump and say wait a minute; we need to know what the concentration of THC. You might remember a few years ago there was a product also by various beer companies called Local 3 or Local 4, which was a combination of alcohol and high energy drinks. Seven women -- young women died because it tastes like lemonade and they kept on drinking it, they got alcohol intoxication and died. So we need to be aware that everything is happening now with a -- around the industry, we've been there, we've done that with alcohol, tobacco and unfortunately opioids as well. So we need to be very careful not to add another kid -- another new kid to the block -- on the block that will have an addictive effect.

REP. DUBITSKY (47TH): Now sticking with the concentration on questioning for a moment. Could you address the issue of if the THC level is low, that would almost encourage people to smoke more to get the same effect and how would that -- how would the smoking more of it at a lower level of THC effect for example their lungs and their health. Does that -- would they have -- would the smoking more marijuana to get the same effect have a greater adverse effect as well?

DR. DEPAK D'SOUZA: So to my knowledge I don't think there have been any studies to do that so I just want to open about that. But I would imagine that if we already recognize that there are primary complications to smoking of plant-based products because of all the junk that's released when you burn a plant-based substance, then smoking more
would -- would, if I have to predict would be associated with more primary complications. I'm unaware of any studies that have looked at whether if you replace a high THC content cannabis to a low THC content cannabis that people are going to smoke more. That said, if I had to predict -- if I want to get a certain degree of high that I was getting with this product and now I'm using this product, I would obviously use more to get to that level of high.

DR. YIFRAH KAMINER: It's like when you go to a lunch buffet and we all overeat. You know, there are all kind of addictions whether they're behavioral or based on chemicals, a consumption disorder, that's my personal issue. The problem that you raise is happening right now in other countries because JUUL -- and this is an issue you will hopefully address one day also, this company that's worth $16 billion and 50 percent of adolescents in schools are already using JUUL. JUUL is like a little bit -- looks like a flash drive, e-cigarettes. There is many governments in Europe and other parts of the world allow JUUL to sell their merchandise in the countries but they need to limit the concentration of nicotine to about 5 percent as compared to 20 percent which you know cause more addiction.

So yes, some countries definitely struggle with this issue but again, how would you regulate it? That's the main issue. Everybody uses the word, oh regulation. How are you going to regulate this issue and that's -- that's a major issue that I don't think there's a good answer for?
REP. DUBITSKY (47TH):  Okay. Now I heard you go over some of the health concerns with regard to smoking marijuana and then you mentioned eating it. Is there a difference in the sort of peripheral health problems that people encounter if they smoke or if they eat or if they put it in a JUUL or if they do something else; are the health concerns the same regardless of the method in which they consume it?

DR. DEPAK D'SOUZA: So I would imagine that the health concerns are different but at the bottom -- at the basic level, if the principal active constituent of this product is THC, then whether you smoke it, whether you eat it, whether you vape it, you will experience those negative consequences of THC. Then over and above that, there may be specific consequences related to the mode of -- of consumption. And with -- when you -- when one -- when one smokes it, one is exposed to a number of other products by the smoking process that's similar to what one experiences when one smokes tobacco. You won't get that when you're getting edibles. Though I'm not sure exactly what else is in those edibles, which may carry their own set of consequences.

I think it's fair to say that the safest way of consuming it is vaping because it doesn't -- it doesn't release the same kinds of products that we have concerns for when one burns cannabis.

DR. YIFRAH KAMINER: You know this is kind of the devilish approach. You always ask yourself if you design a drug, you want to design the ultimate drug to make people more and more addicted to it. For example crack cocaine which was like selling
champagne in drops. This edible thing is an amazing commercial idea. Why? Because we know that we give cannabis -- medical cannabis allegedly to people who have cachexia, people who are struggling with cancer and losing weight because we want to increase their appetite. So what's better than having chocolate laced with cannabis. You don't even have to go downstairs and buy a muffin or a cookie. It's already together.

And as Dr. D'Souza mentioned, because of the delayed effect of digesting it, many people, especially what you call the cannabis tourism; they go to Colorado, they feel cool, they buy 100 gram tablet of chocolate, go to their room, it appears nothing happens, they -- within an hour they consume it and then they develop a panic attack which is totally unbelievable. There was actually a report by one of the New York Times columnists, she went there just to see what's going on. She said, I was in fetal position for 12 hours. I didn't know what was happening to me. I became paranoid. And I saw the things -- by the way many, many years ago in the military when the concentration was very low; now nobody would smoke 2 or 4 percent. If you can get -- if you drink alcohol you would go for the best. You're going to go for the single malt, right? You won't go for the cheap house wine and so forth, and that's the problem. That's -- so your question is a qualitative aspect to it and a quantitative aspect to it. The qualitative as Dr. D'Souza said, it's the same molecule. The quantitative depends on how much you consume and what is the delivery system and the mode of entry into your body.
And by the way, without getting into too many details you can use marijuana and use every port of entry in the body and any orifice. It all exists.

REP. DUBITSKY (47TH): Yeah, I think that's a little too much information for me but -- [Laughing]. I -- let me ask you a little about field sobriety tests. You had talked about the -- about there being field sobriety tests but they would require training. I'm wondering if -- if you know if they are -- if they test for the same things or different things with -- with regard to marijuana or with regard to alcohol. So if a police officer pulls somebody over who they think they may be intoxicated do they -- does the exact same field sobriety test for alcohol also work for marijuana or do they have to look for different things?

DR. DEPAK D'SOUZA: So clearly they're two different drugs that have different effects. That said, there's some -- some overlap in some of the effects of alcohol and THC but not in -- it's not complete overlap. So definitely a field sobriety test that's specific for marijuana will include some of the tests that are included for alcohol, but also include many other -- many other tests, yes. So it's nonspecific.

REP. DUBITSKY (47TH): Okay so if marijuana were to be legal in Connecticut, there would need to be additional training for police officers to identify it as opposed to the current training they have for alcohol?

DR. DEPAK D'SOUZA: Absolutely. There would need to be additional training and then also the other vexing question is, what happens when people who -- and this is not an uncommon practice for people to
consume a small amount of alcohol and consume a small amount of cannabis and they too have interactive effects with the additive, in some cases synergy stick and these effects can impair driving to a different degree, and the tests might not -- might not adequately discriminate between the -- the individual effects of these drugs and the interactive effects of these drugs.

REP. DUBITSKY (47TH): Okay. Now are -- are the field sobriety -- from a field sobriety check standpoint is there a difference between the effects of marijuana depending on the delivery method? So is -- will somebody exhibit different -- different effects if they eat it or if they smoke it or if they vape it?

DR. DEPAK D’SOUZA: No, again just going back to your point that the main effects of these products given that THC is the principal psychoactive constituent should be exactly the same. It's just that if someone consumes an edible say half an hour ago, it's quite possible that they may not manifest some of the effects if they were pulled over. Whereas if someone smoked cannabis a few minutes or half an hour ago, it's quite likely that they may manifest effects of cannabis, so -- but -- but the quality of the effects or kind of effects should be exactly the same.

REP. DUBITSKY (47TH): Thank you. My -- my last line of questioning deals with data. I have talked to many people about how the legalization went in different states and I get vastly different answers, and siting vastly different types of data. Is there some kind of known reliable source of data where we can all agree that this -- these are the actual
facts and then we can interpret from there because I haven't seen one?

DR. DEPAK D'SOUZA: Yeah. So there is a report in the Rocky Mountain Highway Drug Trafficking Area Report, which was published in 2000 -- September 2018, which is a consolation of data that's been collected from many government agencies. Can I vouge for that? No, but that's something that I've frequently seen. There have been neurological studies done by the National Institute of Health like the NESAC study which is basically designed by neutral individuals. There's no ideological stance that the study takes that looks at the very simple question, taking -- looking at 35,000 households across the US that represent the US population and asking them simple questions like do you drink alcohol? Do you use marijuana? Do you use drugs? Do you have anyone with a mental illness in your family? And then drawing conclusions from that. So those kind of independent sources are good.

I guess you know this is one of the problems with the data out there that depending on the ideology, you can interpret the data in different ways. I would caution everyone for -- just one important thing and that is that I think many experts have said that it would take about a decade for us to understanding, to realize the full consequences of liberalization or legalization. I think it's still too early to tell many of these things are happening. And I think if we look back to what we learned about tobacco and alcohol, we didn't know 10 years after tobacco became commercialized or alcohol became commercialized. It took us actually many decades for us to understand the full scope of those actions. So I think we are at a -- we are at a
very, very interesting moment where we have to make policy decisions based -- based on less than perfect data.

But I would just urge you all to think about one thing. The bottom line with commercialization is to sell as much product. And if the bottom line is to sell as much product, I can't see why this is not going to trickle down to children. For example, the alcohol industry most of the rev -- revenue from the alcohol industry the majority of the sales of alcohol comes from a small minority of people who are addicted to alcohol. Furthermore, the whole issue with JUULing and vaping is a relatively poorly veiled attempt to target young people. Everyone knows that young people are vulnerable to addiction and if you have a young person who starts using your product, you're going to have a lifelong customer. And that's something that the industry recognizes. And that is something I would ask -- urge you all to really think about carefully because the bottom line is selling more product.

DR. YIFRAH KAMINER: This is not research. This is an official report -- sorry. I urge you all to read the following link: rmhidpa.org. Say it again: rmhidpa.org. This is actually a report so if there is a report that says that there is a -- was an increase of 40 percent in suspension rates in Colorado schools since 2009, nobody can argue with this number if it was 35 or 40. If they say that now every two and a half days somebody dies on the roads of Colorado when 10 years ago it was one death per six and a half days, it is meaningful. All of this information, which is very important, shows increase, increase, increase of the negative consequences and a larger and larger difference
between states who have legalized and those who have not legalized. So the Colorado experiment is a five-year experiment, there is nothing positive about it. I will take anymore for discussion or panel to show me what is happening in Colorado that is positive.

By the way, crime in Denver climbed 7 percent. Economically what's happening Colorado? They're losing money. So this short-sided approach that I'm going to put a cent in one pocket, enough to pay five cent of the -- from the other pocket for the negative consequences is ludicrous from public health to spectate. It doesn't serve -- I mean as citizens, our children and it creates more problems. So I would like people to be as objective as possible and leave ideology and greed aside and ask, would you like your kids to use it? Would you like your kids to live -- your family next to a smoke shop and so on and so forth, or would you like to have students in school where 50 or 60 percent of them are high every day like in Colorado? Would you move to Colorado with your kids? So there's a lot of other questions like this. So please read this. It will update every six months. This is not research that can be disputed or debated. These are reports about what's happening in Colorado. This is not ivory tower studies that people complain to you to control, if you control all the compounds; this is what's happening in Colorado. This is all bad. I would move to Colorado to do research. I would not move to Colorado with my children.

REP. DUBITSKY (47TH): Thank you. And if the Chair will indulge me I just have one more question while I was -- that came to mind when you held that up. Since you're familiar with that study or that
report, can you speak to whether or not there was any effect on the use of other drugs once marijuana was legalized? Like if -- was there an increase or decrease in heroine use? Increase or decrease in illegal marijuana use? Cause people are telling me that if you legalize it all these other drugs are going to kind of fade away and my understanding is that's not the case but if you could speak to that.

DR. DEPAK D'SOUZA: So I don't know whether that's in the report but I would like to comment on related to your question is one of the -- one of the objectives of commercializing in Colorado was to get rid of the black market. And contrary to what we had expected and predicted, in fact the black market is thriving and perhaps generating even more revenue because the price of marijuana -- let's say it's being sold for $20 for a bag or however it's sold, the -- the black marketers are selling it for slightly less than that. And so that is something that's -- it's a fallacy in states where it is being legalized that the black market has really been dented. But I -- I'm going to --

DR. YIFRAH KAMINER: Actually if you can --

DR. DEPAK D'SOUZA: You go ahead.

DR. YIFRAH KAMINER: Actually they have something about Colorado consumption of alcohol. So legalization was 2013.

REP. BLUMENTHAL (147TH): Could you just speak into your microphone?

DR. YIFRAH KAMINER: Sure, I'm sorry. We're kind of sharing it. So Colorado consumption of alcohol since the commercialization in 2009, it was about steady about $136 million. 2013 when legalization
started it jumped to $146 -- $143 million, sorry. And as of 2017 it passed $150 million, which means that people now are consuming more alcohol. Hallelujah, it's a fun state. Use cannabis, use alcohol, I don't know what -- with other drugs, need to see the literature but legalization is when one drug is available people would like to have like it will fade of other options. There's no substitute because you know, we have different levels, you know. Some people like white chocolate, some people like dark chocolate, some people chocolate with fruit or with candy or with nuts. It's just more fun.

REP. DUBITSKY (47TH): Thank you. Thank you very much for -- for your responses. Thank you, Mr. Chairman.

REP. BLUMENTHAL (147TH): Representative Palm followed by Representative Horn.

REP. PALM (36TH): Thank you, Mr. Chair. Thank you for being here doctors. I share your concern about this multi-facet issue. I do want to just go back on a couple of things that you've said. The -- the legalization that happened in Colorado was actually through a referendum, it wasn't -- it wasn't through a vote of legislators just for the record.

One of the questions that I have to you, you said about perhaps you were being flip, or perhaps you were being serious, but you said I'd like to raise the age on all of these things to 25 meaning cigarette smoking, I think you said military service, alcohol use. Is 25 what you consider the end of development of the adolescent brain?
DR. DEPAK D'SOUZA: Yeah, so brain development now it's been shown in many different studies -- brain imaging studies that brain development continues and seems to plateau off at around the age of 25.

REP. PALM (36TH): Okay. One of the things that you didn't mention is organ failure or the effect that marijuana has on organs compared to the effect that alcohol has on organs. Can you -- most of the effects that you were talking were psychological. Can you talk from your experience or perhaps you don't have expertise in alcoholism, about the comparative danger of young people experimenting with alcohol, which we know they have done since prohibition?

DR. DEPAK D'SOUZA: So with regard to the systemic effects of marijuana relative to alcohol I don't think that -- first of all I wouldn't say I'm an expert in that area. I -- I can speak with some confidence about the effects on the brain and brain development. I can -- I'm aware of some data looking at pulmonary complications or complications of the lung in chronic cannabis usage but I'm really not aware about anything beyond that. That said, there has been -- there have been reports from the -- reports recently about concerns amongst cardiologists about myocardia infarctions that are being reported more recently in the last couple of years that have been related to the use of cannabis. Do you want to say anything about that?

DR. YIFRAH KAMINER: Yeah, yeah. Again, in the research society of marijuana we're relying on the cost for everything. So right now we did some studies that are being submitted for publication -- a couple that have been submitted including
adolescents with myocardial infarction and that out of normal health, meaning out of clear health that the only component or agent found in the body was THC. There were cases of myocardial infarctions. Cases of brain infarctions. And by the way you may know, those of you who are adults and do use marijuana I would warn you not to use it if you have a cardiac history of angina pectoris or myocardial infarction because it causes vasal dilatation which actually can exacerbate the chances of developing a myocardial infarction.

REP. PALM (36TH): Okay. My last question concerns the multiplicity of ways that cannabis can be ingested versus drinking, which to my knowledge can only go down the gullet. Do you have -- this is a little bit hypothetical but if there were only one way to ingest it, e.g. Smoking cause you said that the effects were more immediate; would that make you less concerned?

DR. DEPAK D'SOUZA: No, I don't think so. I guess the safest -- from the perspective of pulmonary complications would be vaping, but whether it's vaping or -- or smoking, the effects are immediate and that's what the reinforcing effects, the rewarding effects and the consequence of that reward -- addictive effects might be greatest with smoking and vaping.

REP. PALM (36TH): Well what I meant is you had said earlier that ingesting the edibles takes a longer time for the effects to be known. What if there were no edibles? Would that make a difference in your concern and -- and -- and the only method of transport were you know where you could titrate immediately?
DR. DEPAK D'SOUZA: No, not really. I don't think that would alleviate my concerns.

REP. PALM (36TH): Why is that? I'm not trying to be contangos but doesn't it sort of contradict what you said earlier about the effects taking -- the duration of when the effects take effect?

DR. DEPAK D'SOUZA: Yeah, so I guess we're looking at -- like two slightly different perspectives. When one consumes marijuana orally the effect -- the onset of effects is slow and therefore there can be a tendency for people to use more than they anticipated and the contact with the effects. And if you're an anxious person or if you have other psychiatric problems you might be more prone to the effects of oral consumption. So we're more concerned about things like anxiety, psychosis with the oral ones.

With smoking the concern would be the rewarding effects and the addictive effects. So both of them have their own set of issues.

REP. PALM (36TH): Okay. Thank you. Thank you, Mr. Chair.

DR. YIFRAH KAMINER: And if I can add to this. It's like with medication, let's say Ritalin that's used for attention deficit activity disorder, which has a quick release and then you have the slow release medications but it's basically the same medication and the same chemicals that effect you. So it doesn't matter. So if you use let's say edible and you're a sophisticated user and said well, let's go to dinner and before I start dinner let's chew on some edible and -- but by the time dinner would be over, the fun would begin as compared to take it now
and say let's get it done. But bottom line, it's the same problem. It's the same drug and it's the same outcome.

REP. BLUMENTHAL (147TH): Representative Horn.

REP. HORN (64TH): Thank you, Mr. Chair and thank you for your very detail testimony this morning. I think it's very helpful. I also have -- I'm a parent of kids and I have concerns about -- and someone who has worked closely with the -- the substance community I have some concerns about that. But I wondered whether you could comment a little bit or whether you have expertise about relative addiction rates between alcohol and marijuana.

DR. DEPAK D'SOUZA: That's a great question. I think that it would be fair to say that marijuana obviously is not as addictive as cocaine and not as addictive as heroine. It -- it's really hard to tell what the -- what the addiction rates are between alcohol and cannabis because the context is different meaning to say that alcohol is legal. That is more people have access to alcohol whereas cannabis is mostly illegal in many places. And so that is a very important component and contributing factor to how addictive a drug is, how available a drug is.

REP. HORN (64TH): So are you saying you can't make those comparisons because lots of people are trying to -- there was some data that made that explicit.

DR. DEPAK D'SOUZA: So I would say marijuana is probably less addictive than alcohol is. There are many different ways of studying this. You can for example, one reliable way of studying it is you can train animals. You can train both rats and monkeys
to self-administer different drugs. There is absolutely no question that if you give for example opioids or cocaine to animals they will continue to hit the level and self-administer drugs. Animals don't do that with alcohol in general and with cannabis in general. So there's a spectrum of how addictive drugs are. But I want to be absolutely clear --

REP. HORN (64TH): But just to be clear that -- that spectrum clearly delineates alcohol and marijuana from other --

DR. DEPAK D'SOUZA: Yeah, yeah.

REP. HORN (64TH): But finish your point. I'm sorry, I didn't interrupt what you're saying.

DR. YIFRAH KAMINER: Let me answer this. I like your question because I'm going to take you two generations down the line, okay? Like 2015. Where we heading, it's very simple. So if -- with alcohol, we already know that alcoholism runs in families. We haven't heard this about marijuana but this about to change if there's going to be more legalization, more legalization, and I expect that's how it works. So with alcoholism if you have one parent who is an alcoholic, you have a chance between 25 to 30 percent to have alcohol use disorder. However, if you don't drink the alcohol, you're at high risk, you're vulnerable, you won't develop the alcoholism. So that's something also very important to understand but already we've got this vulnerability running in the family. One of my concerns has been on studies that started to appear in humans coming from New York University; I just finished a chapter on this so I'm up to here, I'm so updated -- so here's the deal. There is a
phenomenon called epigenetics. What does it mean epigenetics is that the environment affects the phenotype not the DNA but effect how people behave? So for example we have an obesity epidemic. Let's say we have two parents who are not obese but their son or daughter will become obese because of the way they feed kids and so forth. By the time these kids become obese they will become the first generation of obese parents to the next generation of kids, which means they will increase the likelihood that the kids will be obese with all of the associated problems.

Now look at cannabis the same way. Parents are going to smoke cannabis in front of the kids. I don't know about secondhand smoking with the body in the future and so on and so forth, this environmental change would effect the kids and they may either be using, be the first generation of parents who are already using. Now what we know from research that has been done that showed that if you do studies on rats, adolescents in rats takes only two weeks so you need to be very quickly. So this is a study, allow me to expand because it's crucial; they've done an amazing control study. They took rats, males and females, randomized them. Half of them got an injection of THC into the peritoneum. The other one got an injection of saline for control. Then they took those rats and raised them with mothers who God forbid had never used marijuana, I mean mother rats. So they were raised like in -- in a good clinical setting. Then they -- there was a mating process between them so it's two by two. So it could be a mating process between a male and female who were injected with THC, male and female who were injected with saline
and then one and one. They followed them in that generation, their offspring. Third generation they found changes in messenger RNA and other protein that are crucial for development of all kinds of aspects in the body. Auto receptor in the brain, it's actually a protein. This is the -- the receptor of it is taking all of the stimulants that go through -- go through the brain.

So what it shows -- and this is what we are concerned about; that two generations later mice or rats they were free of using, they did not use, their parents did not use, their grandparents used, there were already some changes in the messenger RNA that's effected some developments. So I'm worried not only about what's going to happen tomorrow, I'm worried where this is going because we always worry about the next drug.

If two years ago I would have told you vaping, you'd say what? Now I'm saying JUUL, half of you don't know what it is. You'll find out very quickly. And very soon there's going to be something else around the corner. We play cops and robbers here in terms of substance use and I don't want our kids to play with substances.

REP. HORN (64TH): One final question. Actually I'm glad you raise the -- that point about sort of the behavioral impact in addition to strict health impact but sort of what behavior is caused because I think that's not directly on that point but that's related to you know, what happens when you ingest it. So I wonder if you had looked at any -- probably not in your field but at the overall sort of behavioral of social costs of marijuana use versus alcohol use versus other drugs?
DR. YIFRAH KAMINER: Yeah, well I -- I'm not a social scientist, I'm a clinical researcher but based on the literature that I've reviewed, definitely. First of all you know, birds of a feather stick together. There is this issue of sensation seeking in kids who use drugs associated with kids who use drugs. And actually the studies about kids who don't use drugs or kids who use drugs and cannabis and stopped, asked them why don't you use it? Why'd you stop? It's interesting. People who never used or stopped said I didn't like the consequences and I did not like the crowd that is using it. Meaning this crowd is very unique. And by the way, we have some kids as I mentioned that have a higher likelihood and higher vulnerability to develop drug use seeking behavior, they're seeking the excitement.

And I did some research called Core Caring Psychiatric Disorders. The majority of adolescents and adults who use drugs continuously, they have at least one if not more core caring disorder which can be depression, which can be anxiety disorder, which can be suicidal behavior. So all those issues definitely happen and that's why it's very important in prevention to make sure that kids have options for different social network of nonusers. Because if you're in a social network of users or your family, your siblings and your parents are using drugs you basically are operating in a toxic environment and it's very difficult to get out of.

REP. HORN (64TH): Thank you. I just -- I was asking -- and again I understand this may not be your field so that's fine, but I was speaking sort of more of the social cost and damage inflicted upon the rest of our society by people who use those
particular you know, alcohol versus marijuana. And again, this may not be your field but because you raised behavior I just thought I would ask.

DR. DEPAK D'SOUZA: I'm -- I'm unaware of any good studies that have compared. What I will say is that alcohol related disease and tobacco related disease burden across the world. I don't think there have been any good studies as yet but with alcohol and tobacco there have been and the reason I mention that is for us to keep that in the back of our minds.

REP. HORN (64TH): Thank you. Thank you, Mr. Chair.

REP. BLUMENTHAL (147TH): Senator Winfield.

SENATOR WINFIELD (10TH): Thank you, Mr. Chair. Welcome. I'll just say this won't take as long as the last time you were here. So I've been listening and I was listening in the car on the way up here to your testimony. I -- I know you are talking a lot about the impact that we potentially could have on young people so I want to focus on that a little bit. You suggested that alcohol usage in Colorado has gone up and I think you also suggested, and correct me if I'm wrong; your suggestion indicates that alcohol usage in states where marijuana has been legalized has increased. Is that correct? No?

DR. YIFRAH KAMINER: I would just -- so I think the figures the numbers from here have been increasing since legalization in --

SENATOR WINFIELD (10TH): Could you use your microphone? I just want to make sure I'm --

DR. YIFRAH KAMINER: I'm sorry. Yeah, I use the -- actually it's not my opinion, it's a fact that sale
taxes from Colorado that surged since -- since commercialization and legalization.

DR. DEPAK D'SOUZA: But I just want to be clear that that has nothing to do with young people. Your question was about young people?

SENATOR WINFIELD (10TH): Yeah.

DR. DEPAK D'SOUZA: And this wasn't about young people, this was about in general.

SENATOR WINFIELD (10TH): So you're not suggesting that young people usage has gone up?

DR. DEPAK D'SOUZA: No, no. I haven't suggested that and I don't think -- were you suggesting that?

DR. YIFRAH KAMINER: I'm not sure. I think already people who use alcohol, now they just add another drug to -- to the party. I'm not familiar --

SENATOR WINFIELD (10TH): Well let me ask a clarifying question. I thought I heard you suggest that the usage of marijuana will be connected to a use -- an increase in usage of alcohol.

DR. YIFRAH KAMINER: No, no. I haven't said that -- I said that actually -- I haven't said but I'll say it now and I'll send some material to the Committee, the use of marijuana has been associated with increase double fold of other drugs and five folds of heroine and 14 folds of prescription medications. I -- I'm not sure about the alcohol per say. I think people who smoke usually drink, people who drink usually smoke based on my studies. 82 percent of the kids in the study that I made were dually using alcohol and marijuana, they pretty much go hand in hand. And --
SENATOR WINFIELD (10TH): I just want to get clarify because I'm sure of a Healthy Kid Study that they do there and the Healthy Kid Studies indicates -- it shows something that we talked about the last time you were here Dr. D'Souza, the decrease in the usage among the youth in Colorado of alcohol if you go back to 2011 and prior to that. But also just speaking of that, Colorado is a state that has increased its usage of this drug that we're talking about was increased in 10 years prior. So as you look at the information that's in that study and I'm not sure that that study is wholly reliable because when you were here last time Dr. D'Souza, you may remember I pointed out that the information in that study did not comport with the Colorado Department of Public Health Department and I pointed that out to you.

So yes, we have data and there is a study but that organization is concerned about drug interdiction so the suggestion that you had that we should be careful to think about the way that people or organizations supply this, I think is important here.

DR. YIFRAH KAMINER: Actually if you'll allow me to cite international studies, basically they show that any state of liberalization without any opposition if we like it or not, makes a change in first time users. For example the study of -- in 40,000 people international study that they published in Journal of Health and Economy -- and Economy which you know usually the economy stuff for legalization because they only see dollar signs, and they show that even if you just decriminalize officially you have a five year increase in first time users until it plateaus. Furthermore it reduces the age of first-time users
and this is really very serious because the younger a person is when they use drugs, the higher the likelihood that an end in consequences will increase. Okay, there's a plateau. After decriminalization comes medicalization, right? It's the next step of liberalization, the same effect until it plateaus because every outcome is being filled. Then comes legalization and as I mentioned, there are very clear studies that show that adolescents in states where marijuana has not been legalized, 20 percent of non-users said that they will use once it would become legal.

So we have all this kind of yellow/red lights telling us, hey slow down because something is about to happen because this is the way young kids of teenagers see the problem. They don't see it in the eyes of mature adults. They're prone to sensation seeking, impulsivity, disinhibition and if you know, in the United States every year between the ages of 15 and 24, 33,000 people died. This is like more than all our recent wars combined. This is an entire city and the deaths are related to preventable causes. Number one car crashes, number two homicide, number three suicide. So we need to be aware that all this drug related phenomenon, drug seeking behavior, high risk behavior is something that effects youngsters much more than grownups and we need to take it into consideration. Think if it was your child, your daughter or your son. That's the way I look at it. Also as a father and as a professional.

SENATOR WINFIELD (10TH): I recognize that. I just want to make sure the data we're using is accurate. So to the -- to the conversation about the DSM that was brought up a little bit earlier, I know that the
way that cannabis is characterized has been changed from prior iterations of the DSM. I went back and read and read some of the reasons why that happened. Do you know why that happened?

DR. YIFRAH KAMINER: Why what?

SENATOR WINFIELD (10TH): Why -- why the way that cannabis is talked about has changed in the DSM-5? Do you know why?

DR. YIFRAH KAMINER: A couple of reasons. First of all, people know the fact that cannabis use is addictive and there's dependence. That's been the way for many, many years. Second issue, people know the fact that there is cannabis withdrawal. So these two phenomenon per say are very common among drugs of abuse. By the way, on July 26 we're going to have the annual meeting of the Research Society of Marijuana in Vancouver, Oregon. Please check research nj.org. We have two keynote speakers. One is Ellen Bagby from Dartmouth whose expertise is cannabis addiction and withdrawal. And the second person will be another representative so in --

SENATOR WINFIELD (10TH): Okay. One second, Doctor.

DR. YIFRAH KAMINER: [Crosstalk].

SENATOR WINFIELD (10TH): I'm trying to allow you to answer the question but I want to allow other people because we're going along, that's why I'm not going to ask you as many questions as the last time so I would ask you to stick to the question that I'm asking and not interject other things. And if you have something that you think is important I may so go ahead, but if we keep doing this we'll be here all day before any other members of the public get to speak.
DR. YIFRAH KAMINER: Yeah, I'll answer the question very clearly. The reason we have Cannabis Use Disorder in last DSM-5 is to compensate for the omission of this disorder in previous addiction which includes dependence and which includes withdrawal issues and this has been finally recognized by the scientific community meaning that cannabis is not a harmless drug.

SENATOR WINFIELD (10TH): So in prior iterations of the DSM they call about abuse and dependence, two different things; not what you just said. The reason -- I'll let you go Dr. D'Souza.

DR. DEPAK D'SOUZA: Go ahead, go ahead.

SENATOR WINFIELD (10TH): The reason from several of the medical studies I've read is because they can't quite pin down; they believe that there is addiction but people who use marijuana on this are very hard to pin down on this, correct? Right? So the reason is because even though they believe it allows or what you talk about with addiction, but it does not pin it down. So what I'm trying to figure out is if that -- if that construct is accurate and if you don't believe that, I will give you the studies; how are you so sure and the DSM is too?

DR. DEPAK D'SOUZA: Let me clear about this. So DSM-4 which was the previous iteration of the Diagnostic -- Diagnostic and Statistical Manual, the way they thought about addictive disorders is you had a separate category for abuse, separate category for dependence. DSM-5 now has integrated all that into a use disorder so there's Opioid Use Disorder, Cocaine Use Disorder and Cannabis Use Disorder. The criteria that are used to diagnose Cannabis Use Disorder are not any different from the criteria
used to diagnose any other use disorder. That is amongst addition psychiatrists we have a clear understanding that there are certain behaviors associated with an addictive substance. That is a person spends a lot of time, a lot of money acquiring the drug. A lot -- a lot of time getting high on the drug, a lot of time recovering from the drug, a lot of time and effort trying to quit the drug, giving up important roles in society such as if they're a student not being able to go to school. If they're a parent or they're an employer, so on and so forth. And then there were two criteria that were added that were not present in previous versions.

One was cannabis withdrawal that has now been shown very clearly both in animal studies and I can tell you a lot about that, and in human studies that there is a distinct cannabis withdrawal syndrome that we previously did not recognize. That was one. And the second criteria that was included was cannabis craving. If -- the question if you're asking is whether cannabis is addictive, there is absolutely no question based on the criteria that scientists use to describe a drug as being addictive, that cannabis is indeed indicative. And we can -- I'm happy to present the data to you now but there's no question that cannabis is addictive.

SENATOR WINFIELD (10TH): Can I ask you about the studies that are done? So when you're doing the studies of cannabis how are you studying -- how -- how do we study -- well let me ask you this question. You've done this for 25 years I believe you said and 30 for you. How -- how many studies have you been involved in?
DR. DEPAK D'SOUZA: Overall?

SENATOR WINFIELD (10TH): Yeah.

DR. DEPAK D'SOUZA: Probably hundreds of studies.

SENATOR WINFIELD (10TH): And do they administer cannabis in the form of smoking or do they -- I know you have the 2016 one where you were talking about withdrawal, but do your studies administer cannabis in the form of a smoked?

DR. DEPAK D'SOUZA: Yeah. I've done a range of studies, studies that looked at the acute effects of cannabis where people were administer cannabis either by a vaporizer, sometimes in a pill form, sometimes by injection. And we've also looked at cannabis users -- regular cannabis users, looked at brain scans of what -- what's happening in their brain. And most recently we've actually published a study looking at a potential treatment for cannabis dependence with a new drug -- wrap it up, okay, all right.

So yeah, so in a study that we published in 2016 we took people who were smoking cannabis approximately once a day and we used a very sophisticated brain technique called positron emission tomography and we showed that in daily users of cannabis they had about a 15 percent -- 15 percent reduction in brain cannabinoid receptors. We interpret that data to mean that if you -- if your brain is being exposed to a drug, whether it's cannabis, opioids or whatever, over time what happens is the drug -- the body adapts to that. If that drug is stimulating a certain receptor the number of those receptors goes down. That is an important piece of the addiction puzzle. That is an important neurobiological
substrate of what withdrawal, when people get opioids over and over again and you abruptly stop they, they experience withdrawal of that is in the number of receptors present in the brain at that moment when you suddenly stop the drug.

So in my view based on neuroscience, not my opinion -- I have nothing at stake here. I'm not going to make any more or less money whether it's legalized; I'm just here to present you the data and to allow you to make a decision based on that.

DR. YIFRAH KAMINER: Let me kind of add to this. I always find it absurd that we the people who are in charge of public health, trying to save the community, need to protect our professional integrity and name while we are going through such a rigorous process when we get funding for the research, when we publish, it's all peer based. And there are some people -- I'm not saying you, but people in a public position who have no patience for this that really try to conquer down the academics saying you don't know more than I do. So I -- my colleague has done it for 25 years. I've been working with patients doing research for 30 years and this is really unfortunate that we are dealing with -- with -- with this population.

Now the DSM system, every system has strengths and weaknesses but it's an evolution. I by the way wrote a paper about lost in translation about DSM-5 and argued that some of the -- some of the new dimensions for addiction for adolescents is not the same of adults because adolescents are not mature. Adolescents are in the developmental phase, which makes them more vulnerable and if we won't protect them at this age, when they become adults it's going
to be a problem that we have. And it's different from people who start smoking in their 20s. Most people are going to try cannabis in this decade in their teens, not like my generation that started it much later when people were in college and were protesting and so on and so forth.

So in a community where we have a lot of arguments there is a consensus that cannabis is an addictive drug, that cannabis has negative consequences particularly effecting adolescents and young adults and is unpredicting. And fortunately I don't know, in five years or more than that we're going to see the effect the same way that we see the effects of four years. And I think that you know, this is -- this is not necessarily a reason to doubt this kind of research. I mean the question is, in terms of bottom line is why don't we site studies that they showed that the closer an adolescents lives L-I-V-E-S to an alcohol shop and most are going to be a smoke shop, increase the likelihood that this adolescent will use their product.

SENATOR WINFIELD (10TH): So I want to respond to you because in no way in your field do I think I know more than you. And I've only pointed out things that have been brought up by you all including the Rocky Mountain Study, your study that I have here. I come to these things very prepared to have a discussion and make sure I know what's going on. The reason I read the Rocky Mountain Study is because everybody talks about it. And so I went to Colorado and I looked at the data in Colorado actually showed in -- in the last year and that they didn't line up exactly.
So yes, I am going to question that is brought forward. That's not to question your professional knowledge; you know more than me. I will never know as much as you do. Having said that, my job is to make sure that I come in here prepared to ask questions, which is why I know about the study that was released in 2016. I'm just trying to get to the point where I'm sure that the data being presented to myself and through the television to other people who are watching this is wholly accurate; whether you mean it to be or not. That's the point of that.

DR. YIFRAH KAMINER: The point that we're trying to make and that's what scientists do and it's very important; there's no 100 percent right or wrong. There's a percentage. Every study has limitations. Every study is like a swiss cheese, has some holes. However, we are using the highest quality of evidence to show what we can prove and what we cannot. However, it's not a reason to dismiss it.

I'm very familiar with the Canadian Debate and there's some information there I'll be more than happy to give you the -- the reference. And many smart people in Canada -- I said Canada because my daughter calls is Canada like Narnia because it becomes Canada -- in Canada is that they were fighting marijuana pro and against and then they agreed unfortunately that they agree on the facts, they do not agree on the interpretation, they're going to roll the dice and they're going to do it. But again, this is a pandora box. Once you open it, you can say oops, I made a mistake. I think that we are showing -- we and our colleagues a lot of facts and evidences that would make you slow down. If you drive down this road, say wait a minute. This doesn't look good, it doesn't sound good, but we're
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going to build it because we are -- we are hopeful and we will regulate and we want to be like Massachusetts or Colorado.

I think that first of all like in medicine, you know the physician oath first do no harm. Then you look at how exactly to improve the condition of people. Legalization means doing harm, especially to our youngsters and this is something that I personally as a clinical scientist and a parent, cannot accept.

DR. DEPAK D'SOUZA: Senator Winfield, I truly appreciate your questions and I remember this from two -- two years ago; I think it's important for you to ask these questions because I don't want to come across by some -- or we don't want to come across as just coming here to present pre-conceived notions. My job here is to present the evidence and -- but there's one thing that I want to be very clear about is there's absolutely no question in the minds of clinical scientists and basic scientists that cannabinoids and cannabis is addictive. Thank you.

SENATOR WINFIELD (10TH): One -- one final question. So I read a study from -- in Canada about mice and shock and whether the test lead to indications of paranoia in human beings. Do you know that study? You know the study I'm talking about?

DR. DEPAK D'SOUZA: No, not really, no.

SENATOR WINFIELD (10TH): Yeah, so they administered to some -- they administered shock to mice and there was a certain smell. They administered a drug that would interact with the receptors in the mice after they -- that would enhance the -- the response by administering to the receptors in the mice. After -- after those mice received that drug they seemed to
be more paranoid. That study is not familiar to you?

DR. DEPAK D'SOUZA: No, I'm not -- is it a study about cannabinoids?

SENATOR WINFIELD (10TH): Yes, but I will leave it alone if you don't know. Okay. Thank you.

DR. YIFRAH KAMINER: Actually I can tell you from my military service as a physician in the Navy I saw youngsters who smoke marijuana for the first time in their life. They became paranoid, they became panicky and because it hits them and this is what happened to some shooters. These are people who actually have different effects, but this is very common among people who start using cannabis and in particular when the THC concentration is going up, it's people who have been using it for a while that develop tolerance, and the -- the effect is different. But I saw it clinically.

SENATOR WINFIELD (10TH): Yeah, I guess if you had known more about this then I would have asked you about it because -- because of the lack of regulation of the olfactory system in mice, it was the smell that caused the reaction but my question really was, if it doesn't regulate that system how -- how -- not that you can answer this, but how would you be able to use that data and be certain but we -- we can move on, thank you.

REP. BLUMENTHAL (147TH): Representative Rebimbas, followed by Representative Dillon.

REP. REBIMBAS (70TH): Thank you, Mr. Vice-Chair and still good morning gentleman. Thank you so much for being here and I do also recall your testimony several years ago and I think it's very informative
that you're able to come and present information and at the same time certainly answer questions that we have because I think it's been noted before that in Colorado legislation for the legalization was passed through a referendum and my understanding, that's the same situation as Massachusetts as well. And certainly it was the decision of this legislative body in the past not to vote on the proposals that we have before us. And I think this is -- obviously allows a great opportunity for the dialogue back and forth and having experts as well as other individuals come before us in sharing of information.

I think most of the questions that I have already been asked and answered so I just wanted to -- and you may or may not be aware of this -- these particulars but it does kind of relate to the medical field. But for a lot of people when they look at the money that's going to be coming in, there's almost a sense of comfort that some of those funds might be diverted for treatment programs, abuse treatment programs and whether that's solely obviously for the addiction of cannabis and/or the many other addictions that individuals may have in addition to the addiction to cannabis.

Do you have an opinion regarding the strain that may have and when we -- when I say insurance companies I'm not so concerned about the private insurance companies as much as we have a very large population of residents in the state of Connecticut and specifically minors who are on the Husky Insurance Program which is the state administered program. Do you have an opinion as to how the Husky Program or a similar program is currently accepting or not accepting or paying for any type of treatment
programs? And then if not, obviously it may be the wave of the future. If so, how that may look? And again, only if you've got any -- any knowledge. I know the Husky obviously having experience as a pediatrician and things of that nature, there's a lot of young individuals on that.

DR. YIFRAH KAMINER: I would like to remind everybody that you know, sometimes you know that what we've learned from history that we never learn from history. In the year 2000, an agreement has been reached between our Governor and the casinos. And the idea was that because you know we're going to generate some income from the slot machines of more than 25 percent because there's an increase in pathological gambling when gambling is available, between -- I don't remember the numbers. We have a percent -- 2 percent of this money was supposed to go to a very special fund that would address the needs of pathological gamblers. Within two or three years this money went to the general funds. This is the way it happens almost in any state so I know that people will say that we need to learn, oh we're going to get some money and some of it will go to research and to clinical work. History shows it doesn't work because the state has all kinds of ideas where money will come from; casinos, stores, I don't want to continue with this. The bottom line, I don't believe in it and therefore this is not an argument, this is like a fig leaf to cover the fact that well, maybe something positive is going to happen. As we mentioned for some who has done an analysis; Connecticut can fund for every cent we're going to get by taxation, we're going to have to spend it in 4 and 5 cents in dealing with the
consequences. This is not a good deal for -- for anybody.

DR. DEPAK D'SOUZA: I just wanted to add something that my -- in my experience as a psychiatrist working with people with serious mental illness who have been successfully able to precure a medical marijuana card, some of them have ended up in the hospital and that's very expensive being in a psychiatric hospital for up to three weeks, that's a lot of money and somebody has to pay for that. And where are we going to pay for that?

And the second point related to your question is, right now we don't have any specialized treatments for cannabis dependence that are effective. We need -- if the state is going to go ahead and legalize I would hope that most of the money that's -- that's generated will go toward the developing treatments for Cannabis Use Disorder and the consequences thereof.

REP. REBIMBAS (70TH): Thank you for your responses regarding that, and I know that it was a very you know, complicated questions I was posing and we still won't know the effects until obviously something like that were to pass.

One of the other questions out of curiosity that I have, and we've heard this over and over again is really the law enforcement doesn't have a very good test to administer when there is a stop for suspicion of being under the influence. And I know -- or I certainly have heard that it's really through blood testing that you can positively determine what they may be under the influence of in that regard. Could you just explain to me, how much blood really needs to be drawn if there was a test
regarding cannabis? And the reason I ask this is I'm -- you know I'm trying to think that in the future there may or may not be something. Are we talking about a prick on a finger or are we talking about it does have to be you know, taken in -- in a vial? How much are we talking about of blood in that regard?

DR. DEPAK D'SOUZA: So I can tell you from my experience in our lab studies we -- we draw between 3 and 5 ml of blood and send that out to a lab. It's conceivable that people are developing roadside tests, which require only a pin prick of blood. I'm not an expert in that area and can't really speak about that. But I would say at the most, 3 to 5 ml, but could be even less than that.

DR. YIFRAH KAMINER: This is a non-starter. Nobody is going to take any blood from me or anybody else on the road unless it's for the hospital for medical reasons. Do you see like policeman starting to take blood samples and put it in a -- it's -- it's not going to happen? Even if there is a question for this, it's not going to happen. I know what's happening right now as far as I understand from -- from the legal system is somebody pulls you over, you roll down the window and they smell marijuana they can confiscate; they can check, they can search but you know we are looking for the golden geese -- golden goose here. It's not going to happen until they're going to be such a miniature instrument and it is coming down the road, it is definitely. I don't, 3 or 5 years but it's coming down the road.

REP. REBIMBAS (70TH): Thank you for that response. One of the other Bills that we have before us is regarding in the workplace some restrictions and
predominantly the Bill really highlights that the employers don't need to kind of cater to an individual who may want to smoke or ingest cannabis, etc. But I kind of wanted -- and if you can, in your own professions, certainly as medical physicians but even in the nursing field if you've got knowledge, do you foresee this as potentially questions that could be inquired of any individual who is applying for a job in your field as to whether or not there's a regular use of cannabis, and maybe even potentially you know when it started and how long it's been? Just because of the lot of testimony obviously has shown that there is an addiction component, there is an effect on one's brain in that regard, but can you foresee that or do you know of any situations that that may have already occurred, whether in Canada or Colorado, etc.?

DR. DEPAK D'SOUZA: So speaking as a physician I often have to write letters of recommendation for my trainees, resident doctors and -- and fellows who are applying for privileges at the other hospitals and one of the check boxes there is do you know whether this person has trouble with alcohol or other drugs? Do you know if this person has psychiatric problems? And we have to check that box off, yes, no or don't know. So that's already been happening for a long time. But do I, when I interview a candidate ask them about whether they have trouble with cannabis or other substances? Probably not. I don't think I would be allowed to ask that question.

DR. YIFRAH KAMINER: Yeah. You know we have an even bigger problem than that. The American Society for Addiction Medicine, there's reports on physicians
who use drugs. I'm talking opiates, okay? Number one unfortunately are anesthesiologists whose case load is very hard and they have access to opiates. So again, access, feasibility. There's an old story about -- what's the name of this famous robber that the judge asked him, why you rob banks? He said because that's where the money is meaning availability, feasibility. So we have a high rate for the anesthesiologists and then there's all kinds of ways how to get into recovery, how long to keep them away from practicing, so this is definitely a problem that we magnified with cannabis and we've see certainly in probably transportation we have several train accidents or bus accidents that we found out that those people have been using.

I was recently in a bus in Massachusetts and when you ride a bus in Massachusetts then you hear all these advertisements over the radio for cannabis in smoke shops and I asked the driver and I said, can I ask you a favor -- a question because I'm a substance abuse specialist, do you guys get tested? And he said yes, we get -- we get tested randomly for drug use. But randomly doesn't necessarily mean much because maybe that day you were not tested you were riding -- you were driving your bus high and you were involved in a -- in a fatal crash.

REP. REBIMBAS (70TH): I thank you again for your testimony and again, I just wanted to highlight that because you know, heaven forbid I wouldn't want our -- especially our younger generation to think that at all because if something does become legal, that there's not some unintended consequences besides obviously their health. I mean certainly there may be negative impact as they move along and look for jobs and apply for jobs in certain professions and
things of that nature. So I want to again thank you for taking the opportunity for being here and for all of your testimony. Thank you, Mr. Vice-Chair, but it looks like we have our Chair with us, so thank you, Mr. Chair.

REP. STAFSTROM (129TH): Representative Dillon.

REP. DILLON (92ND): Thank you, Mr. Chair. Good morning. I have a question and I certainly don't want to repeat anything that's been said but I think it would be Dr. D'Souza I would be framing my question to but I'm not positive actually. I read the testimony with interest and I guess my question -- because I -- I certainly claim that I know more than you do. I do know a lot of things that are different from what you know and -- and -- and I just want to pose a hypothetical if you put yourself in our shoes about what inputs we get and what decision we adopt, so here's a parallel case. There's also caffeine withdrawal syndrome. Caffeine is addictive. Pam Ritter at Epidemiology has demonstrated actually right there at the public high school quite -- quite convincingly that the -- that the impact on the developing fetus, which tends to lead to a higher rate of spontaneous abortion quite early -- actually all of you can answer this; if they're sensitive, from when you put your fetus at risk. Have you -- do you feel -- have you considered recommending any legal action and restriction on caffeine?

DR. DEPAK D'SOUZA: No.

DR. YIFRAH KAMINER: For pregnant women?
REP. DILLON (92ND): Sorry, you want to restrict women getting pregnant? There's a lot of that around. [Laughing]

DR. YIFRAH KAMINER: No, no I want -- I would say that we should restrict caffeine consumption among pregnant women. Dr. Jones from CCMC Department of OB/GYN just finished a chapter on the impact of drug use in pregnancy and if you want to focus about cannabis, I'm glad you raised this issue. There are definitely some affects on the fetus including brain -- brain interference and all kind of other issues and I'll be more than happy to provide you information.

And a very sad story in the United States is that pregnant adolescents are using cannabis twice as much as non-pregnant adolescents. So you may expect some -- some consequences.

REP. DILLON (92ND): Thank you, but my question is not about cannabis, it was about caffeine. And -- and I -- I -- I would be happy to look at that. I was thinking of Dr. Bracken's work on -- on -- in pediatric epidemiology and part of epidemiology looking at the -- the impact of -- of caffeine consumption and spontaneous abortion.

DR. YIFRAH KAMINER: But I believe the discussion today is on cannabis and not on any other drug so --

REP. DILLON (92ND): I believe so, but I'm asking you a question --

REP. STAFSTROM (129TH): Folks, the Representative was asking a question. Let her finish her question and then you can respond to it. Go ahead, Representative.
REP. DILLON (92ND): Thank you very much. The question, if you see a particular amputee that has perhaps some side effects or foreseeable results there's some valid research we believe and it is something -- why do -- would you choose one over the other? How do -- if we're talking in our particular situation, if I were to criticize the caffeine research, if anything my concern would be that it's overexposed because we drink it so much, everyone does. And -- and so the -- you know we have to make sure that we have the science right to make sure that -- that you're measuring -- you've isolated other variables. But that is not my concern. If you're going to make any argument about -- about cannabis, in our seats even if every single thing that you say is accurate and -- and I don't about the DSM, it's important it's not -- I'm glad they got homosexuality out of there as an illness. But -- but it's always going to have something in there that's -- that's going to be tangible because things change. We learn more. There are influences you know. Sometimes you're looking at a set of data through the lens -- lens. You'll never know. That's the exciting thing about science frankly. You can make the world better but none of it's right -- none of us are always right. So the parallel to me for caffeine is simply that we get side effects of that. If you're an -- if every single thing you say is true, we have to decide what our remedies are going to be. If it makes sense to make something illegal, makes sense to regulate something and what pick marijuana and why not caffeine? And I think that's a reasonable question, sir. And actually I don't have to tell you because I get to ask the question. Thank you.
DR. DEPAK D’SOUZA: So that's a great question. I think that it's a -- it's a complicated question and the reason I say that is that once the genie is out of the bottle it's impossible to put the genie back in the bottle. That is to say, now that alcohol is being -- is legal, tobacco is legal, it's -- it's never going to be restricted and likewise say with caffeine, that's never going to happen. And that would certainly not be my recommendation to -- my job here is to come here and present the best possible scientific evidence so that you, the legislators can make that decision, not me. So I -- I don't think one can equate cannabis and caffeine on many different levels both in terms of cognitive effects, in terms of relationship to mental illness. I think it would be a mistake for us to consider discussing cannabis and caffeine in the same breath. They are very different drugs with a different set of effects, different set of side -- side effects and one is legal and the other is not yet legal.

REP. DILLON (92ND): And that's your view. Thank you very much.

REP. STAFSTROM (129TH): Thank you. Representative Blumenthal.

REP. BLUMENTHAL (147TH): Thank you, Mr. Chair and Thank you both doctors for your testimony and for being with us here today. I've got several questions and in the interest of time I'd just ask that you stick to -- they call for and I would ask that you stick to a one-word answer. And if you would like to amplify then that may be appropriate. So we talked a lot about addictiveness. We've talked a lot about public health today. And one of
the things we have to do is make decisions about how we're going to do things not just whether things are going to be available.

So I would just ask the following questions. So tobacco or cannabis; which is more addictive?

DR. DEPAK D'SOUZA: Tobacco.

DR. YIFRAH KAMINER: Wrong question and I'll tell you why.

REP. BLUMENTHAL (147TH): Sir, sir, again I--

DR. YIFRAH KAMINER: I want to give an answer. I want to give you an answer.

REP. STAFSTROM (129TH): Both of you. Gentleman we've got to take the tone and the tenor down a little bit, okay? The Representative is asking a question. He was addressing to the other doctor. The other doctor gave him an answer. If he'd like an amplification he will ask for it from you, okay? If you'd like -- if you'd like to say something just give me a little wave and -- but obviously we are -- we are going on our two and a half with the first witness in a very long public hearing so we need to try to -- try to stick to the questions and try to get through this information. You may, you may. Hit your -- hit your microphone, please. Hit your microphone.

DR. YIFRAH KAMINER: Well I said it's the wrong question because if it's apparent, what would you like your kids to have fleas or lice? The answer is none of the above. The comparison issue is out of the question because we are not talking about
innocent diseases, innocent drugs or innocent insects. That's why I think --

REP. STAFSTROM (129TH): Sir, I -- I think -- I think we all understand your perspective. I'm not -- I apologize for walking in late but we -- I was listening to you on the way up. I think the issue we have as policy makers is where do we draw the line on which drugs to legalize and regulate and which drugs we draw the line not to legalize and regulate, and I think -- I think that's -- that was the tenor of the question from the last two Representatives is where do we draw the line on which drugs that may not be completely harmless; do we draw the line on -- to regulate or not regulate? If you'd like to -- if you'd like to finish your thought on that you're welcome to and then we'll turn to the next question.

DR. YIFRAH KAMINER: No, I guess you know some of the questions being asked here, it's clear where they're going and some of them are legal -- like it's a cul-de-sac. When you ask a police or vet, it cannot always be always a dichotomous question. The issue is to understand that we are talking about not comparison between drugs. Unfortunately like I said tobacco and alcohol are legal and marijuana is not but this is not an argument as to why another damaging drug to the list of drugs to be legalized. That's why even President Obama eventually was asked the same question and every I gave a lecture I said this is the wrong question. Choose between and lice and flies -- and fleas, the answer is none of the above. And that's a very important issue.

REP. STAFSTROM (129TH): Thank you. Representative Blumenthal you have the floor.
REP. BLUMENTHAL (147TH): Thank you, Mr. Chair. Thank you for your answer. All right. So alcohol or cannabis; which is more addictive?

DR. DEPAK D'SOUZA: I would say they're comparable.

REP. BLUMENTHAL (147TH): I believe that there's pretty conclusive research on alcohol being highly addictive. Opioids or cannabis?

DR. DEPAK D'SOUZA: Opioids.

REP. BLUMENTHAL (147TH): Amphetamines or cannabis?

DR. DEPAK D'SOUZA: That's a tough one. Cannabis.

REP. BLUMENTHAL (147TH): And are amphetamines one of the active ingredients in Ritalin and Adderall?

DR. DEPAK D'SOUZA: Yes.

REP. BLUMENTHAL (147TH): I believe we received testimony on this Which is a great public health crisis; tobacco or cannabis? Or has worse public health effects; tobacco or cannabis?

DR. DEPAK D'SOUZA: If I may, that's a difficult question to ask because they're in different context. Tobacco is legal and has been around for almost 100 years as a commercial entity. We are not at that point with cannabis I think, so it's hard really to make that kind of comparison.

REP. BLUMENTHAL (147TH): Okay, that's fair. But as we heard earlier, both alcohol and tobacco are in the top five --

DR. DEPAK D'SOUZA: Yes.
REP. BLUMENTHAL (147TH): -- essentially public health crises in the United States or maybe worldwide?

DR. DEPAK D'SOUZA: Worldwide.

REP. BLUMENTHAL (147TH): And to your knowledge, or you have no knowledge that cannabis is within the -- those top five, correct?

DR. DEPAK D'SOUZA: Cannabis is not within those top five. That said cannabis is still not legal whereas tobacco and alcohol are.

REP. BLUMENTHAL (147TH): Okay I understand.

DR. DEPAK D'SOUZA: And if I -- if I may, can I just add something to that?

REP. BLUMENTHAL (147TH): Yes.

DR. DEPAK D'SOUZA: I think one of the reasons why tobacco and alcohol are in those top five is precisely because of commercialization. Alcohol and tobacco have been around for centuries and alcohol and tobacco are not serious problems. The game changer was commercialization. The tobacco industry created products that were much more addictive than smoking a leaf of tobacco. They marketed this product in a way that maximized the chances of reaching as many people as possible, so it's an unsafe comparison.

REP. BLUMENTHAL (147TH): Okay. And I guess a followup to that, I understand your point; would making the ways that those products have been commercialized illegal, would those -- would that limit their ability to be commercialized in those ways typically with the, for instance the tobacco
products that were made more addictive or more damaging?

DR. DEPAK D'SOUZA: Say the question again, I'm sorry.

REP. BLUMENTHAL (147TH): Would making those products -- the way that those products have been commercialized making those legal; that would prevent them from happening, right?

DR. DEPAK D'SOUZA: Correct.

DR. YIFRAH KAMINER: May I add to the -- to the comment that actually increasing the use of cannabis among our teens increases the likelihood they would use tobacco. Meaning we're going to get back again and the research showed that kids that use cannabis had a dual rating or a higher probability and especially I explained before when you were here all morning; thank you for that, but the JUUL and the e-cigarettes it's -- it's -- you know it's going to be a vicious circle. So yes, I'm very concerned about tobacco and it unfortunately sounds like it will come back and cannabis legalization would help it come back faster and bigger.

REP. BLUMENTHAL (147TH): So I appreciate your answer and I also have serious concerns about JUUL and other vaping products and we're actually considering legislation on those matters here I the legislature currently during this session. Next question, which is more harmless to a person's health? Cannabis or prison?

DR. DEPAK D'SOUZA: Person's health?

REP. BLUMENTHAL (147TH): Correct.
DR. DEPAK D'SOUZA: I'm not sure I -- I'm in a position to answer that question.

REP. BLUMENTHAL (147TH): Okay.

DR. YIFRAH KAMINER: Can I answer the question? Again, of where you're coming from actually prison is great because you get services. There are a lot of people who don't get services if they're not in prison. [Booing and groaning]. However --

REP. STAFSTROM (129TH): Folks, folks, folks, folks, folks, folks -- sir, sir, sir, sir, sir, sir. Sir, when I ask for attention I'd appreciate you pausing for one second. Folks in the audience, I understand you may disagree with the statement that was made. We -- this is a public hearing. It's a public forum. We need to refrain from verbal outbursts. Let the Representative and the witness continue their dialogue. You may just press your button please.

DR. DEPAK D'SOUZA: If the question is about decriminalization I think that's a great thing. I don't think people should be going to prison for something like this.

REP. BLUMENTHAL (147TH): Thank you. And I would just point -- everyone, just there have been large scale studies showing that among population of prisoners and parolees in New York state showing that one year in prison is -- has direct linear relationship with reduction and lifespan and it's a 1 to 2 relationship. One year in prison causes an expected two-year reduction in an individual's lifespan.

DR. YIFRAH KAMINER: May I state a Canadian study about this issue? I'm not -- of course I mean I was
factitious about it. The issue is that the claim that people now go to prison for personal use of cannabis is unsubstantiated. There's a big Canadian study on this. 60,000 citations 400 of them ended up in front of the judge. So the comparison is, I think this train has left the station. We all agree that decriminalization is the minimum and if there's decriminalization prison is not an issue. My comment about prison is that unfortunately in the United States, people in prison get all the services that citizens who don't have enough money do not the services and that's good that they get services for addiction; that's the point of what I said.

REP. BLUMENTHAL (147TH): Thank you. All right. So we talked a lot about teens and their access to cannabis. I agree that teens should not have access to cannabis. We have not made it legal but you know, making it legal for teens is not in this Bill for that reason. Are you aware of the Washington State Department of Health study showing no increase in cannabis use among teens compared to before and after legalization in Washington State? It's a 2016 study.

DR. YIFRAH KAMINER: There are several studies in different states that show different --

REP. BLUMENTHAL (147TH): I appreciate that, and you cited some of them. If you could just answer yes or no to the -- to these questions.

DR. YIFRAH KAMINER: I'm not sure that I know this specific study but I know many studies are for -- that show there is and there isn't.

REP. BLUMENTHAL (147TH): Thank you. And are you aware of the Colorado -- the Colorado portion of the
National Survey on Drug Use and Health Study that actually showed a reduction in teen cannabis use after the legalization of cannabis in Colorado?

DR. DEPAK D'SOUZA: Yes, I'm aware of that.

REP. BLUMENTHAL (147TH): And we talked a bit about -- about the problem of driving while intoxicated or while high. So as you may or may not be aware and this is a bit far out of -- perhaps of your expertise but there have been some problems recently in testing for alcohol in that field. Are you aware of the new test showing error rate of roughly 20 percent to 23 percent for breathalyzers in terms of false positives?

DR. DEPAK D'SOUZA: I'm somewhat familiar with that. I'm not an expert in that area.

REP. BLUMENTHAL (147TH): And are you aware of recent news reports that the state of Massachusetts is having perhaps to throw out roughly 35,000 drunk driving convictions because of breathalyzer errors?

DR. DEPAK D'SOUZA: No.

REP. BLUMENTHAL (147TH): That's a no? Okay. And so I believe Dr. D'Souza testified earlier that one of the most important things that -- or one of the most important ways to prove a drunk driving case or driving while under the influence case is actually the observations of the officer and the testing done in the field and the cognitive testing; is that correct?

DR. DEPAK D'SOUZA: Yeah, I think they're two slightly rated issues. I don't think you need to do any -- if someone is -- if someone is driving in an intoxicated state that's measured based on behavior
and their performance on tests. And then to confirm that intoxication or that impairment is linked to cannabis is a separate issue which would need blood testing or some other kind of testing.

REP. BLUMENTHAL (147TH): Okay, thank you. And would you both agree that if we do legalize and tax recreational use of cannabis that we should dedicate at least some of that revenue to training our officers for whatever new issues in the cognitive testing that arise.

DR. DEPAK D'SOUZA: Absolutely.

DR. YIFRAH KAMINER: My opinion, you can do it right now or when full legalization. One of the reason most probably that you're siting the studies is there already has been a saturation of use by adolescents who don't need to wait for legalization; they can get it from dispensaries. That's why there's some kind of a false positive finding that legalization has not added more case to the psychic. Any kid wanting to use it already has done it because they got it from the dispensaries and people with fake medical marijuana card.

[Background mumbling].

REP. BLUMENTHAL (147TH): Please no responses from the gallery. And there have been some -- there's been some testimony about the -- where marijuana shops may be located, etc. You're not planning and zoning experts, right?

DR. DEPAK D'SOUZA: No, but I think to that extent I would not want those kinds of stores next to for example a hospital or substance abuse treatment facility, schools, or places that families and
children might spend time. And -- and likewise some limits on advertising.

REP. BLUMENTHAL (147TH): Thank you. And so -- and so while I agree that may be an important concern in how we enact any program related to cannabis you'd agree that that's not relevant to whether we have a penalty for its use or not, right? That's something that might be relevant in the Planning and Development Committee, but not the Judiciary Committee?

DR. DEPAK D'SOUZA: Sure.

REP. BLUMENTHAL (147TH): I think I will just leave that there. Thank you so much for your testimony.

REP. STAFSTROM (129TH): Further questions from the Committee? Senator Kissel.

SENATOR KISSEL (7TH): Thank you very much, Mr. Chair. And I appreciate the fact that this has gone far longer than we had anticipated but I think just a couple of points that haven't been raised. And while I understand we're the Judiciary Committee and not Planning and Development I think it's important to look to Massachusetts for one of the things that was part of their referenda that because this would -- if it's being pushed through it would be like legislation. It's my understanding that in Massachusetts part of the referenda question had the prevision that if a municipality in the commonwealth had a majority vote in the municipality against legalized marijuana, that if they did not want a dispensary in that town or city that whoever the local elected leaders were could do that. So if it was the First Selectman, if it was town counsel, whatever -- a strong Mayor, they could just do that
to reflect the opinion of that municipality whereas if let's say the city of Springfield voted in favor of the legalization that if for whatever reason there was a movement not to have a dispensary in that community the local elected officials did not have the authority to do that but if there -- if there was enough people siding to force another referenda just within that municipality they could not have dispensaries.

So my question is, is if this legislature, and I hope it does not because I agree with all that you've stated; the pandora's box, the why are we going in this direction and what does it tell our young people and I've got children myself; but if we do come up with something and I'd rather have it be better than worse, even though I'll be voting no, would you agree that above and beyond being close proximity to areas where families and children and schools and libraries and things like that, but if a community itself wanted to opt out of having any dispensary in that community what-so-ever; you know a community that says our kids are going to come first. I don't care what those people down in Hartford are going to pass or not pass; would you believe that whatever legislation should have a provision that a community if it decides does not want a dispensary in that town or city, that there should be some methodology where that can take place? And I'd like both of your opinions.

DR. DEPAK D'SOUZA: Yeah, I would agree with that. At the end of the day we are part of our communities and we want to be able to -- to influence our communities for outcomes that we think are relevant to communities, so to that extent yes, I believe the -- if this passes communities should be given that
option. My understanding though -- I'm not an expert on how this legislation works and how it's translated into real life; but my understanding is that for example when there were towns that choose -- that chose not to allow medical marijuana dispensaries in their communities and so I would imagine it could be something similar to that.

DR. YIFRAH KAMINER: Yeah, in general I agree with both of you. There are two levels. One is whether the municipality of the town has decided. Secondly the zoning. Where do you put these smoke shops? Do you put them on Main Street or you put them in industrial areas so if somebody wants to buy marijuana maybe they'll go somewhere where nobody will see them, kids and so forth?

As I mentioned to you my -- one of my concern -- again, each one of the states that legalize marijuana have a different approach. That's why it's difficult to compare it. However, in Oregon the -- even the dispensaries objected to any kind of distance parameters from schools, churches and so forth. Which means again, it's a matter of intent. All the people who are for marijuana do it for the etiological perspective or from a financial perspective. We are the gatekeepers. We provide information based on our knowledge and is problematic. Because maybe two years from now we're going to sit here and talk about hallucinogenic mushrooms and some other agent, and by the way people have found some positive aspect about them. There's some experiments on MDMAs, what we call Molly so I'm always concerned from the mental perspective as a children's psychiatrist, someone who works in the Department of Pediatrics; where do we go from here? We always need to think where this
is heading. It's not just this stretch. So the least that we can do, if there is going to be legalization is make sure that there's going to be less harm as possible. Now in Massachusetts some townships not only did not allow smoke shops, they let go $200 million proposals to build a factor there that is providing all the products. And the votes were very close but it shows how the community is divided.

And last but not least as I mentioned before and I'll mention again and again, any state that will approve decriminalization is if you will, in default backup position. You will see that the approval rate for legalization is under 50 percent.

SENATOR KISSEL (7TH): Well I appreciate that and I will use as a parallel that a few years ago there was this effort by the two Native American tribes that run the casino in our state to go off their tribal lands and they were seeking communities that would like to have this third casino and we had a very large well-attended public hearing in Infield where people got to speak their mind. And while it was my understanding that the tribes would have liked to be as close to the Massachusetts border as possible, the people of Infield said with a large voice, no. So they ended up going in East Windsor because that town was much more amenable to having a casino in that town for a variety of reasons.

But I was proud of the fact that my constituents I the town in Infield came out and voiced their opinion and said you know we -- we have a lot of school kids. We have a certain feel for our community. We just don't want this. And sadly, I mean we have a dying mall that's probably where they
wanted to -- to place it. We'll figure something out for that. We understand the financial possible positive ramifications but the town's people were able to have their voices heard and their will be done. And I just think it's extraordinary important whether it's general law, whether it's public health, whether it's judiciary that there's an opt-out methodology if there's enough votes to get some legislation through, I just know there's going to be a lot of communities that say we don't want anything to do with this. And I think that people should have that self-determination. Thank you, Mr. Chair.

REP. STAFSTROM (129TH): Further questions? Let's see, Representative Rebimbas for the second time.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman for the second. Just -- I wasn't expecting to but I thought we would clarify a few things only because of the importance of this topic for myself and many others I think should be treated a little bit more than a yes or no question and answer, so I just want to give an opportunity to clarify a few of those.

I know that there was a question regarding a Washington study and it's not a study that I've read yet but I believe the allegation was that teen usage, there was no show of increase. Whether the Washington study or any of the other studies from the other states that you gentleman have read, do you have any information regarding teen usage one way or the other regarding legalization of cannabis?

DR. YIFRAH KAMINER: I will say to you yes, there are limitations to any study because people use different methodologies. So for example the most problem with the epidemiologists in this country is the same -- from Columbia University there's been
studies -- this kind of studies all over the country and every time she does a study we find something else. For example, she find in Colorado no increase among adolescents but increased among 18 to 26 years old, which are what we call emerging adults. So all these studies you know go back and forth. But the main issue if we understand how kids use drugs, or as I mentioned any other high-risk behavior, as soon as there is opportunity to use it, they use it in my opinion, and I can find the studies. But even if there's no studies clinically I don't think that the proof -- or the burden of proof on us is bigger than on the industry that is trying to get in through -- through every gap.

The medical marijuana -- as soon as medical marijuana phases started in many states, you've seen a surge of use among adolescents who wanted to use it and then it plateaued. So the legalization to some degree may not raise it. But let me also remind you that every year that goes we see an increase in the concentration of THC. The product is going to become nastier and nastier to the brain of adolescents. So even if the number of users from 75 to 2017 have all this -- and future studies that show what happened in 8 grades, 10 grades, 12 grades, even though the rates go up and down in -- in pretty much remain in the same area, same range they're using more and more toxic products which have more and more negative consequences.

So I would just say oh this study said this and you do cherry picking, which people usually tend to do. And they just pick up the studies that support them. We, when we do a review we talk about the pros and the cons and we draw a conclusion.
DR. DEPAK D'SOUZA: So I would just like to add to the question. I may have made a comment earlier that all this is so new that it might be quite early for us to actually tell the full impact of that and time is going to tell. But another question that comes to mind is, why would we expect that the rates of cannabis use would go down or stay the same? If the whole point of this exercise is commercialization and the bottom line of that is to make money then I would imagine if I was running commercial enterprise, I would want to sell as much product as possible and that means have as many people buying the product. So the notion that -- that this is going to result in no change is just beyond me to understand why it should not change.

REP. REBIMBAS (70TH): And I definitely appreciate those responses. And I definitely also appreciate the response your expertise of public health when it comes to where certain dispensaries may be located as that's something that we will be facing in the future here and I think there's many of us on this Committee that are far from any type of zoning experts, so your input is greatly appreciated.

I also your attempt of trying to answer these questions that have been posed because I think for myself many of those responses would have probably been either when you talk about cannabis versus prison and things of that nature so I definitely appreciate the fact that you guys attempted to respond to the questions to the best of your ability. So I want to thank you for your time and then I'm just going to make one other comment because I know it's not an area of your expertise and certainly feel free if you want to correct me. But to the best of my knowledge and certainly many
practitioners who do criminal law when it comes to DUIs, the breathalyzers are already something that there's already false positive including in our very state of Connecticut and many defenses choose the breathalyzer results, certainly defenses are raised in court in that regard. But at least we still in Connecticut and many other states have not thrown out the breathalyzer and we have also not eliminated our DUI laws as a result of it. So again, physicians, doctors your responses regarding well, certainly there's the initial test of behavioral that's done and the breathalyzer and any future blood testing whether that's on site for all of the you know, concerns that we may have or then taken to the hospital or somewhere, a medical facility to do that, that's the confirmation of it. But certainly all because we have faulty equipment, it's certainly not in my humble opinion a good reason to fault any type of equipment that's going to be testing an impaired individual on our roadways that can have severe life consequences. Thank you, Mr. Chairman.

DR. YIFRAH KAMINER: Can I respond to what you said?

REP. REBIMBAS (70TH): Mr. Chairman, if I may? Because I did in my presentation of my last statement that if there was something that the physicians wanted to comment on --

REP. STAFSTROM (129TH): He can comment, he can comment on it.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman.

DR. YIFRAH KAMINER: The information that I have from Colorado showed that the cutoff point is 5 ng/ml however, they found in the majority -- major, our percentage of victims, we talk about
autopsies, more than 39 ng/ml. So I would caution that if the difference is something very small around the threshold I get a false positive. But in some of these tested with alcohol three or four times the legal limit, most probably they are above the legal limit. We need to understand the qualitative and the quantitative differences. If it's very close, I understand the argument. So so 30 ng/ml is marijuana as compared to 5 is a lot. Same with .005 or .008 regarding alcohol. If somebody has basically three or four times the legal limit, this guy has been drinking.

REP. REBIMBAS (70TH): Thank you. Thank you, Mr. Chairman.

REP. STAFSTROM (129TH): Further questions? Seeing none, thank you for being with us. Next up will be Brenda Hans. We're moving on to our public list. Ms. Hans, welcome.

BRENDA HANS: Thank you. Good afternoon distinguished members of the Judiciary Committee. My name is Brenda Hans, Assistant States Attorney. I'm the Traffic Safety Resource Prosecutor for the state of Connecticut. I'd like to thank you for this opportunity to testify in support of House Bill 7372, AN ACT CONCERNING DRIVING WHILE UNDER THE INFLUENCE OF AN INTOXICATING DRUG. The Division of Criminal Justice strongly supports this Bill because simply put, it will assist in saving lives. It will strengthen our operating under the influence laws, better enable our law enforcement officers to do their duties and perform their jobs, and will assist in protecting all the motorists on Connecticut roadways.
Sections 1 and 2 of the Bill make it unlawful for a driver to ingest cannabis in any form while operating a motor vehicle. It's nothing -- we do have an operating motor vehicle drinking and driving. You can't drink alcohol and drive a motor vehicle so there's nothing new about that. Section 2 makes it unlawful for passengers to smoke cannabis in any form. NIPS studies have confirmed that cannabinoid -- cannabinoid use has doubled between 2007 and 2016 among fatally injured drivers so it is a significant safety concern. The Maryland study as well as other studies -- studies have shown that marijuana does impair judgement, motor coordination and reaction time. And -- so the data is there. It is a safety concern.

Section 3 and 4 of HB 7372 provide half a million dollar in grants for law enforcement officers to be trained as drug recognition experts to detect impaired motorists. And currently in the state of Connecticut we only have 53 in our entire state. For example, the City of Hartford, we have one drug recognition expert. These are highly-trained officers that can assess whether or not a motorist is impaired. It is a national program. Our sister state, Massachusetts has over 133 DREs, New Hampshire 84 DREs. So we do need more law enforcement officers that are trained to detect impaired driving and Sections 3 and 4 of this Bill provide over half a million dollars in local law enforcement grants to assist in training.

I do have a question regarding the verbiage in Sections 3 and 4 of this Bill. It does talk about resident State Troopers supervising municipalities. I should point out that we have many DREs that are from local municipalities, not just State Troopers,
so I really want to make sure that all of our local law enforcement officers have that opportunity to assess these grants, that they're not limited to the Connecticut State Police Department because we'd like to expand the program as much as possible.

You know impaired driving is a problem whether it be alcohol, drugs or a combination of both so we do have -- we have submitted written testimony and we ask you to read that as well.

REP. STAFSTROM (129TH): Thank you. Can you just maybe educate the Committee on what a Drug Recognition Expert is?

BRENDA HANS: The Drug Recognition Expert Program was developed in the late 1970s by the Los Angeles Police Department. One of the founders was Thomas Page as well as other officers. They found that when they were trying to arrest people for impaired driving that many were under the influence of drugs, not alcohol or they were also finding polysubstance abuse; a combination of drugs and alcohol or simply multiple drug impairment. So the Drug Recognition Program was adopted by the International Association of Chiefs of Police. They developed a 12-step evaluation to assess impairment. They have seven categories. They have a drug matrix to determine whether someone is impaired. They look at everything. They actually take blood pressure. They check pupil -- pupil size. They conduct standard sobriety tests as well as the modified Romberg balance test and a lack of convergence test. They determine for instance for cannabis impairment a lot of times will be seeing dilated pupils. So -- so they'll look at all of the objective physical symptoms. They'll interview the suspect. They'll
talk to the arresting officer on the scene and make an assessment as to whether or not in their professional and expert opinion, someone is impaired.

These are officers that are not Novus officers. Many of them have been on the force for a number of years. They've attended the 40-hour police academy, three-day standardized field sobriety testing training as well as ARIDE in here in Connecticut. In Connecticut we have to ARIDE officers, Advised Roadside Impaired Driving Enforcement which is a two-day class before they conduct the 72-hour training for the DRE. And then our DREs actually go to Maricopa County Jail which is in Arizona and do the evaluations. They have to pass them 80 percent passage rate and it's a program that's been recognized in all of the United States. It's also an international program.

REP. STAFSTROM (129TH): And you said we currently have 53 between state and local police in the state of Connecticut now?

BRENDA HANS: Yes, sir.

REP. STAFSTROM (129TH): Okay. And so those 53 officers are called in and presumably you know, if there was an impaired driver on the road tonight would be called I to evaluate that driver?

BRENDA HANS: Yes. The DRE evaluation is a post-arrest evaluation. They are not conducted at roadside because part of the 12-step evaluation involves taking the already arrested suspect -- in otherward the police officer has made an assessment -- assessment in the field that there's been unsafe driving/impaired driving. He then takes the suspect
to the police station, hopefully has radioed ahead to have a DRE come from somewhere in the state and one of the things they do is conduct a -- a darkroom setting to determine the dilation of pupils because many drugs affect your eyes.

REP. STAFSTROM (129TH): Okay. And so those -- those DREs who are detecting impaired drivers who presumably have purchased drugs illegally on the black market in the state of Connecticut to obtain those drugs?

BRENDA HANS: I would say that the DRE assesses any type of impairment. If someone has a legal prescription for Vicodin --

REP. STAFSTROM (129TH): Okay.

BRENDA HANS: -- and is driving unsafely and all over the road and -- or causes a motor vehicle death, a DRE would be called out to assess that so it's both illegal and prescription drugs.

REP. STAFSTROM (129TH): And the testimony from the arrested officer as well as the testimony of the DRE once they've determined that a driver was impaired, has that testimony held up in court in order to obtain convictions for driving while impaired?

BRENDA HANS: We have had several Drug Recognition Experts testify in the courts in the state of Connecticut. One case the State vs. Winn. That particular DRE did not do a 12-step evaluation but did review the police report and testify concerning the impairing effects of drugs. To my knowledge, the state of Connecticut has not had a published opinion regarding a Drug Recognition Expert's testimony as being scientific validated under the Daubert order test.
REP. STAFSTROM (129TH): Okay.

BRENDA HANS: Many other states have.

REP. STAFSTROM (129TH): Okay. And in those other states, it's -- it's accepted as evidence towards conviction in a -- in a criminal trial?

BRENDA HANS: It has been scientifically validated, yes.

REP. STAFSTROM (129TH): Okay. Now that Massachusetts has legalized cannabis have -- has your office seen an uptick in impaired driving on Connecticut roads?

BRENDA HANS: Just anecdotally, when I talked to GA Prosecutors in the field we're seeing an increase in marijuana consumption. I think even the NHTSA data supports that between 2007 for fatal crashes we had about 8 percent people that tested positive for -- for marijuana. That more than doubled in 2016 to 18 percent. So I think polysubstance abuse and -- and specifically cannabis use is on the rise regarding fatal accidents.

REP. STAFSTROM (129TH): Okay. So if -- if there's already an uptick in use and potentially impaired driving on our roads, is there necessarily the need for additional DREs regardless of what this legislature does on legalization of cannabis?

BRENDA HANS: I would agree with that statement. I do believe that Connecticut is -- we were one of the last people to get in -- one of the last states to get into the DRE program and we have a relatively new program. I think we really started in 20 -- 2013 or 2014. We're a growing a program but there is a need to determine whether or not someone is
driving impaired, whether it be alcohol or drugs, and we need those officers that are highly trained and skilled to detect that.

REP. STAFSTROM (129TH): Right. And of course like everything else in this building the question is how you pay for it, right?

BRENDA HANS: Yes.

REP. STAFSTROM (129TH): All right. Further questions from the Committee? Representative Blumenthal.

REP. BLUMENTHAL (147TH): Thank you, Mr. Chair and thank you for your testimony Attorney Han. I guess I would just say I appreciate the Ranking Member's questions for the last witness. My -- I was not intending to imply my questions that we should throw out the breathalyzer. It's a helpful instrument. I meant merely that it's not fail safe and at the most important element in policing impaired driving and in obtaining convictions is the -- the expertise and training of our law enforcement professionals; would you agree -- disagree with any of that?

BRENDA HANS: No, I think that's a very accurate statement because drugs like marijuana are processed very quickly in the -- the body. By the time we would get a blood draw there may not be a lot of drug remaining. And so really it is a behavioral assessment, highly trained officers who know the signs of impaired driving and have been trained to determine whether or not someone is impaired are really your -- your best method to detect impaired driving.

REP. BLUMENTHAL (147TH): Thank you. And you would -- would you agree that that's true regardless of
the substance that we're talking about as impairing the driving?

BRENDA HANS: I completely agree with you.

REP. BLUMENTHAL (147TH): Okay. Thank you. Thank you.


SENATOR CHAMPAGNE (35TH): I have a question but it's actually on one of the other Bills. Can -- can you just tell me from your knowledge how many people in the state of Connecticut are locked up under simple procession with the singular charge of a simple procession of marijuana?

BRENDA HANS: I'm sorry, I don't know the answer to that.

SENATOR CHAMPAGNE (35TH): Okay, thank you.

REP. STAFSTRÖM (129TH): Representative Dubitsky.

REP. DUBITSKY (47TH): Thank you, Mr. Chairman and thank you for coming in. When you were articulating the -- the type of tests that are given by these drug identification officers, you mentioned taking blood pressure. And it occurred to me that you know although not internally invasive, that's a pretty significant test for somebody to -- to consent to on the side of the road. Are all of these tests voluntary?

BRENDA HANS: Yes. This is a post-conviction or post-arrest generally assessment but it is a voluntary exam. If the suspect decides that he does not want to submit to the 12-step evaluation he or she does not have to. It is a voluntary process.
REP. DUBITSKY (47TH): Okay. You're saying that these are post -- it's a post-arrest exam so how is the arrest determined?

BRENDA HANS: The officer at roadside probably got a 911 call saying hey, this guy is all over the road or it could be a motor vehicle crash and the arresting officer makes a determination based upon their training and experience, and many of them do have ARIDE, Advanced Roadside Impaired Driving Enforcement training, many, many, many years of experience; they conduct their own separate tests including the standardized field sobriety test, admissions from the suspect, noting an erratic and dangerous impaired driving pattern. They made that initial assessment whether or not they're going to arrest an individual for impaired driving. The DRE then would at the station do an assessment to determine if there was drug impairment. If they get -- we don't have -- we have a few law enforcement agencies that use PBTs, portal breath tests so you would right away in the field if you used a portable breath test if they came back to be a .000, no BAC that their impairment may be caused by oxy or maybe be caused by cocaine. So at that juncture you would get back to the station, have your DRE there and have them do their full evaluation.

REP. DUBITSKY (47TH): Okay. But leading up to the arrest, a -- an officer -- let's say the officer just sees a taillight out. Doesn't see any swerving, doesn't see any type of conduct that would -- that would indicate impairment but when they get to the car, they ask for the driver's license, you know maybe they -- they smell marijuana or something like that. What type of evaluation can they do?
They ask the driver to get out of the car and then what?

BRENDA HANS: They -- they can ask the occupant to exit their vehicle. That -- these are brief roadside detentions. They're considered -- they're based on reasonable suspicion under our laws. As a matter of fact almost every law in the United States because we have the compelling interest of keeping our roadways safe. So you can ask the driver and the occupants to exit their vehicle for a brief investigation. We have legalized marijuana already so just the smell without any overt signs, I'm not sure there would be a full impaired driving assessment such as SFTs and -- and further questioning regarding what substances, if any the driver consumed that evening or that -- upon that particular occasion.

REP. DUBITSKY (47TH): Okay. Perhaps I gave a bad example. Let's say that the officer is driving down the road and sees the car in front of him swerving and asks the driver to exit the vehicle, I assume normally the officer would -- would conduct a -- a field sobriety test directed at alcohol. Would there be some type of different thing that this officer would do if he suspected that perhaps it's not alcohol, it's something else?

BRENDA HANS: The officer in the field at roadside would still conduct a standardized field sobriety test including horizontal and case nystagmus, the walk and turn and the one leg stand because studies have shown that if you have significant impairment with other drugs these are simple psychomotor divided attention tests and if you're impaired by drugs, your ability to follow directions, to walk
heel to toe, to balance, that is indicative of impairment because as we all know driving -- we're all drivers here and driving is a complex task. You have to put your foot on the gas pedal. You have to steer. You have to look at the oncoming traffic. You have to pay attention to signals. You have to look at your speedometer, probably listening to your radio, maybe on your Bluetooth. So it's always a complex task and you're driving a lethal weapon. It can go 100 miles an hour and weigh over 2000 pounds.

REP. DUBITSKY (47TH): Okay. So it's -- so it's -- it's the standardized field sobriety test covers both types of impairment?

BRENDA HANS: I would -- I would state that the standardized field sobriety testing covers any type of impairment for driving purposes. In otherward, driving is a divided attention task. The SFTs have been validated as divided attention tasks to do -- to assess driver impairment.

REP. DUBITSKY (47TH): Okay. So do you anticipate the need for any additional training of the -- the -- the main line officers, just people who would be doing standard field sobriety tests? Do you anticipate any -- the need for any additional training to pick up impairment by marijuana as opposed to impairment by alcohol?

BRENDA HANS: I think there could be additional training and education because it has become more prevalent and it is more difficult to detect. We all understand when someone is drunk you know, that's within our common knowledge. Signs of cocaine impairment or signs of other drug abuse impairment are less readily discernable to the layperson so I think it would be good for all
officers to have more education and training in that, and certainly our Drug Recognition Experts. We have some great DRE instructors in the state of Connecticut. They are very seasoned, experienced officers and have a wealth of knowledge to detect impaired driving.

REP. DUBITSKY (47TH): Now you'd indicated that taking this second level of testing is completely voluntary. Now my understanding, and correct me if I'm wrong, is at the field sobriety level if you refuse to take it or if you refuse to blow into the breathalyzer you can do that you will lose your license; is that correct?

BRENDA HANS: Under our Implied Consent Law if you refuse to submit to a chemical test you can have your license suspended, but you can refuse the standardized field sobriety test. It's the refusal to submit to the chemical test that triggers the potential for license suspension.

REP. DUBITSKY (47TH): Okay. And the chemical test is a breathalyzer?

BRENDA HANS: The officer has the option to choose blood, breath or urine and generally they choose the Drager machine which is our breath instrument.

REP. DUBITSKY (47TH): So refusing that -- one of those devices would result in suspension?

BRENDA HANS: Correct.

REP. DUBITSKY (47TH): Okay. And what about -- so if -- let's say you -- the officer doesn't have one of those, does a field sobriety test, puts the person under arrest, then the -- brings them to the station for this second level of testing including
the blood pressure, etc.; if the -- if the person whose under arrest now refuses to take that second level, is it your understanding that their license will also be suspended?

BRENDA HANS: No, the 12-step evaluation conducted by a Drug Recognition Expert is completely voluntary and the only thing that would trigger license suspension is a refusal to submit to a chemical test under our Implied Consent Law.

REP. DUBITSKY (47TH): Okay. Thank you. Thank you, Mr. Chair.

SENATOR WINFIELD (10TH): Thank you. Representative Fishbein.

REP. FISHBEIN (90TH): Thank you, Mr. Chairman. Good afternoon. I just you know generally in looking at this -- the Bill that you're testifying on, is there anything else that you would have in this Bill? I mean when you read it, did you say well, it might be nice if they had that or in comparison to like other states you know, well they missed this. Do you have any suggestions?

BRENDA HANS: In the drafting of this Bill we did rely on some other states. We looked at California's Bill because the same year that they passed legalized recreational marijuana they also passed a similar Bill to this regarding ingesting and smoking marijuana while driving. So the language is very similar to some other states. I think it's -- it's well worded. We do have -- the DCJ does support another Bill related to driving under the influence that has some other provisions in it.
REP. FISHBEIN (90TH): Okay. You had mentioned the open contain -- well the passenger portion, which I think is Section 2B and that prohibits a passenger from smoking the cannabis substance but they can still possess it? I mean I'm looking at some other states and they have an open container law. You know, a passenger shall not have an open container of cannabis --

BRENDA HANS: That's a good point.

REP. FISHBEIN (90TH): -- while they're a passenger. I mean is that something that you would find to be helpful here.

BRENDA HANS: We limited it to smoking because there are some studies, and there are obviously studies that show the opposite that show that secondhand smoke in a confined area, teenagers refer to it as hot boxing when there are a lot of people that smoke with the windows rolled up in a very small vehicle, that there are mild secondhand effects, it's called the contact high. And so -- and there are competing studies on that. I'm not -- I'm not a scientist. I know there are a lot of studies out there and some say that that's not good science and others say it is good science. We were concerned with any potential effects of hot boxing of many people getting in a car and even if the passengers were all just smoking and the driver didn't we consider that a potential traffic safety concern.

REP. FISHBEIN (90TH): And along the hot boxing issue, you know somebody let's say they do smoke while they are driving and there are children in the car, I would think that that would be something that would be a referral to DCF you know. Could be along the lines of child abuse, you know which is not
contemplated here at all. Is that something that you would you know be in support of?

BRENDA HANS: Well we do have Connecticut General Statute 14-227(m) and it's if you operate a motor vehicle while under the influence of any intoxicating drug or alcohol with a minor it is a 30-day mandatory minimum jail sentence for a first conviction. Luckily in Connecticut we give people the benefit of the Alcohol Education Program so they could get a diversion program for their first arrest for operating under the influence.

REP. FISHBEIN (90TH): And in those cases is there referral to DCF because although the criminal aspect of the case would go away, the potential harm to the child is of concern at least to me. So does the DCF still happen?

BRENDA HANS: Law enforcement officers are mandated reporters and I believe if there is a child in the car and someone whose been found to be impaired by whatever substance, alcohol or drugs is referral to DCF is my understanding.

REP. FISHBEIN (90TH): All right. So then in the Colorado law I think the -- the standard is -- is 5 ng, over 5 ng of active THC in whole blood is the standard. But we don't contemplate anything like that here. Why is that?

BRENDA HANS: As the TSRP and speaking TSRP, Traffic and Safety Resource Prosecutors around the country including Jennifer Knudson who is the Research Prosecutor in Colorado, there is no really rock-solid good science to support whether or not someone is impaired for driving purposes with a 0.05 ng/ml. So I don't think the science has really caught up
with that because someone who is a very, very heavy user could have that 5 ng and maybe not be impaired for driving purposes because they have a tolerance. It's almost an Eliquis to someone who's a hard-core drinker. If they're resting BA is 0.10, they can do pretty well on a standardized field sobriety test. So tolerance plays a big issue and -- and I -- in Colorado it's permissible inference that if someone has a 0.05 that they are impaired, but it is not -- it's only a permissible inference. Other states, I think Nevada has a 0.05. There's been some difficulty with the science on that because different people tolerate different substances differently.

REP. FISHBEN (90TH): So if I'm pulled over suspected of DUI, field sobriety test is done. I don't do well. I'm essentially arrested, brought to the department. They ask me if I want to do a breath -- they ask -- they offer me the breathalyzer and presently if I decline the breathalyzer I'm convicted sort to speak. There's certain things that go into place automatically.

BRENDA HANS: You would be referred to the Department of Motor Vehicles for a license suspension hearing in 30 days.

REP. FISHBEN (90TH): Yes. And I -- and I believe it's considered to be a first offense on a DUI basically that's a -- that's a conviction.

BRENDA HANS: Well under our -- we do have under the Alcohol Education Program we have a diversionary program if you're a first offender those people are given the opportunity to take the diversion program and if they successfully complete it, they do not
obtain a conviction and actually they receive dismissal. It's --

REP. FISHBEIN (90TH): Yes, on a first offense. So, but let's say we -- we've already done that and it's a year later.

BRENDA HANS: Okay.

REP. FISHBEIN (90TH): And I get caught again, right? And I refuse to do the breathalyzer, it's an automatic conviction.

BRENDA HANS: We do have due process and hearing. I mean --

REP. FISHBEIN (90TH): Understood. I -- officer is going to testify, field sobriety you know he was wavering, couldn't do anything, you know whatever, it's not much of a case, okay? There's a presumption. In the Colorado Bill or Colorado law similar to that you can't decline the -- the blood test otherwise it's an automatic conviction. So what's going to happen here when you said there's a post-arrest analysis by the DREs and people just say no? You know and that's -- and the word gets out. Don't -- don't do what they want. There would be no penalty for that?

BRENDA HANS: There is no penalty for refusing a 12-step evaluation by a Drug Recognition Expert. We carefully select our DREs. They're very personable, they're very engaging, they're nice to the suspects, and a lot of them do get cooperation for evaluations but there is currently no penalty for it.

REP. FISHBEIN (90TH): But up until the point -- cause I think it's recent, well it's six or seven years -- that there was a penalty for declining to
do a breathalyzer, lawyers were publishing things you know, don't do the breathalyzer, right?

BRENDA HANS: Yes.

REP. FISHBEIN (90TH): So I mean would expect the same thing is going to happen here so we're going to -- you know man up with DREs. The public relations campaign is going to be like, don't comply with the DRE, they're not your friend, right? And then we're going to be spending money wastefully. So I'm just trying to look at this whole thing globally but I -- I thank you for the answers and the exchange and thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Thank you. Are there other questions or comments? Seeing none, thank you very much for your testimony.

BRENDA HANS: Thank you.

SENATOR WINFIELD (10TH): Is Mary Mushinsky here? Holly Cheeseman? Gail Lavielle? Okay. We'll hear from Colby Cortese. Is Colby here?

COLBY CORTESE: Good afternoon. My name is Colby Cortese and I'm a freshman at Guilford High School. I'm here in opposition to the Senate Bill 1085 with Elizabeth Abernathy and Isabelle LaBelle.

ELIZABETH ABERNATHY: Good afternoon. My name is Elizabeth Abernathy and I'm a senior at Guilford High School. I'm involved in various community organizations such as Guilford Developmental Assets for Youth, the Guilford Youth and Family Services Youth Board, St. George Peer Ministry and Parish Counsel and an active volunteer at Yale New Haven Hospital. In my free time I enjoy helping others and spending time with my friends and family just
like most other high school students. I'm here today to speak against legalization of retail marijuana in the state of Connecticut and in opposition to Senate Bill 1085 as it is your duty to protect our youth.

By legalizing retail marijuana in the state of Connecticut we will not be helping our youth but detrimentally harming them for years to come. People always say that the adults are the ones who are to take care of the youth and teach them to make good decisions and lead healthy lives. If this is true then there is no doubt in my mind that every adult in this room should be helping us fight against this legalization. I will not sit here before you and list all the studies demonstrating the negative side effects of marijuana because there are other people here to do that. I do challenge to really weigh the consequences and make an informed decision on this crucial topic.

I'm also going to give you my point of view as a current high school senior. One of the aspects of this debate that frustrates me the most is that we have legislators who believe that because marijuana would only be legalized for people who are over the age 21, youth would not be able to gain access to this harmful drug. Just by looking at people in my own high school I can tell you that this is incorrect. Right now, although retail marijuana is not legal in the state of Connecticut, many students still have access to it and use it regularly. I see it every day in the people I go to school with. By legalizing it for people over the age of 21, you are just opening the gates for people of all ages to gain access as it would be easier to obtain.
Is this really what we want to do? If you look at the ten states with the highest percentages of marijuana use by teens, eight of ten are states that have legalized marijuana and the other two have legalized medical marijuana. Of the ten states with the lowest levels of teen marijuana use none of them have legalized retail marijuana. Guilford takes surveys of teen drug use every two years and kids perceptions of risk from the use of marijuana has been decreasing steadily since I've been in high school and that will continue if the legislature legalizes it.

The definition of the word recreational is relating to or denoting activity done for enjoyment. By calling this recreational marijuana, we are telling people, especially our youth, that using this drug should be done for enjoyment. Is this really the message that we want to send?

Some people argue that there are benefits to using marijuana. While that may be true for the treatment of some disease, I truly believe that this is incorrect for recreational use. Through a friend of mine, one who has been in my friend group since about sixth grade, I have been able to see firsthand the negative effects of marijuana use. This friend is no longer in our group as she is constantly withdrawn and uninterested. Her work ethic and attendance at school have declined and overall she has negatively changed. In ninth grade she began smoking marijuana regularly. Since then the physical and personality changes have occurred. I've watched her going -- go from a loving and compassionate friend who went to dance every day and was very involved in sports to a person who is almost unrecognizable. The use of marijuana only
lead to other drugs and risky decisions. I often wonder how she will end up and hope that she will be okay. I don't like to think about her maybe not being at a ten-year reunion, our high school graduation this spring or even tomorrow. This is a realistic fear of mine, that will only grow and apply to more people if you decide to support this legalization.

Just the other day in my anatomy class we were completing presentations on various psychoactive drugs, one being marijuana. If after doing research one group was able to present the negative effects on brain development in youth and even link marijuana use to the -- to the development of schizophrenia, why is it such a hard concept for others to grasp? If a group of students in a high school anatomy class are able to understand the negative impacts of this drug, shouldn't that demonstrate something to others? I would like to thank you for your time and I would like to conclude by stating that by legalizing retail marijuana in the state of Connecticut we would be making this drug more accessible to our youth. Why would we give our youth an opportunity to this substance that will negatively impact them now but also for the rest of their lives? Don't we care more about the health of the people of Connecticut than that? Thank you.

SENATOR WINFIELD (10TH): Thank you. Are there comments, questions from members of the --

REP. BLUMENTHAL (147TH): Thank you, Mr. Chairman and thank you for your testimony. I just want to say first of all, thank you for coming up here.
It's really great when we get our young people up here involved and especially when they present their testimony in as compelling and proficient manner as you all have, so thank you very much.

You mentioned the fact that we're -- that we may call it recreational use you think sends the wrong message; would you think that using the word non-medicinal for instance or a less kind of normative word than recreational might be helpful at all?

ELIZABETH ABERNATHY: I think that the wording does have something to do with it, but I think it's also the meaning and the understanding behind it that if legislators are legalizing it then it's sending a message to the youth and to a lot of people in the community that it can't be harmful if the people who are supposed to be making the decisions to keep us healthy are deciding that it is.

REP. BLUMENTHAL (147TH): I think that's a good point. And the other -- my only other question would be, you guys are on the ground and I'm just wondering have you noticed at this point the teens are having trouble accessing marijuana if they want to use it under the current regime?

ELIZABETH ABERNATHY: I'll answer. I don't want to answer for you guys also, but I think that especially in our high school I think it's easily accessible whether it be from people who are getting it from other states, through siblings who are in college, or through other means, it's accessible. And I think that in the culture of our society in the high school at least, it's -- it's prevalent and people don't really -- like I said, the perception of risk for it is decreasing and the people don't
understand the effects of it and they just think it's something else to do.

REP. BLUMENTHAL (147TH): Thank you very much for your testimony. Excellent job. Thank you.

SENATOR WINFIELD (10TH): Thank you. Are there -- Representative Palm.

REP. PALM (36TH): Thank you, Mr. Chairman. Hi guys. Thank you for being here. Do you know anybody your age -- I assume that since you're in high school none of you is 21, right? I'm assuming that you know people your age who drink regularly. Do you believe the drinking age should be raised?

ELIZABETH ABERNATHY: I think that is a very hard topic to go about where you have but it's been legal for so long so I think that it's very difficult for us to go back and do that. I do believe that the -- the brain isn't fully developed until 25, so in my opinion, it's very hard to go back on something like that but at the same time the way that I think about it is why are we making something else more accessible? Something else that could be harmful.

REP. PALM (36TH): So do you think that there's also something in the teenage psychology that says if something is illegal or perceived of as wrong it becomes more attractive? Do you think it's possible that making it legal demystifies it in some way?

ELIZABETH ABERNATHY: I don't have the scientific evidence for that as I'm not a professional on that, but I do believe that that is the case. I also, like I had mentioned, if people who are keeping us safe are legalizing it; I think it sends something, a message to not only us, the youth but also to everyone that if they're legalizing it, why -- there
can't be so much that's wrong with it. And so I think that in -- in the youth brain, and I'm just saying from my personal experience, kids do tend to do that also where if people say no, they want to do it more. I can't speak for everyone but I -- I'm sure that would be the case in some of them.

REP. PALM (36TH): Okay. Thank you for your very articulate testimony and I'm sorry about your friend. Don't give up on her.

SENATOR WINFIELD (10TH): Are there others? Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman. No questions. I just had to take this opportunity and thank you ladies for being here, for testifying and doing a wonderful job articulating your responses on behalf of all of you that are here. And I'm going to ask you a personal favor. Keep talking. Keep speaking your minds. Because whether people agree or agree to disagree, your presentation and obviously taking the time, the way you presented your information does come across, so again thank you very much for your most articulate testimony and taking the time to be here. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Are there others? Senator McCrory.

SENATOR MCCRORY (2ND): Thank you and thank you for your testimony. Outstanding. A question. Do you know if any of your classmates have been arrested for drugs -- cannabis in your school?

ELIZABETH ABERNATHY: I actually can't give you a definitive answer for that, I'm not sure. I know that people have gotten in trouble with it but I
don't know to the extent of what happened after that. I know people have gotten caught with it but I'm just not --

SENATOR MCCRARY (2ND): They've been caught?

ELIZABETH ABERNATHY: Yeah.

SENATOR MCCRARY (2ND): But you don't know if they've been arrested?

ELIZABETH ABERNATHY: Yes, I'm sorry.

SENATOR MCCRARY (2ND): Do law enforcement do searches at your school, searching for cannabis in your -- in your building or in your school?

ELIZABETH ABERNATHY: I do not believe so.

SENATOR MCCRARY (2ND): Okay. Thank you. Thank you, thank you for your answers.

SENATOR WINFIELD (10TH): Thank you. Others? Seeing none, I just associated myself with the comments of Representative -- Representative Rebimbas. Thank you very much for coming and testifying before us.

ELIZABETH ABERNATHY: Thank you.

SENATOR WINFIELD (10TH): They have no further questions. You -- you guys are free to go. [Laughing] I'll just try again, Representative Mushinsky, Cheeseman, Lavielle? Okay. Kiera Stankewich?

KIERA STANKEWICH: Good afternoon. My name is Kiera Stankewich.

JULIA RUBBO: And my name is Julia Rubbo and we are both sophomores at Guilford High School. We come to speak to you today against the legalization of
marijuana. Although we are not experts we come to represent the youth who especially will suffer from this decision if legalization were to occur.

KIERA STANKEWICH: When you walk through the doors at Guilford High School there's something happy about seeing everybody walking and talking with their friends, and it's true when people say that when you see a smile or laughter it lights up the room. When you look around people all around you have so much talent and potential to do good in our world. We see students every day who never fail to amaze us. The creators of the detailed artworks hanging on the walls, the stunning voices of students in the chorus, the theatrical performances of actors in our schools. The stunning -- or the high achievements of students with athletic abilities as sports players and the activists who stand up for what they believe is right and take action.

JULIE RUBBO: Then you see the other side. The one where students make bad decisions. You see the withdrawal students who choose to use and abuse drugs and alcohol. The way they turn away from those who love them and struggle to find success. Our communities and society already suffer from issues such as these and it is insulting that you are willing to not only choose to ignore this issue, but rather desert and harm the youth by supporting legalization of marijuana. By passing this Bill the perception of risk of marijuana use decreases even further than it already has. The mindsets of our peers has become dangerously casual.

KIERA STANKEWICH: We refuse to accept the argument that marijuana cannot be that dangerous simply
because an overdose is not possible. To make this argument is naive and uninformed, just as is legalization.

JULIA RUBBO: At Guilford High School each sophomore is required to take a semester of health class in which there is a drugs and alcohol unit. In my particular health class during this unit of 20 total students in the class, 7 kids would come to class high on marijuana. My class was the fifth period of the day, five hours after the beginning of school making it nearly impossible for those kids to be that high so late in the day if they used it before coming to school. This means that they got high on the substance during school. Their use of an illegal substance at school not only effected their own education but their sober peers as well. It was a distracting and a major disruption to all of our learning. Regardless of their teacher talking about the dangers of vaping and smoking marijuana words were not enough to get the message across yet you, the authority still hold the power of the law.

KIERA STANKEWICH: One you abandon us we will have nothing to turn for protection. If we as the youth are able to identify these issues, why can't you? This decision is so influential on what children decide to be okay, is so hard -- oh sorry, by accepting legalization you are inadvertently acknowledging and declaring that you support the detrimental effects of marijuana on kids. By accepting legalization you are accountable for implying to us that this drug is not as harmful as science proves it to be. Every incident, injury and death relating to marijuana if you agree to legalization from this point on will rest on your shoulders. So before you vote keep this in mind.
If you are to say yes to -- to legalizing marijuana you are accept -- you are accepting and you are acknowledging that you are responsible for all of the inevitable repercussions.

JULIA RUBBO: This is not just an issue for those in government. And although this issue surpasses state borders, we need to prioritize keeping Connecticut marijuana free. We need to continue to push for marijuana centered education and we need to educate ourselves on this drug before we let people be exposed to it. Also let it be clear that not only are there health issue involved for those using the drug but also that of how an individual's decision to smoke marijuana affects their surrounding environment. For instance, where we live in Guilford the Town Green in a place where family and friends gather and enjoy themselves, however, as seen in a similar situation in Oregon, public parks face the risk of becoming a spot where people gather to smoke so that smoke clouds replace the sunny skies. Consequently, this prevents those who choose to not expose themselves to marijuana from being able to use those spaces comfortably.

This issue is to be taken seriously by all people of Connecticut but ultimately in this instant, this decision rests upon the shoulders of lawmakers.

KIERA STANKEWICH: Lawmakers, I just wish that the safety of our youth could be considered more important than the economic and political benefits of legalization. Afterall, I would like to think that we are worth more than a drug, but that decision if I even have to call it that is in your hands. You cannot support both legalization and the youth in this matter so choose wisely. Thank you.
SENATOR WINFIELD (10TH): Thank you. Are there comments or questions from members of the Committee? Senator Kissel.

SENATOR KISSEL (7TH): As a -- the Chair and Ranking Member said to the previous group of individuals, and the young man never introduced himself so you'll want to get your record at least. But I -- I really commend whatever is going on at Guilford High School because there's two panels, young people, and I agree with you, I agree with you totally. I mean if we go down this path, set aside the medical consequences, we are telling our young people it's not that dangerous and you know most people follow the speed limit cause they don't know if there's going to be a state trooper hidden around the next corner. But if all the sudden we just said you can 100 miles an hour then tons of people will be going 100 miles an hour, you know. So there may be some demystification which might take some of the mystery out of it, but I think on balance we're opening up the barn doors and lots of people who may have said, well I don't want to get mixed up with the law or have to worry about my employer, they might take a chance now and get involved with something that’s going to take over their lives or at least not cause them any long-term benefits and probably long-term detriments. And the single -- signal to our young people is not that dangerous and what a mixed message.

On the one hand we're trying to tell you over and over do not smoke cigarettes because of the dangers to your heart disease and your lung cancer and all that stuff such that you know Joe Campbell had to go off into the sunset because he's too cartoonish, but now under the guys of trying to
raise some money or some mysterious people doing sentences in correctional facilities for mere procession of marijuana, which is just not the case, we're going down a different path. So I really want to commend you. You've done an awesome job. Thank you so much.

SENATOR WINFIELD (10TH): Are there others? Representative Palm.

REP. PALM (36TH): Thank you, Mr. Chair. Just out of curiosity, do you guys take Civics at Guilford High? Was this an exercise for you to write testimony and be here today?

KIERA STANKEWICH: No.

REP. PALM (36TH): Did you learn about how to do this in any of your classes?

KIERA STANKEWICH: No.

REP. PALM (36TH): So you -- you and the other -- your -- your colleagues there before you just decided to do this on your own? Do you think Guilford High has a great problem than other schools with this?

JULIA RUBBO: With testifying or with --

REP. PALM (36TH): No, well I'm saying -- well clearly you have no trouble testifying. No, I mean do you think that there's a greater awareness of the potential dangers because there's more use there? Do you have any way of measuring that?

JULIA RUBBO: I know personally from my own experience; I play on the soccer team that's regional so a lot of other towns and girls from other towns play on it. And when I hear stories
compared to my school from their schools, Guilford seems to be one of the better schools about marijuana use and the reduction of it in our youth. But comparatively like with other towns surrounding Guilford, I think it's pretty even and there might be other towns that use it like a lot more but I think Guilford is still one of the higher users of it.

REP. PALM (36TH): And do you guys have public education programs in your school to raise awareness?

KIERA STANKEWICH: So we're part of -- well kind of allowed us to get involved in this and come here. We have this club called Team so that's for teens and being adolescents with issues so there are opportunities for us to get involved and to raise awareness but obviously reception from the students isn't always positive and so there's still that mixed perspective on topics like marijuana.

REP. PALM (36TH): Okay. Thank you very much. Thank you.

SENATOR WINFIELD (10TH): Are there others? I just went blank, I'm sorry. Thank you, Representative O'Neill.

REP. AUTHUR O'NEILL (69TH): It happens to me all the time. [Laughing] It's my name, I should be able to remember it. Like everyone else I think you've done a fine job in front of us here. I would suggest being stimulated by one of the earlier questioners; do you -- you live in Guilford I assume cause you're going to school there. Do you know who your state Representative is and have you communicated to that individual your thoughts about this and --
JULIA RUBBO: We submitted our testimony.

REP. AUTHUR O'NEILL (69TH): You know the most effective way to influence legislators pretty much is a one-on-one conversation, so I would urge you to -- as well as the other folks who testified earlier who are still here and anyone else who is interested in this, that your own individual legislator of whom you are a constituent is most likely to be most influenced by -- by your testimony and your expressions. And the same thing would also go for your state Senator who represents Guilford. So I would urge you to continue carrying your message and try to communicate directly with folks on that sort, people who -- you know who in districts you live. So I would urge you to do that. You seem to know what you -- what you believe and seem to be able to articulate it clearly and I think while it has an impact here, I think it's important to communicate directly with your own legislator so I'd urge you to do that. And on -- and not just on this issue but anything else that you want to try to have an influence on. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Young man, you took the time to come up here. We'd like to get your name on record if you are willing.

ZACHARY LABELLE: Hi, my name is Zachary Labelle and I'm also a sophomore at Guilford High School. I'm also involved in Team and we work together on a lot of these issues to try and resolve them.

SENATOR WINFIELD (10TH): Thank you for coming. Are there any other people who have questions or comments? Senator McCrory.
SENATOR MCCRARY (2ND): So I'll just ask the same question. Since Guilford is a part of regional schools, you stated you play soccer with other kids from other schools and clearly you said that Guilford is probably better at -- at understating the ramifications of cannabis use but you did say other schools -- children from other schools you know that they're using -- using this product also; is that correct?

JULIA RUBBO: Yes.

SENATOR MCCRARY (2ND): Do you know if any of those children have been arrested for cannabis, either the procession or sale?

JULIA RUBBO: I -- honestly I just joined the team so I don't know any of them that well. [Laughing]

SENATOR MCCRARY (2ND): Okay, that's fine.

JULIA RUBBO: I don't know any of that, sorry.

SENATOR MCCRARY (2ND): Thank you. Thank you, and you guys did a very good job of testifying. Thank you very much.

JULIA RUBBO: Thank you.

SENATOR WINFIELD (10TH): Thank you. Are there others? Seeing none, thank you very much for your testimony. Have a great day. One more time, Senator -- Representative Mushinsky, Cheeseman, Lavielle? Okay. Scott Cochran.

SCOTT COCHRAN: I want to say first, thank you for this opportunity to testify. My name is Scott Cochran and I am the Director of Madison Youth and Family Services as well as the Vice-President for the Connecticut Youth Services Association. Just to
be clear -- oh, and just to mention I do have written testimony that has been submitted and that is the physician statement for the Connecticut Youth Services Association on this issue and all my sources for my testimony here are listed in there. To be clear, I have not in the past opposed medical marijuana nor would I oppose efforts now to address the larger social justice issues associated with this drug. I do oppose the legislation that includes legalizing the retail sale of marijuana as this opens the door to a larger industry and our youth to be exposed to more available marijuana products including buds, edibles, waxes and vapes plus increase product promotion.

Our youth are among the most susceptible to the marketing approaches -- these marketing approaches and most at risk to damage related to marijuana abuse. Simply setting the age at 21 will not prevent teens from getting these products. Most teens who abuse alcohol never have to step foot in a liquor store to get it. Let me first point out that as far as I can tell within these three proposed Bills that they lack any mention of enhancing community substance abuse prevention efforts as a part of this process. This to me makes a point that these proposals have been developed with little thought for prevention and very little consideration for current health for our youth. Rates of youth depression and anxiety have been steadily on the rise along with certain rates of youth suicide. Current research suggests that marijuana use during adolescence only add to risk factors for depression and psychosis. Several studies now suggest that adolescents -- adolescent use of marijuana may lead to higher risk for suicide as a young adult.
Marijuana in history is already targeting youth. A quick web search of products now available in Massachusetts shows that one can find product streams including GSC, that sounds for Girl Scout cookie, Star Cookie no. 9, Banana Kush, Sweet Tooth and Candyland among many more. Other products are also available in gummy bears, sodas, candy and cookies. Consumption records vary and by design are very easy to conceal. It should be no surprise that according to the Massachusetts Marijuana Baseline Health Study from last June showed a proportion of marijuana use was highest among those 18 to 25 years old. That is where we need to pay close attention. We need to avoid dividing populations of youth by simple legal distinctions. As everyone here has already pointed out, normal brain development continues on average into the mid-20s, with significant social and emotional development still occurring throughout that time.

We're very concerned for teen with access. The teen use rates are highest among where -- in states where marijuana is legal. That concern cannot end for kids -- youth once they turn 18 or even 21 and a policy should be established to protect our youth as long as they're more susceptible to the adverse health effects. I'm almost done.

Honestly it's going to project all of these impacts over time that you just really don't know. One of the few points of consensus on all sides is the need for more research and more study and I would also say more time. The argument here almost always pivots to the fact that youth and adults alike are already using -- abusing marijuana legal or not. It's hard to keep our youth free from substances and in many ways we all work to counteract forces within
our own culture that glorify and enable substance use. And so lawmakers are no different than any other type of youth-serving adults. We all must decide to keep the faith, keep trying and keep doing our work. We do know that marijuana is not likely to decrease in states where it's been legalized nor is it likely the goal of the industry to work to minimize the promotion and sale of its own products. There's no evidence --

SENATOR WINFIELD (10TH): Sir, if you could wrap up.

SCOTT COCHRAN: Yep, I am. I have two more lines.

SENATOR WINFIELD (10TH): Okay.

SCOTT COCHRAN: There's no evidence if the black market goes away, our goal should be to reduce use -- substance abuse within our towns and cities and not develop ways to financially benefit from it. Thank you.

SENATOR WINFIELD (10TH): Thank you. Are there questions or comments from the -- from members of the Committee? Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman and good afternoon. Thank you for your testimony. I just wanted an idea because you had indicated that you were here testifying on behalf of an association, how many members or towns are involved in that?

SCOTT COCHRAN: So the Connecticut Youth Services Association, that is statewide it's about -- we represent about 104 youth services across the state and those cover I think somewhere around the neighborhood of 140 towns or so.
REP. REBIMBAS (70TH): Excellent. Thank you very much for your testimony here today.

SCOTT COCHRAN: Thank you.

SENATOR WINFIELD (10TH): Are there other questions or comments? Representative -- I'm having a bad day. Representative Carpino.

REP. CARPINO (32ND): Thank you, Mr. Chairman. Just a comment for you. I just want to really thank you for highlighting the flavor issue because a current issue in the building is talking about removing access to flavors for other arguably harmful products for adults and yet I contend that this Bill is potentially opening up the flavor option even bigger and enticing our minors, so the -- the iron in your statement is not lost on us.

SCOTT COCHRAN: Yeah, there are parallels to what the vaping industry did and how they come up with their flavors and how they label them.

REP. CARPINO (32ND): And -- and if you don't mind, Mr. Chairman. And that's exactly what I'm getting at where down the hall in Public Health we're talking about flavors for adults and whether or not that is meant to entice children, whether they're minors or when they become adults and yet here we are talking about the same process in the context of marijuana, so thank you and thanks for what you do.

SCOTT COCHRAN: Thank you.

SENATOR WINFIELD (10TH): Other questions or comments? Seeing none, thank you very much for your testimony.

SCOTT COCHRAN: Thank you.
SENATOR WINFIELD (10TH): Representative Cheeseman.

REP. CHEESEMAN (37TH): Good afternoon. Senator Winfield, Representative Stafstrom, Senator Kissel, Representative Rebimbas, thank you so much for having this opportunity to testify today. I'd like to yield a portion of my time to Maureen Dinnan from HAVEN with your indulgence, thank you.

MAUREEN DINNAN:

Thank you very much Senator Winfield, Representative Stafstrom, Senator Kissel, Representative Rebimbas and members of the Committee on Judiciary. I am Maureen Dinnan. I am the Director of HAVEN. It is the Healthcare Professional Assistance Program where our mission is to enable healthcare professionals that suffer from chronic physical illness, mental health issues and substance use disorders in order for them to be able to provide good and safe care for the people of the state of Connecticut.

We are in opposition to the legalizing of recreational use of marijuana. I will rely on that from my -- my written testimony. We feel there is not sufficient data and given much of the debate that you've been hearing today we would like to have more clarity before the state of Connecticut moves forward into legalizing. There's at least one study that I've seen that has indicated that for every $1.00 of revenue that we should anticipate it's going to cost us $10.00, whether it's for law enforcement, regulatory organization or social service expenses. I am grateful that the legislature and this Judiciary Committee has also considered the Act Concerning Cannabis in the Workplace as well as an Act Concerning Driving While Under the Influence of an Intoxicating Drug and the
interesting things with both of those is showing that the legislature is recognizing the serious risks that legalizing cannabis presents.

And relative to the driving it's indicating that the use of a cannabis product by the operator or passenger in the motor vehicle will become a misdemeanor. It underscores the fact that we do accept and we know that the use of cannabis and THS impairs motor performance such as reaction time, tracking, as well as cognitive function including our attention, our decision making and tracking. And these are essentials for operating. We know that the studies in the states that have legalized it are showing that there's an increase in motor vehicle accidents. Some based on cannabis but often cannabis and alcohol use combined.

One of the questions I have regarding this Bill is -- is this Committee considering, will there be additional sanctions if there are repeated offenses? I did not see that in the draft that's written but it would seem to me that this would be something that if we are going to be recognizing, if there's repeat offenses that those should indeed be addressed appropriately. And this is an appropriate Bill regardless of the legalization of marijuana.

I do want to go over relative to the safety in workplace because we deal with safety sensitive occupations. We've seen a big increase in referrals for our program for cannabis use. Pre-employment drug tests that are positive for cannabis, people appearing impaired in the workplace and being referred and testing positive for cannabis. Some of the evaluation has actually shown that our younger people, the neuropsychological testing is showing
what they believe to be permanent damage to their executive functioning.

SENATOR WINFIELD (10TH): I'm going to stop you there for a second. So I'm aware that people will ask you the very questions that you're about to go into, so I want to move us into that so we -- I have to pay attention to the bell and keep everybody paying attention to the bell. Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman and good afternoon. And certainly as you know, everyone's got a set time so we want to give everyone an opportunity but I do want to question you on your opinion and certainly the thoughts that you were just sharing if you want to continue regarding the workplace.

MAUREEN DINNAN: Thank you, and I apologize. So what we are finding is our professionals -- younger professionals, they might be recent graduates in nursing school and during their residency programs, they've done very well in their academic performance but when they're having to then act in a clinical setting they're having difficulty with the executive processing functions. So they're having difficulty with the attention. All of the same issues that we discussed about -- regarding a motor vehicle, they're impacting at the workplace. So you may remember that the legislature in 2015 passed the mandated reporting law so anyone who has any information that someone is or may appear impaired or unable to practice needs refer to HAVEN or the Department of Health. When they refer to us for a failure of a pre-employment drug test for cannabis it doesn't mean that the employer is necessarily
going to not hire them if they're a professional. They might be referred to us but then we're responsible to be sure that when we return them or let them start their practice that they're no longer having cannabis register in their system. If they've appeared impaired at the workplace they are referred to us. Again, the expectation is that when we refer them back to the workplace that they are often zero tolerance policies.

Some of them if they -- if the neuropsychological testing is showing that damage to the executive function portion of the brain, we have not been able to necessarily return them to their same discipline and they may require retraining. I think this is so very serious because we have to recognize the impact on this and especially for safety sensitive occupations.

REP. REBIMBAS (70TH): I appreciate your response and actually that was one of the questions that I had posed earlier today to two physicians who appeared before us, just being in the medical field of how do you cope with these situations when you have individuals who are making very obviously important decisions and that they're -- they may have an impact as a result of an addiction and in this case regarding cannabis. Just a quick question, when someone is referred to you because obviously they tested positive; and you had indicated that then they have to continue to be tested and hopefully be negative in order to potentially continue in the workplace. Does that even include employment that otherwise did not have a testing requirement?
MAUREEN DINNAN: So if there's no testing requirement they'll only be identified if there is a cause or an appearance of impairment in the workplace. So -- so we'll take the two different ones. If there is a drug test that's part of a pre-employment contract the employer may or may not proceed with the hiring process.

If they're a healthcare professional and they do want to proceed with the hiring process then they're referred to us and there's a full evaluation done. The majority where the drug test has been positive for cannabis, there has been a cannabis use disorder identified but there has been several situations where the evaluation did not show a cannabis use disorder and in those situations then we try to rely on educating regarding the nature and the expectations of the privilege of holding that safety sensitive license.

The other thing that we do is require an abstinent challenge. Because the two-hour psychiatric evaluation isn't really necessarily going to give a valid diagnosis. So for six months to a year they may random drug test to be sure that they're able to manage use. The other thing is relative to the medical use of marijuana for healthcare professionals, because it stores in the fat and we can't say when the person used there's no way for us to be able to monitor effectively. If their condition is so debilitating that that is the only effective treatment they don't necessarily lose their licenses but they need to agree not to practice.

To date the professionals who have come in who have had medical marijuana certificates, when returning
to work required the identification of alternative treatments, they were able to find effective alternative treatments. So for those we were able to again demonstrate a sustained period of no mood-altering substances.

REP. REBIMBAS (70TH): Thank you for your testimony and I -- you know I only wish that all those guidance counselors starting already in high school or even younger or career professional training institutes that are out there could really pass that information along so that people can truly make an informed decision as to whether or not they want to partake in cannabis as a recreation, knowing potentially what other impacts other than developmental but obviously economic in their future. So thank you so much for your testimony. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Thank you. Questions from others? Seeing none, thank you very much for your -- yes?

MAUREEN DINNAN: Thank you and I just -- quick -- very quickly, I just want to thank this Committee for looking at this so carefully. I want to commend you for thinking about the equity piece but as we go forward with this, let's look at the affect, the lost job opportunities that may come about because of cannabis use. We have so many great opportunities with our advanced manufacturing where one positive test will destroy your future. And again, with the interest of Judiciary Committee, let's bear in mind that the experience of other states has not lead to a disappearance in the black market. 80 percent of the sales in California are on the black market. Indeed there's a Boston Globe
piece dated February 2 of this year, 80 percent of the current sales in Massachusetts are in the black market. So let's weigh this carefully and not overlook the huge social cost. We may be righting one terrible injustice, but are we creating more issues for us, for our young people and for our society going forward. So thank you very much and thank you for listening to my testimony and the testimony before me today.

SENATOR WINFIELD (10TH): Thank you again. Have a great day. Next we'll hear from Karen O'Keefe.

KAREN O'KEEFE: Good afternoon. I'm Karen O'Keefe, and I am the director of state policies department at the Marijuana Policy Project and an attorney, and this is my colleague, Matt Simon also with MPP. I'm here to urge you to revise and pass SB 1085, which would stop criminalizing adults for using a substance that's far safer than alcohol and which about half of all Americans admit to having used.

Marijuana prohibition was born of misinformation and racism and it continues to be enforced unequally to this day. In Connecticut African Americans are about 3.3 times as likely to be arrested for cannabis as whites despite similar marijuana use rates. It is viable to the legalization of cannabis that it include robust provisions to repair harm that has been done by prohibition. This includes having one's scarlet letter removed so that -- and also the opportunity to thrive in the new industry.

Some revisions that I suggest first are the secure cultivation of a limited amount of plants be allowed. This would reduce the scope of continued criminalization and is only consistent since Connecticut allows home brewing of beer.
Second, I urge that cannabis be allowed, regardless of its source instead of only if it were obtained from Connecticut retailers, otherwise people will be interrogated about where they got their cannabis. If they can't prove that the cannabis they have was purchased in Connecticut, they will continue to be criminalized and it could lead only to more disproportionate enforcement of the law.

Third, I urge that the Committee reduce the penalty for procession of up to two times the procession limits so a person who may be inadvertently in procession of too much marijuana does not face potential jail time.

In addition there's a couple written suggestions I've made, the final I'll make orally is that erasure and resentencing be expanded. If at all possible I would urge that the erasure of past convictions for up to 1.5 ounces be automatic. I know it would be time intensive and difficult, but there will be tens of millions of dollars in tax revenue and I think it's worth the staff time to have somebody paid to go through and automatically call the records because those who most need expungement are those less likely to have the resources, ability and knowledge to go forward and do it themselves.

I also think it's important that there be opportunity for erasure and resentencing for people who possess more than 1.5 ounces. One possibility is what they're doing in Maryland's SB 771, which has not passed, which would be allowing for somebody to petition for erasure or resentencing and argue that it would be in the interest of justice and then the court would decide that given the past
disparities, marijuana law enforcement, and given the fact that marijuana would now be legal, whether it would be appropriate to wipe out those other conditions -- convictions for potentially sales and potentially cultivation. And then if they consider it on a case to case basis, if there were extenuating circumstances like other serious charges that were dropped, perhaps a few would not be erased but most should be.

I also wanted to respond to a couple of the comments made by other witnesses. First of all, this is only about adult use legalization. Teen use has not raised and not been increasing in any of the states that made marijuana legal for adults. In fact it has gone down in some states.

Second of all, workplace injuries are actually down in Colorado. The insurance rates for Worker's Comp have gone down year after year so that is not proving a problem. Next of course California and Massachusetts legal systems are almost brand-new. It takes a little bit of time to displace the entirety of the illicit market and it's almost completely done in Colorado. I'd happy -- be happy to take any questions. Thank you.

SENATOR WINFIELD (10TH): Thank you. Comments, questions from members of the Committee? Senator Flexer.

SENATOR FLEXER (29TH): Thank you, Mr. Chair. Good afternoon. Thank you for your testimony. I just wanted to ask a few questions with regard to what you said at the beginning of your testimony and I think it's outlined in -- somewhat in Section 4 of your written testimony about -- about the racial disparities and arrests and prosecution and you
mentioned briefly in your oral remarks about the -- the history. Could you talk a little bit about that?

KAREN O'KEEFE: Sure. So marijuana was initially prohibited in the United States based largely on a racism against Mexican immigrants, and then also based on racism against African Americans. The first marijuana prohibitions are -- who lead -- spearheaded the push for federal prohibition was Harry Anslinger and made overt horribly racist statements time and again and Matt might actually recall some more specifics, but it was based on racism.

MATT SIMON: There are a lot of specifics. Google Harry Anslinger and you'll find that he was a drug czar for about 30 years until the 60s.

SENATOR FLEXER (29TH): Can you spell that last name for me?


SENATOR FLEXER (29TH): I'm sorry, I -- I'm far away from you.

MATT SIMON: A-N-S-L-I-N-G-E-R.

SENATOR FLEXER (29TH): Okay, thank you very much. And can you talk a little bit more about again what is -- oh it's here, the name is in your testimony. I see it now, I apologize.

KAREN O'KEEFE: No worries.

SENATOR FLEXER (29TH): Can you just talk a little bit more about the disparities and arrests and prosecution?
KAREN O'KEEFE: Sure. So here in Connecticut the ACLU looked at government data and it found as of 2010 that African Americans were 3.3 times as likely to be arrested. Michelle Alexander wrote an excellent book called, the New Jim Crow, and it looks at every single step of the process. Harassing searches, arrests, prosecution, sentencing. African Americans are treated far worse than whites. Unfortunately there's not as much data on Latinos and some other people of color but some -- there's been research done and it's also a problem with other states as well. It's been a tool, whether it's been intentional and some cases we know overtly it has been intentional racism, or a subconscious bias, in Michelle Alexander's book she wrote about how prosecutors sometimes that there will be a white defendant they might sympathize with them more and think, oh they just have a rough time where they might assume the worst with African American defendant. The results are staggering and well documented in her book.

SENATOR FLEXER (29TH): Thank you. And can you talk a little bit about how the -- the racism that's built into our policy around marijuana, how that ties into some of the myths and misconceptions that we have about marijuana in our society.

KAREN O'KEEFE: Yeah, so --

MATT SIMON: Sure. So cannabis, the scientific name for the plant is cannabis. It was widely available in the United States as a medicine prior to the 1930s and when it became prohibited and was rebranded as marijuana, people largely forgot about that history. All of the references and the medical textbook and the pharm Wikipedia were removed and
the history of cannabis as a positive substance and something used as medicine was largely forgotten. Medical schools stopped teaching about it. It went down the memory hole of history. And instead we call it marijuana, we've associated it as a society with -- with Mexican immigrants and when first -- newspapers for many years would run article after article of about a Mexican or a black person who consumed marijuana and did something violent or did something crazy and this lead to a very skewed perception of what the plant is. A lot of people didn't realize that marijuana was even the same thing as the cannabis that they might have been able to purchase at a pharmacy.

SENATOR FLEXER (29TH): Thank you. Thank you for that. And then some of the -- the medical history that you're describing, is that in the citations in your written testimony?

KAREN O'KEEFE: I don't -- yeah, I don't think I said -- we have a lot on our website under mpp.org and then there's a medical section. And if you'd like I can send you directly; we have numerous studies on all the medical indications that medical cannabis can help with. And one interesting thing with adult use legalization is that most people who can benefit from medical marijuana are not enrolled in existing state medical marijuana programs. About half of all people who use cannabis say they use it at least partly for medical reasons and so that's about 6 percent of all Americans who are using marijuana medicinally. And in most medical marijuana programs it's 0.5 to 1 percent of the state's population enrolled. So it's missing people even when it's illegal that are using for anxiety, insomnia or they might not have a physician at all.
Some people who are low income might just go the ER or to clinics and so they're shut out of this program. And so by allowing adult use marijuana, it allows a lot of people that are actually using it for medical purposes as well.

SENATOR FLEXER (29TH): Okay, thank you. Thank you, Mr. Chair


REP. AUTHOR O'NEILL (69TH): Last year or whatever the last time we had a hearing on this, we had a conversation -- I did, with a person who started -- who talked somewhat about the history of marijuana. And so I -- after that, cause the reference -- and it was late in the hearing and -- and we were all kind of tired and at least I wanted to go home; was to the Mexican-American War being the beginning of the problem and that's where the Mexican immigrants started coming into the United States. And I don't consider myself a historian but I do read a lot of history and the Mexican-American War of course was in the 1840s and so I think eventually what I figured out was that the person meant to say the Mexican Civil War of 1910-1920, which would have perhaps lead to some immigration into the United States and that therefore was how it all came about.

But that did prompt me to do some research to try and figure things out and one of the things that I discovered was there was an extensive system of prohibitions of marijuana and heavy regulation of marijuana back in the 18 -- starting in the 1840s and 50s and it continued into the 1890s, different states started it at one time or another. And there was a fairly substantial network of state laws that
preceeded the federal government getting involved in the prohibition of marijuana.

And so I -- I guess I feel it's somewhat misleading to suggest that marijuana was perfectly available in the same way that tobacco was or some other substances prior to 1937. I mean it's not like this came out of the clear blue sky and this one individual just decided to promote this from what I can tell. Although it is an amazing story of how one middle bureaucratic was able to tilt the entire world sort to speak around a particular issue that-- that he decided to make it federal policy. And so can you correct me? Am I wrong about my understanding about how marijuana-- certainly prior to maybe 1850, marijuana was -- or cannabis or hemp or whatever you want to give the name for the substance, was freely available? There weren't too many regulations of almost anything prior to the Civil War era. But then subsequently a fairly steady regime of restriction and prohibition began to develop at the state level. So am I accurate in that sort of general summary of how the thing developed?

MATT SIMON: Representative, I'm also not a historian so I'm not going to be the final authority on whether or not you're accurate. I think there are a few different histories here. There was a plant called hemp that everybody knew you could grow and make rope and paper and you could eat it. There was a plant called marijuana that Mexicans were bringing up from Mexico and smoking and it was called marijuana. And there was a plant called cannabis that you could go into a pharmacy from
roughly the 1850s to the 1930s and purchase it, and it was called cannabis usually. A lot of people didn't realize that those three plants were all the same plant, which is cannabis Teva grown in different ways for different purposes. So it's -- there are three different histories arguably around those three plants.

We spend most of our time talking about recent history and I think that's where the emphasis should be, but an understanding that these laws were not necessarily based on science. And in fact the American Medical Association opposed passage of the Marijuana Tax Act in 1937 because they said that it was not causing addiction, the cannabis being bought at dispensaries was -- or at pharmacies was not causing problems, so.

KAREN O'KEEFE: I read a very good book that was documenting the Marijuana Conviction that goes through the history state by state. And yes, it is accurate that some states outright prohibited marijuana medicinally or with regulation prior to state prohibition but in 1910 or so I think the California and a number of other states went first. So is the case and that history was also based on racism. It wasn't personal racism until 1937, that was federal US wide de facto prohibition which was technically a tax act, but yes, it did happen at the state level and was largely at that point fueled by bias against Mexican immigrants, and I recommend that book if you're interested in more info on it.

REP. AUTHUR O'NEILL (69TH): Yeah, because -- I mean the -- the earlier hearing that we had left me totally confused because prior to 1845 at least it seemed, the immigration between Mexico and United
States was US people pouring into what later became the state of Texas. And in fact Mexico encouraging people to settle because there was nobody living there and they wanted the territory -- the government apparently encouraged migration from the US into Mexico so the flow as the other way sort to speak. So that's why I was puzzled about how this could be an effort to react to Mexican immigration into the United States when it was all going -- had been going the other way for about 10 or 20 years before -- before say 1845 or so.

Now I guess -- you know I haven't spent as much time trying to understand -- I mean I've read a little bit about, and I can never remember his name; the fellow who was like the architect of the federal policy on this score. And I -- I never really understood therefore what his motivation was. But I -- see, I think it's important because you know we're going to talk about this to get as many of the facts out as possible about why this happened. I mean there was for example a -- a lot of regulation of a lot of substances you know, cocaine being taken out of Coca Cola early -- you know the Food and Drug Administration coming into existence because there were lots of things being sold all over the country and so the Feds started getting into the business of regulating stuff.

And we kind of conceded to the federal government, at least I think we did, a long time ago in the -- really pre-World War I era, the idea that they were the arbiters of what should or shouldn't be in commerce across the country and from the standpoint of cosmetics and drugs and that sort of thing. I mean that was -- that's my impression of what the general sense was. They decided whether drugs were
efficacious or dangerous and they would be making those kinds of decisions. And it got stronger and stronger as time went by until recently when it seems to be again, a reversal of flow in that sense. That the states are going to be making these decisions even though we don't have a science of where we fall most of the time to figure things like this out.

So one of my problems with the Bill -- and any effort at legalization and that sort of thing is, they are still saying -- it's on schedule -- is it 1 or 2, I can never -- No therapeutic benefits whatsoever and I absolutely agree, that totally contradicts the idea that they got a whole bunch of things where they say THC in fact has therapeutic benefits and an aerosol form and stuff like that you can get. And what's the name of the -- there's a specific drug -- [crosstalk] yeah, the oil that's right. The one with the oil. So -- but it -- but it still, it's the federal government, they're the ones that kind of had contrived to them the authority to make this kind of decision about these -- about drugs in general and -- and I think we'd all agree that whatever else marijuana or cannabis is, it's a type of drug. It's not a non-drug. I mean it does have some sort of psychoactive effects and that sort of thing.

So you know I get -- I get that states are doing it. I'm not crazy about the idea that that's the way we've chosen to go on this particular one, and I do have a concern that it will proliferate into other areas of regulation of things where the states go on one by one basis to say we're going -- this is going -- you know oxycontin is going to be illegal in California but it's going to be legal in Utah or
other things you know like that, that we're going to just break down whole national system and drug regulation kind of going this route. But as long as it's us -- it's scheduled by the Feds is not -- having no therapeutic value and they say it's supposed to be illegal and unavailable; you know how does that square with the national system of regulating drugs? And if we -- you know, for the states to do that. And like I say, I understand many other states are but we're here, we're trying to make this decision.

KAREN O'KEEFE: So you know I suppose that's maybe more of a question for medical marijuana, but states have had medical marijuana programs since 1996. The federal government interestingly, even though it scheduled marijuana as schedule 1, that was a Congressional decision, Congress has also included a rider in its budget every year since 2015 saying that none of the funds appropriated to the DOJ can be used to interfere with state medical marijuana programs. So obviously it's not ideal. We would love to have the federal law be in sync and allow state laws that would be a lot simpler. States didn't have to decide the list of pesticides, but I would say just because the federal government that is doing something that's wasteful and destructive and immoral, there's no reason to mirror that at the state level. 99 percent of all cannabis arrests are at the state level. We've had six years now since the first states made marijuana legal for adult use. The sky hasn't fallen, the federal government isn't intervening and the fact the federal government is considering -- President Trump actually said he would sign the State's Act, which would remove
federal penalties from anything that's legal for marijuana at a state level.

So this is a little different from drugs that we're talking about that are medications or alcohol. Our tradition in this county is to allow the states to have pretty broad authority. There's of course the ATF, but there's also a very large of authority granted to the state, so I'd say it would be a mistake to continue this course of action that hasn't worked and is being so destructive when we -- when the state can make another choice.

REP. AUTHUR O'NEILL (69TH): With respect to the -- I mean to me this always seemed to be a balancing act. There are going to be more people who are going to smoke marijuana or consume cannabis in whatever delivery system they use. They're going to be consuming it before -- when it's illegal. When something is illegal it does have a -- an effect of discouraging people from consumption. That seems to be the history of alcohol. When we had prohibition, alcohol use went way down. Now we had another fact of you know gun battles between rival gangs in the streets of Chicago and New York and so forth. We had people drinking bathtub gin because they couldn't get stuff that at least had some basic monitoring of how it was being done.

So on the one hand we have marijuana out there where it could be laced with Fentanyl, you don't know. You get a batch of badly contaminated marijuana, that's how you get killed, not from smoking marijuana itself. On the other hand you're going to have much more of a use, higher use rate. And we're seeing this in the states that have legalized. You're getting more people smoking marijuana. You
have more impaired driving and that sort of thing
and we're trying to bal -- in my mind, trying to
balance the bad effects of the one versus the bad
effects of the other.

And in your research or you know, what you've done
and you're doing what is -- what's the balance in
the act in those states that you mentioned it's been
about six years in terms of increased traffic
fatalities, people having you know the proliferation
to youth that may not have been happening before
because nobody could legally buy it except for the
medical stuff. Do you show any indication at all
that there are negative consequences or am I just
imagining there are going to be -- there's going to
be a downside? There may be a smaller downside than
the upside that you're talking about, but is -- is
there a downside and how big is it based on what you
know?

KAREN O'KEEFE: So the data has not shown a downside
in terms of traffic fatalities. I know a lot of
people have suggested and tried to make it sound
like the studies are saying that but in fact there
was a study that was published in the American
Journal of Public Health that found similar crash --
when you compared legal -- the data from
legalization states to similar like situated stated
that had not legalized marijuana there was no
statistically significant increase.

In addition the Department of Transportation in
Colorado published information in 2017 and they
found that there were actually fewer cases causing
crashes with serious injuries where they suspected
drugs or alcohol impairment since legalization, so
if you look at impaired driving crashes as a whole,
it's actually down in Colorado. You know, if marijuana is substituted for alcohol, which causes tens of thousands of deaths in the United States every year, that's a health benefit. If it's being substituted for prescription drugs or even from over-the-counter drugs that can cause liver problems and other serious health problems, that's a benefit.

Each group that we've seen the most increase in marijuana use is age 65 and up. There's a lot of older Americans that aren't going to go find cannabis or even use a medical programs sometimes that -- you know, I live in California. We have a very broad medical marijuana program where anybody can qualify but I know a number of older people that never tried it. There was stigma associated that they're not finding that it relieves some of their pain. Some use it topically. A lot fewer people are actually smoking it now because when it's illegal that’s the common method of abuse but when it's legal you have regulated products, people can use you know, they have a tested product, they can use edibles, they can use tinctures, they can use solves. So we haven't seen -- there were a couple of things that needed to be tweaked like first -- when marijuana was first legal in Colorado they didn't do a great job at regulating edibles. There was some flashy packaging that maybe appealed to minors or was hard to differentiate between products that were no marijuana infused so they've changed that.

And there's certainly things that you can learn from and tweak, but as a whole you know like I said, workplace injuries are down. Teen marijuana use is not up, it's actually down in Colorado. Graduation rates are up in Colorado. Workplace injuries --
might have already said that -- are down. I mean traffic fatalities as a whole nationwide, unfortunately they're climbing. Maybe because of better economy, lower gas prices, and other factors, impaired driving. But I'm not able to point to anything that's causally linked to marijuana that's been a problem in five years and there are a lot of benefits that can be shown.

REP. AUTHUR O'NEILL (69TH): Okay. One last thing. It's a comment, not a question is that we also spend a lot of time here discussing gun control legislation and if you look at the history of gun control legislation it appears that it started out in southern states with a very strong racial component. And you know, that unfortunately may be the history of a lot of legislation that got started in the 19th century or early 20th century. You know it's just a -- a fact of life of a nation or society that was there and is still there to some extent, but you know it -- and in fact gun control legislation may have a disproportionate impact just as much as marijuana legislation has.

So I mean there are things that you know you can say there's a racial aspect to it, but that doesn't necessarily mean that people are going to stop at that point so we should ignore this thing or not -- or should undo everything that may be traceable in some way or another to a -- has a racial history to it. We should be aware of it, I agree to that, but I really think we should you know think about -- I mean this is not the only reason or the only legislation I guess that has you know, that kind of a history to it.
MATT SIMON: Right. I would just say certainly the ancient history is much less of a reason to us for including a strong equity provision in trying to address those harms than the recent history of millions of people being arrested and put in the criminal justice system and those people being disproportionately people of color.

REP. AUTHUR O'NEILL (69TH): Okay. Thank you, thank you, Mr. Chairman.


REP. PALM (36TH): Thank you, Mr. Chair. Thank you both very much for your testimony and for bringing up the social justice issues of this Bill, which I think we're all grappling with. There's no question in my mind that the roots of the war on drugs under Reagan were completely racist and that's been proven and the disproportionate sentencing of crack cocaine over powder cocaine which is perceived as a white issue versus a black issue.

What I would love to hear from you is any suggestions you have or thoughts on how any legislation could work toward ensuring that the equity piece is included. That -- that while for years Liggett Meyers and big largely white owned firms have been gobbling up land so they can you know raise marijuana and grow it from when the time it does become legal. How do we prevent corporate America from benefiting from -- from a practice which young predominantly men, but people of color have been suffering from for years? Do you have any thoughts on that?
KAREN O'KEEFE: Yeah, so this is a little bit more on the party of the General Law Committee and we've spoken on that Bill and I'd be happy to share that as well. And our friends from QRCTR are here and I'm sure -- I know that they have a lot of wonderful ideas as well. So one thing that's in the General Law Bill, 7370 -- HB 7371 is a provision that equity applicants, people that are from communities that have been disproportionately harmed by the war on drugs or who they themselves have had marijuana convictions get a head start so that they for example right now it says, can apply and be licensed 30 days -- 30 -- I'm sorry, three months before any other applicant.

There's also language to ensure that people who get licenses, if they're not equity applicants, have to invest in -- reinvest and empower communities of color, making sure that a significant amount of the financial revenue which is also not in the Committee's purview, but making sure that a lot of that or all of it goes to communities that have been hard hit by the war on drugs be it investment in schools, low interest loans. You know financing is going to be a problem for equity applicants, people who have been oppressed for centuries, it's the history of this country, don't have as much financial resources so making sure that there's provisions to assist with loans or easier opportunity to get financing will certainly be important. Having people who are on the commission that are themselves, have a focus on social justice and civil rights will be important. Making sure that there's not onerous burdens on applications and application fees that only the people that have the
deepest pockets and the most connections can get an application will be very important as well.

And looking at what is being done in other states. Unfortunately none have really done a great job at it, so it's kind of a what went wrong in other states when they tried to address it. And this of course on this Bill, the expungement and resentencing making sure that people with past convictions have opportunity to own businesses and take part in businesses in the legal regulated market is very important. Right now HB 7371 says that a person cannot be denied an opportunity for a misdemeanor infraction for drugs. We think that should include a felony, but maybe if they broken the marijuana regulation law itself and sold to minors or something. Yeah, I'm sure QRCT has a lot more specifics as well.

REP. PALM (36TH): Thank you for your very detailed and well thought out responses.


REP. REBIMBAS (70TH): Thank you, Mr. Chairman and good afternoon. Thank you for your responses here today. I just had a few followups. As I look through your testimony I notice that there is a Washington D.C. address and I do see that you have the tag, so I don't want to presume anything but you're a lobbying firm.

KAREN O'KEEFE: We're a nationwide nonprofit that has about 30,000 donors so we're a nonprofit, yes. Not a lobbying firm.

REP. REBIMBAS (70TH): Okay. And the gentleman had a tag.
MATT SIMON: I'm a registered lobbyist in Connecticut -- I mean New Hampshire. In house.

REP. REBIMBAS (70TH): With a nonprofit organization, is that what you mean by inhouse?

KAREN O'KEEFE: Correct.

REP. REBIMBAS (70TH): Okay. So nonprofit organization with a lobbying component; is that correct?

MATT SIMON: Correct.

KAREN O'KEEFE: Yep.

REP. REBIMBAS (70TH): And what is your membership?

KAREN O'KEEFE: I think we have about 50,000 people that like us on Facebook, 120,000 email subscribers, 30,000 donors. Some of them are libertarian, some of them focus on social justice, some of them are from a patient perspective. It's just people that some of them like marijuana, some of them just hate the war on marijuana, some come from a patient perspective; just all kinds of people that want to see the laws change.

REP. REBIMBAS (70TH): So not a formal membership, just as you had indicated likes on Facebook, social media kind of things, people who have contact with your organization?

KAREN O'KEEFE: I forget what our technical definition of a member is; it's either somebody who donated $5.00 or $20.00 a year gets to vote for one of the board members. So it depends on what you consider a member but I think technically by the bylaws it's based on a certain contribution.
REP. REBIMBAS (70TH): Thank you. And how are you funded?

KAREN O'KEEFE: Just individual donors. Some of them give us $5.00 a month from their Social Security checks, some can give a lot more.

REP. REBIMBAS (70TH): And what is your mission and purpose?

KAREN O'KEEFE: To end marijuana prohibition and replace it with thoughtful regulation and also to have compassionate medical cannabis programs.

REP. REBIMBAS (70TH): Are you familiar with the medical marijuana laws in the state of Connecticut?

KAREN O'KEEFE: Yep.

REP. REBIMBAS (70TH): And do you have any plans regarding those or any tweaks that you would propose of those?

KAREN O'KEEFE: Certainly. A lot of people think that it's the best medical marijuana in the state but I think most of them are not the patients unfortunately. I believe the laws are -- the costs are pretty high. There aren't that many places to cannabis. The qualifying conditions are the most restrictive in the country. It's one of the only states that doesn't have a general category for chronic pain which is one of things that people benefit the most from cannabis from. There are some you know, commendable aspects of it but I think for a lot of patients it's too expensive and out of reach. I understand there's some revisions that are being considered, which would be helpful to lower the cost to patients to allow people to get access right away.
I think that there also is not reciprocity right now and so if somebody's you know parents live here and they're coming home for the holidays they couldn't bring their medicine with them so there are a lot of things that could be improved.

MATT SIMO: There also are many patients who feel strongly they should be able to grow their own plants in Connecticut as they are in other states.

REP. REBIMBAS (70TH): And that was kind of the point I was -- I was going to be going to but I do believe in your earlier testimony you had indicated that by having legalization of marijuana it would allow additional people, even for medical purposes to be -- to have it more available to them and obviously you just sited that one of the reasons is the cost factor. And currently under the proposal we have it would be -- it would not allow homegrown; is that correct?

KAREN O'KEEFE: Correct. The other Bill in General Law would have study that would report back by the first day of 2020, but yes, it would not include it from day one.

REP. REBIMBAS (70TH): Do you believe that the cost factors even with the regulated system that is being currently proposed in the state of Connecticut would none the less still have a black market in the state of Connecticut for those who would not be able to afford it?

KAREN O'KEEFE: I guess it depends if there's enough supply. If you don't have enough growers then who's going to meet the demand? You will have a continued illicit market. If you don't have enough places where marijuana is sold, if most towns prohibit it
and you don't allow delivery, then that will increase the duration and the size of the illicit market. In Colorado it is almost eliminated at this point but there's a little bit of kind of gray market. They had a very large amount of medial marijuana that could be grown at home and there is a little bit of diversion from that, but I think it will eventually be almost nonexistent as with alcohol. I know we don't see a lot of people brewing beer and selling it to other people illicitly. But if it's well done, has a lot of access, then the prices should plummet because most of the cost of marijuana is due to legality.

But for a person who is seriously -- I know some people can't even afford their bills, so for them it's important for them to be allowed to cultivate their own because even if the prices plummet they can't afford anything in some cases just about.

REP. REBIMBAS (70TH): Did you just say that you believe the black market in Colorado -- Colorado is almost eliminated.

KAREN O'KEEFE: Well it's interesting. So the issue is a lot of people focus on exports from Colorado to other states. So we've got 41 states with prohibition and those -- that demand will be served by something. So there is some export out of Colorado. But people buying and using marijuana within Colorado, it's almost all from the regulated stores.

MATT SIMON: There was actually a report commissioned and published last year by the Department of Revenue in Colorado and it found that -- the results from the study indicate that the illicit market for resident and visitor marijuana
has been largely if not entirely absorbed into the legal market where it's regulated and taxed for the protection of public health and safety. It took them several years to get to that point but they believe that most Coloradans are either growing their own or buying it from a licensed system.

What we have seen happen is people who are criminally minded might buy an entire house and think well cannabis is legal in Colorado so I can grow this house full of plants and I can ship it to Connecticut where I can sell it for $400.00 an ounce rather than -- it's very difficult for the illicit market to just cut their prices in half. I often hear that drug dealers will just reduce their prices, that can produce it, whatever. That to me makes about as much sense as saying that Montgomery and Wards and Sears have nothing to fear from lower prices of Wal-Mart. They'll be fine, they can just cut their prices. Really there's a lot of economics here. It's not cost effective for them to be trying to compete with licensed businesses that are allowed to grow cannabis. When we're paying -- when people are buying cannabis on the illicit market, they're almost -- almost all of the price that they're paying is for the risks that people are taking. Somebody is committing a felony to grow the plant. Somebody is committing a felony to transport it. Somebody is committing a felony to sell it and the cost reflects those risks.

REP. REBIMBAS (70TH): Would you agree that someone with a criminal mind that you just indicated and a financial incentive to be growing it and selling it across state lines, which would be highly risky and obviously federal prosecution in that regard; then wouldn't it be the same thing that an individual
with a criminal mind and a financial incentive would also then sell within the state at a lower cost than actually purchasing marijuana that's regulated?

MATT SIMON: Well I think the incentives are vaped into the actual price points. If cannabis at the retail store is $450.00 an ounce, that's going to be an opportunity for anybody who wants to sell for less. If the price point is $200.00 an ounce it's going to be economically silly to try and sell in that state when you can simply export it to another state. So I think that's -- that's what we've seen and it took a long time to get stores open in Colorado. Many towns opted out. A lot of people would have to drive an hour or two to even get to a retail store. So you're not going to eliminate the illicit market that way but now that access is nearly universal across the state and now that prices have fallen significantly despite a significant tax rate, it's really a supply/demand issue and now that cannabis is available at reasonable prices in dispensaries, people are showing that they would prefer to buy from -- from retail stores getting a product that's tested, that's labeled, contains -- you know you know exactly what you're getting as opposed to buying a bag of green plant matter. It seems to be working.

REP. REBIMBAS (70TH): And I appreciate your testimony because I don't want anyone to think that the black market is eliminated in any way, shape or form as a result of the legalization of marijuana and I guess my concern would be you also did highlight obviously those who are selling it outside of the state but I guess that would potentially be a new business that might happen in the state of
Connecticut for those states that haven't legalized it.

One of the questions that I have for you and I believe in your testimony you had indicated that yes, this proposal is not for children. And I do quote, because obviously you know there's children and adult definitions based on the ages whether that's 18 and other circumstances it's 21. We had earlier testimony from medical physicians who had indicated that the brain development really kind of plateaus at the age of 25. Would you support raising the age to 25?

KAREN O'KEEFE: No. What I think the best way to deal with that is having adults making an informed decision for themselves. They can do all kinds of things that are not particularly healthy be it drink alcohol, eat a lot of Twinkies, not exercise. So we support language that's in HB 7371 that would have a detailed warning that would give people scientifically accurate information about the risks of cannabis, whether it’s the developing brain, pregnancy, if there's any additional risk of psychosis to at-risk people, the risk of driving under the influence, and then by making sure that that information is available to consumer, then they'll have it. And also of course 14 percent or so of Connecticut are already using marijuana so we don't want to think that somehow they won't be using marijuana if it's not allowed under Connecticut law. And not very far away from Massachusetts, pretty soon we might be surrounded on all sides by other legal states. So it's not like there's just not marijuana use if it's not legal.
REP. REBIMBAS (70TH): Your statistic that you sited regarding marijuana use in Connecticut; does that include medical marijuana or illegal marijuana?

KAREN O'KEEFE: All marijuana.

REP. REBIMBAS (70TH): Okay. So that includes medical?

KAREN O'KEEFE: Yeah, but it's a small percent. I'd have to check the numbers but it's 0.5 to 1 percent of people in Connecticut that are using it medicinally so it's another 12 percent or so, and that's the people that admit it on survey. Some people probably don't want to admit to something that's a federal crime and a state crime.

REP. REBIMBAS (70TH): And I probably concur with that, especially when you try to determine what the black market really is; no one is going to raise their hand and say well I'm part of that black market in that regard. Would you be in support of lowering the age from 21 to 18?

KAREN O'KEEFE: MPP so far supports treating marijuana similarly to alcohol so we think for people under the age 21 it makes sense to have a civil penalty so that they don't end up incarcerated, so that -- and I think that's already the case under the decriminalization law that passed here in Connecticut. But for now, our -- you know we don't necessarily have a firm position but all of the Bills that we've drafted so far have the same age as alcohol in -- in Canada they also mirror the age of alcohol and there it's 18 in some providences and 19 in others.

REP. REBIMBAS (70TH): Now do you actually acknowledge the fact that cannabis can be additive
and also have then developmental issues for those under the age of 25.

KAREN O'KEEFE: I'm not sure I would use the word addictive. It certainly has the possibility to cause dependence. I have a friend whose a nurse and she said if she had somebody come in for surgery and they're alcoholics, she needs to know because they can die from withdrawal from alcohol. So while there is some dependence with cannabis and there's some withdrawal for some people, it's less intense in terms of severity in terms of the percent of people and in terms of you know the withdrawal symptoms. It's not something that's -- that's deadly that we see the same kind -- the same type of addiction you see with heroine, with opiates and things like that, but dependence is possible.

In terms of the developing brain, you know I think it's important like I said that there's warnings that are scientifically accurate about that. Some of the information is mixed. There certainly have been some studies. There was just one out of JAMA Psychology, that's the Journal of American Medical Association that said cannabis exposure in adults and young adults is not associated with any significant long-term detrimental effects on cognitive performance. But the more frequently somebody uses marijuana when they're young there does seem to be some added risk and we certainly don't think young people, other than if they're in a medical program, should be using cannabis either way. But I think that letting people know what the accurate information is will be very important so they can make their own decision for adults.
REP. REBIMBAS (70TH): Now does your organization do any type of educational information regarding the detriments of cannabis or solely in favor of?

KAREN O'KEEFE: We had a campaign after Colorado made marijuana legal called Consume Responsibility. Its focus was on not driving under the influence and it was also on the need to keep edibles and other food products and things like that away from young - any children. And the state of Colorado ended up adopting almost the same thing. We also support having some of the funding from cannabis regulation and taxation be used on education to let people know about the potential harms, both young people and adults, the importance of not driving under the influence. You know we have a pretty limited so we mostly support and work to stop the criminalization of people but we certainly support including an accurate education and do so ourselves sometimes.

REP. REBIMBAS (70TH): And I generally appreciate your testimony here today. And I know earlier -- it's been already said many times, different studies they -- obviously there's different factors that go into it. There's outside factors that may have been considered or not considered and I know that even in the studies in siting statistics regarding motor vehicle accident in Colorado I know you were also very careful in your testimony in saying non-fatal accidents versus you know, lesser injuries that are not fatal, regarding increases and decreases and things of that nature so I just wanted to clarify just for those that obviously are following that some of these statistics, they may be accurate; it's just a matter of what they're actually looking at when it comes to motor vehicle accidents, fatalities versus minor injuries or no injuries, but yeah,
obviously motor vehicle accident. So I think again, I think it's been established that many of these different studies either have different factors or things that they're looking at and that's why there might be some conflicting information -- it seems conflicting, not that its conflicting. Thank you again for your testimony. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Are there others? Representative Dubitsky.

REP. DUBITSKY (47TH): Thank you, Mr. Chairman. I just wanted to follow up on a couple of things that you talked about. One thing you talked to Representative Rebimbas about the statistics for driving accidents and it sounded to me like you were saying that accidents are down and that illegal use is down; is that what you testified to?

KAREN O'KEEFE: No. So I sited two different pieces of information on the driving piece. One of them is that data from the Colorado Department of Transportation doesn’t support that there's an increase in all impaired driving into -- I'm sorry, all impaired driving related serious injuries since marijuana has been made legal. They had a report published in 2017 that showed the percent of cases where an officer suspected drugs or alcohol in a serious injury crash decreased slightly or remained stable after legalization. So in Colorado if you look at all impaired driving causing serious injury, and it's not gone up.

The other piece of information was a study from 2017 in the American Journal of Public Health and it looks at the crash fatality rate in Colorado and Washington compared to eight controlled sites between 2009 and 2015. They found that three years
after recreational marijuana legalization changes in motor vehicle crash fatality rates for Washington and Colorado were not statistically different from those in similar states without marijuana legalization.

REP. DUBITSKY (47TH): Okay. Those don't seem to the statistics that I would want to know. It sounds -- those -- those -- I would want to know are marijuana impaired driving rates up as opposed to all intoxicants. You know I don't -- it doesn't matter to me as a policymaker in Connecticut if once marijuana was legalized people switched from alcohol to marijuana and still has as many -- as many impaired driving situations. So I would want to know specifically about marijuana. I don't understand why you're siting something that doesn't relate to that.

MATT SIMON: I think the main concern would be relative to the number of fatalities and if people are substituting cannabis -- if legalization results in people using more cannabis but less alcohol, it seems to me that it would be that total number that would be of most interest.

With regard to the statistics I just want to mention that the main report that we hear sited that sounds very alarming, that makes it sounds like there are a ton of marijuana related fatalities in Colorado, it's from the Rocky Mountain High Intensity Drug Trafficking Area. Most of the alarming statistics we hear come from that report and they use the term marijuana related in a way that most people find to be very misleading. So it doesn't mean that the person was in fault in the accident. It doesn't mean that the person was impaired at the time of the
crash. It simply means that marijuana was detected in their system and they were involved in the -- in a fatality. So that can -- if marijuana related fatalities go up, that could mean that marijuana caused the accidents to go up but it could also very easily mean that more people are simply testing positive for cannabis that isn't causing them impairment.

Notably with regard to that study, Rocky Mountain HIDA is funded through the Office of National Drug Control Policy and they're actually required by federal law to oppose the legalization of any schedule 1 substance. So when we ask, why would a federal agency be publishing reports that are deliberately mislead the -- John Hudak from the Brooking Institution has referred to as garbage, it's because they are required to by law. ONDCP is funding them and they're producing these reports that are misleading the people to believe the sky is falling when it's not.

This is an area of concern. There are some other studies, AAA and others who have published studies that it is a concern but it is not a concern on the level that if you read the executive summary of the Rocky Mountain HIDA Reports you would get a very misleading picture.

REP. DUBITSKY (47TH): Okay. But will you -- will you acknowledge that marijuana related automobile accidents are up since legalization?

KAREN O'KEEFE: We don't really know that. They haven't kept good records. The problems is, I've heard the analogy. It's like if you go fishing one day and you use a fishing rod and you go back the next day and you use a net and you catch more fish
the next day it doesn't mean there's more fish, you just changed your methods of casting. So the problem is that both Colorado and Washington State did not have good baseline data and there's also the problem that there's no magic number. Like with alcohol if you have 0.08 BAC you can be reasonably confident that the person's impaired or that they recently used alcohol. The same is just not true of cannabis. A person can -- it's a number that they set in Washington State for a per say, which means you're guilty even if you can't prove impairment. DUI limit is 5 ng/ml. There are people that use CBD at night, slept, were not impaired at all the next morning and were at 15 ng/ml. So first of all, the fact that they have more people who are at 5 ng/ml or I think in Colorado it's just if you have any detectable cannabis in your system, which you could have used a day, a week, a month ago even, does not mean more people are driving impaired.

And then as I understand it, in some of the states initially they would stop testing a person -- you know if they found alcohol they wouldn't bother to test for marijuana because they've got the conviction for driving under the influence, why waste the dollars for the additional test? And then once it was legal there was much more interest in getting that data so they started testing more people, which I'm talking about with the fishing pole versus the net and there were some other methodological changes as well. I believe there was also just not consistent testing of people who were involved in fatal accidents. Some of it's not even reported in some localities. I talked to somebody from the Colorado Department of Transportation for a while, so there really is not very good data so we
don't know. And even if we knew there were more people with marijuana in their system, which is what -- was indicated, but like I said it doesn't mean that they tested everybody. They just tested some people and tested more people later than they had previously. That does not mean they were impaired, it just means they had it in their system, so.

REP. DUBITSKY (47TH): Would you agree at least that there are credible, credible studies that indicate that in Colorado after legalization there was an increase in the number of marijuana related accidents?

KAREN O'KEEFE: I'm not sure because I think the marijuana related definition is based on if it's in your blood, which does not mean you used it within the last four hours. It doesn't mean you used it within the last day. It could be a week earlier. Another curious thing about THC unlike alcohol, so there have been studies where people abstained from marijuana for something like eight days and they started out and their blood levels would go down and sometimes they would go up again after they abstained from cannabis. So for -- there was another study that found if somebody exercised, even if they weren't using marijuana at the time, their THC levels could go up. So it's very tricky and the amount of THC in your system just does not -- it's different from person to person, it does not correlate with impairment.

REP. DUBITSKY (47TH): Okay. Would you agree then that it's impossible to tell based on that if somebody is impaired --?

KAREN O'KEEFE: No.
REP. DUBITSKY (47TH): -- when driving?

KAREN O'KEEFE: No, there are people convicted all the time of driving under the influence. Everything -- I know it's very easy to want to have something like a BAC test, but every other prescription drug, every other over-the-counter drug, every other recreational drug does not have a BAC test. There are trained Drug Recognition Experts in every state that do field sobriety tests and in court they present all the evidence. Did they smell like marijuana? Were their eyes bloodshot? How did they do with divided attention tests? I haven't taken the DRE training so I don't know exactly what they do but they exist and they do it and they get convictions and you could certainly have a blood test be one of many pieces of evidence and it could combined with all the other evidence be very persuasive in saying yes, this person was impaired and part of what we'd like to see, and I think it's in this Bill, is have additional funding for more DRE experts because Connecticut doesn't have enough. So for detecting people, whether they're under the influence of Ambien or you know oxycontin or anything else, it's important to have these trained experts. It's just -- there's not going to be a magic number, there's not going to be a breath test that works.

REP. DUBITSKY (47TH): Okay. Were you here earlier when the prosecutor was testifying?

MATT SIMON: I was.

REP. DUBITSKY (47TH): Okay. And you heard her testify that all those tests are voluntary, right?

MATT SIMON: I did hear that.
REP. DUBITSKY (47TH): Okay. Is it your position that they should be mandatory?

MATT SIMON: Seems reasonable to me.

REP. DUBITSKY (47TH): Okay. It sounded to me like most of the argument that you made or most of the statements you made were geared towards the medicinal benefits of marijuana. I'm wondering if the medicinal benefits are the most important thing why is -- why should we make it legal for recreation?

MATT SIMON: I wouldn't say that's the most important reason. I think the most important reason is the prohibition hasn't worked and the fact that it hasn't worked has resulted in terrible, unintended consequences. Americans use cannabis at a remarkably high rate relative to other nations and yet because we have no regulated system they spend tens of billions of dollars a year buying from the illicit market, that is not protecting kids. Drug dealers don't check IDs. They might sell much more dangerous substances. It's not protecting public health. Adults who buy cannabis from the illicit market don't know what they're getting in terms of potency and it can be covered with mold, pesticide, heavy metals. It could be 5 percent THC, could be 25 percent THC.

In my mind what we should be looking at is trying to create a culture of responsible use around cannabis. So with alcohol prohibition we've heard that use actually went down during the 1920s but the problematic nature of that use went up dramatically. People were using untested products and -- and there were public health ramifications that were terrible. So we believe that by restricting -- there are a
number of different policy considerations here. Certainly medical access is very important but cannabis is less harmful than alcohol. We believe that's subjectively true, and we think most people want to see it treated that way. Prohibition is never going to start working from our perspective. People are going to keep using cannabis so given that that's the fact, what is the best situation and we believe strongly that it would be a regulated system designed to protect public health and safety rather than leaving tens of billions of dollars going to the illicit market.

REP. DUBITSKY (47TH): How would legalization for recreational purposes reduce the amount of marijuana consumed by children?

MATT SIMON: So kids are already using quite a lot of marijuana and I'm not going to suggest that they'll stop after legalization. Certainly teen use skyrocketing was the biggest concern that I heard back in 2012 when this was being considered by Colorado and Washington and we argued at the time that having a regulated system, requiring somebody to be 21 to make the purchase would somewhat limit access to youth. Of course if they're able to get it at school then they're able to get it at school. Perhaps more important is having effective, evidence-based education campaigns, especially now in the era of smart phones. If you try to tell kids the things that we were told in the 80s when I was a kid, you know drug education was cracking an egg in a skillet. This is your brain on drugs, any questions? And then they cut to the next thing. They didn't stick around to answer our questions, so it was a scare campaign. It worked in the sense
that nobody was able to fact check it and it did scare a lot of us but today if you try to tell kids things that aren't true, they're able to fact check it very quickly on their smart phone. So we need to have youth education campaigns and public education campaigns that are credible and that's been the big shift that we've seen I think in Colorado and Washington and other states that have turned this page. Okay, we have to shift from trying to scare people into trying to educate people and helping them understand as we do with alcohol and tobacco; and we've cut tobacco use in half without having to arrest a single adult for his or her choice to smoke. We've gotten that message across to teens with alcohol and tobacco and we can -- we believe we can have better results, certain not a panacea but better results through a regulated system with some of the tax money going to evidence-based campaigns.

REP. DUBITSKY (47TH): Okay. So do I take that answer to mean that legalization will not reduce the use by children but an education program might?

MATT SIMON: Well access is nearly universal already. I mean 80 percent of high school students say marijuana is easy to get, roughly right on the same level of alcohol. So it's --

REP. DUBITSKY (47TH): I'm not talking --

MATT SIMON: So access is overrated.

REP. DUBITSKY (47TH): Okay. I'm not talking about access. I -- I said use.

KAREN O'KEEFE: I'm not prepared to predict that it will causally result in youth marijuana use reducing but if you look at the numbers, and I can assist you, we've pulled all of the data from the states
where marijuana is legal before and after and it's gone down in a lot of cases. Eighth graders in Washington it's down from 9.5 percent to 6.4 percent. Tenth graders 20 percent to 17.2 percent. Twelfth graders about the same. In Colorado it's gone down from 22 percent to 19.4 percent so it's possible. I wouldn't necessarily predict it. One thing on prohibition is that 44 percent of teenagers say they have a peer who sells marijuana at school. I think it's 0 or 1 percent that say they have a peer that sells alcohol at school.

I know for myself when I was a teenager it was very, very easy to get marijuana but it would be in very dangerous circumstances sometimes. And you know it is possible because there's just a ready illicit market now and that will -- if there is a good program that has enough supply, essentially disappear. It probably will be more difficult. Some people will get marijuana but it will probably be more difficult.

REP. DUBITSKY (47TH): Okay. You had talked about prices plummeting and that if it were legalized the price of marijuana would plummet.

KAREN O'KEEFE: That's true.

REP. DUBITSKY (47TH): Okay. When -- when prices plummet doesn't basic economics dictate that more people will use it?

KAREN O'KEEFE: Well we're not saying young people use it more. I know people are using it in place of more dangerous medications. That's not necessarily a bad thing. It's -- it's possible. Like I said, use is up on people of 65 up has increased in Colorado but that's not necessarily a problematic
thing. And then it also leads to the possibility of being able to tax it at a pretty hefty rate without the consumer having to pay more than they're paying other -- with them actually being able to pay less than they are into the illicit market.

REP. DUBITSKY (47TH): Okay. So let me ask you this. What does an ounce of marijuana cost in Connecticut now?

KAREN O'KEEFE: I think it's about $350-$400 last time I looked it up. That's usually what it is in prohibition states this far from the west.

REP. DUBITSKY (47TH): Okay. So $350-$400 an ounce and after legalization without taxes, what would you think the -- it would be?

KAREN O'KEEFE: I think it's about $150 including taxes in Colorado now so maybe a little over $100.

REP. DUBITSKY (47TH): Okay. So dropped about between two thirds to half, somewhere in that area?

KAREN O'KEEFE: Yeah. They had a robust medical program so the medical is already pretty cheap but from the illicit market, yes.

REP. DUBITSKY (47TH): Okay. And then on top of that, the state would add all kinds of taxes, right?

KAREN O'KEEFE: Yeah. And fees and you know there's the regulatory compliance fees that add costs too.

REP. DUBITSKY (47TH): Okay. Which would bring it back sort of close to where it is now, if not all the way up?

KAREN O'KEEFE: I mean it depends on the rules and the tax rate. It entirely depends on that.
REP. DUBITSKY (47TH): Okay.

KAREN O'KEEFE: And it's possible also that even if Connecticut doesn't legalize, I mean it's not an island. It's going to be surrounded on all sides probably by states where marijuana is legal so the illicit market prices eventually probably will plummet as supply you know, people can just get it from other states.

REP. DUBITSKY (47TH): So the illicit market will plummet but the regulated market will still be high?

KAREN O'KEEFE: No, they both should plummet. The reason I was saying that the illicit market might also plummet is because if the illicit market is obtained from neighboring states where it's legal then it's initially purchased in a legal market where it's already plummeted. That's why it will always be more expensive I think on the illicit market. If you have good enough supply. If you don't have enough supply then supply and demand, it's going to be very expensive. But if there's enough supply cultivated, the legal marijuana price should go down dramatically and it's possible that the illegal marijuana price will also go down if Connecticut waits because it's going to be surrounded by states where marijuana is legal and not very long.

REP. DUBITSKY (47TH): Okay. Hasn't it been the -- the result in Colorado that the legal marijuana is considerably more expensive than the illegal?

MATT SIMON: Definitely not.

REP. DUBITSKY (47TH): No? That -- that --
KAREN O'KEEFE: Colorado -- you're probably thinking of California and the problem there is very complicated. I can tell you about it if you want. Basically there was a very robust medical marijuana program that had no licensing and no regulations at the state level at all until adult use became legal. So unlike here, I mean there were hundreds of storefronts in LA that are illegal that weren't licensed by the state. And now those continue and do not have adult use licenses. So it's not a situation that other states are likely to experience because you actually have storefronts that are just not licensed and regulated because of the transition from that kind of gray area. Federal prohibition made everything much more complicated so states several years back were reluctant to license and tax marijuana businesses for medical purposes even and California just never did it. So it's just kind of growing pains.

In a few years, once they have enough regulated licensed supply, that won't be the case but it's still transitioning.

REP. DUBITSKY (47TH): Okay. Cause people have told me, people that are knowledgeable in the area that generally what they're seeing is that marijuana is still very expensive but things like heroine are very cheap. And people without a lot of money go to the -- the cheap high as opposed to the taxed high.

MATT SIMON: Yeah, those are the sorts of observations we tend to hear in the first year or two of a state having retail sales. Massachusetts is a good example. There are only 12 stores open to serve a huge population and the prices are somewhat higher than the current illicit prices. I think if
you come back in two years it will certainly be very
different as many more cultivators will be licenses,
many more retailers will be licensed. Colorado and
Washington are the two states to look at. They've
had licensed retailed sales for five years. They
both have tax rates much higher than Massachusetts
and I had that concern early on. I thought the
taxes might be such that it would be hard to
eliminate the illicit market and yet in Colorado and
in Washington, prices have fallen considerably and
are certainly lower than they were under prohibition
today.

REP. DUBITSKY (47TH): And what data do you use to
make that statement?

MATT SIMON: Just my knowledge of having checked the
prices many times over the course of several years
but we could --

KAREN O'KEEFE: There's a site called Price of Weed,
which is where I check the illicit market price and
then I just go on the website of various
dispensaries. We've toured -- I've toured
dispensaries and the retails stores in four or so of
the legal adult use type states and looked at the
prices.

REP. DUBITSKY (47TH): Is there any authoritative
source of any type? Because you know I -- I hear
you telling me this and I hear other people telling
me something else, and the basic facts that should
be easily available seem to be in dispute. So is
there is some authoritative source to go to for this
type of information?

MATT SIMON: Well most of these businesses have
menus online so if you want to go to Colorado there
are sites like Weedmaps is one. It would be really easy to check out five menus and see what the prices are. That's how we generally have done it. I know what they are in Massachusetts and that they're very high but.

KAREN O'KEEFE: Almost everything that I've testified to is on our website on mpp.org and then go to legalization and we have citations that have not originated from us of course, where we got all the data so you can check that. And if there's anything in particular like the fact that Colorado, illicit market sources are not cheaper than the regulated market then I'd be happy to pull up something for you.

REP. DUBITSKY (47TH): Okay. Now you had talked about equity applicants and it sounded to me like equity applicants were people who got preference in obtaining licenses, is that right?

KAREN O'KEEFE: That's correct. They would get to go first and they would have lower fees.

REP. DUBITSKY (47TH): Okay. And you mentioned that those would be people who had convictions for drug offenses.

KAREN O'KEEFE: Marijuana offenses, if -- the General Law Committee sounds like they plan on refining the definition with consultation from advocates including QRCT but right now it's defined as anyone from a community that was disproportionately impacted by the war on marijuana or someone who has experience growing marijuana or selling it, that piece we recommend be nixed. Or who has been convicted of marijuana charge.
REP. DUBITSKY (47TH): Okay. So somebody who is convicted of a drug offense and put in jail and from what you said, I think I heard you say convicted of selling marijuana to children?

KAREN O'KEEFE: No, not that one.

REP. DUBITSKY (47TH): I think -- I heard those words come out of your mouth.

KAREN O'KEEFE: I think I said except that maybe [laughing]. That's certainly what I meant to say.

REP. DUBITSKY (47TH): Okay. So somebody whose been in jail for a marijuana offense would have preference over somebody who hasn't?

KAREN O'KEEFE: Yeah, about half of all Americans admit to having used marijuana but only some people have had their lives devastated. Having a criminal conviction can make it very, very difficult to get a job and to get on with your life. Whereas people who haven't been convicted have gone on to be President or Supreme Court Justice, so it would give those people who have been so hurt by this policy an opportunity to make a living.

REP. DUBITSKY (47TH): Okay. I don't know if it just seems odd to me that you would give preference to felons over people who have not committed crimes.

KAREN O'KEEFE: So it's also anybody from the community that's been disproportionately impacted by a war on drugs but by making marijuana legal there's an acknowledgement that -- that it was not -- that it is not a good policy decision. So those people who have been so harmed by prohibition, you know a conviction can derail enough -- a couple of people, one person was going to be a teacher, one person was
going to be a lawyer and they got criminal convictions and they weren't able to pursue the career path they intended. So it would give people who have been derailed for something that so many Americans have done an opportunity to make a living first. Everybody could apply later; they just would get to go first.

REP. DUBITSKY (47TH): Okay. Thank you for your answers. I appreciate it. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Representative Fishbein.

REP. FISHBEIN (90TH): Thank you, Mr. Chairman. Good afternoon. You know I just want to stay focused on the law for a little bit. Are either one of you lawyers?

KAREN O'KEEFE: I am.

REP. FISHBEIN (90TH): Okay. So how do I put together this construct of a state passing a law that's in direct contravention to a federal law that under the US Constitution is supreme to the state law? How do I -- how do I work that out?

KAREN O'KEEFE: Are you -- are familiar with the NCAA case that came out about four months ago or so, where the Supreme Court ruled that the state -- federal government could not commandeering at the resources of a state and require them to prohibit something that's illegal under federal law, that it would be as offense as having Federal Marshalls in the halls of the state legislature to force New Jersey to criminalize sports gambling.

REP. FISHBEIN (90TH): I am aware, I am aware of it.

KAREN O'KEEFE: All right. So the Supreme Court is all right with it.
REP. FISHBEIN (90TH): Okay. So when did the Supreme Court say that a state can legalize marijuana in direct contravention to the federal law?

KAREN O'KEEFE: The Invictus in that decision --

REP. FISHBEIN (90TH): Okay.

KAREN O'KEEFE: The NCAA vs Murphy Decision they mention marijuana.

REP. FISHBEIN (90TH): Okay. But -- but there has been no majority decision of the US Supreme Court invalidating the Supremacy Clause in this area?

KAREN O'KEEFE: Well there have been -- it's not invalidating as I said. The Supreme Court has held that an analogous case, a state can absolutely legalize something that's federally illegal. In that case the federal government actually tried to criminalize it. Under USC 903, which is the Controlled Substances Act the federal government explicitly says that they do not preempt state controlled substances unless they're in direct conflict with the federal law. So, whereas as in the NCAA case the federal government had tried to affirmatively preempt into state law and was not allowed to do so. In the case of Controlled Substances Act the government has done the opposite. They have overtly said that they do not wish to preempt unless there's a direct conflict. That's why the state itself can't set up marijuana stores because that would be preempted. Then the state would be itself requiring its state workers to sell marijuana, which is federally illegal. So someone couldn't comply with both state and federal law.
But there have been a number of challenges, you know it's been 22 years since the first medical marijuana law was enacted, and there have been a number of unsuccessful preemption challenges that the Supreme Court never took up any of them because they didn't have merit.

REP. FISHBEIN (90TH): Well it wouldn't be --

KAREN O'KEEFE: They didn't have to take it up if they didn't have merit, but I don't think it had merit.

REP. FISHBEIN (90TH): Okay. Okay that's you're opinion. They didn't say it didn't have merit.

KAREN O'KEEFE: They didn't say it doesn't have merit but if you look at their other decisions I think that --

REP. FISHBEIN (90TH): Okay. So -- so if you believe that to be the present law through this dicta, which for those watching at home you know dicta is basically a comment by some jurist and an opinion as to perhaps a collateral matter that's being decided by the court, but not really to be relied upon that much. It's more like a comment. Why not just file a declaratory judgement action in the federal court? And then that would just solve this whole problem; why not just do that?

KAREN O'KEEFE: The courts generally are very reluctant to give advisory opinions. You certainly can try but usually they say they're not willing to give advisory opinions. And like I said, there have been many decisions on preemption, so we personally wouldn't want to waste our -- we have limited resources and we spend them trying to pass laws and we don't think it's necessary to ask the court a
question we feel we already have the answer to and that ten states have already made marijuana legal for adults, 32 have made it legal for medical use. There have been a number of attempts. The -- actually the former Governor of Arizona, Jan Brewer did precisely that. She said, I don't know if this law is preemptive or not, please tell me court. And the court was not very happy with her asking for declaratory judgement. Her suit was thrown out and now they have medical marijuana dispensaries in Arizona as a result.

REP. FISHBEIN (90TH): And when -- the procedure is when a suit gets thrown out, the legal term being dismissed; one can appeal that and you would appeal from the trial court to the Appellate Court and then to the US Supreme Court which would end you up right where you claim that they're of the opinion that the Supremacy Clause doesn't apply to this, right? That would put you right where you want to be.

KAREN O'KEEFE: Yeah, well I mean I think all of the decisions, the many decisions on the preemption issue are very well reasoned and if you think it's preempted then you might also think that Connecticut's existing medical marijuana law is preempted, so I would say it's no more preempted or no less preempted than medical marijuana and in fact it's not preempted. So I wouldn't think that should be a barrier to the state also making adult use marijuana legal.

REP. FISHBEIN (90TH): So it's my understanding in Connecticut that doctors cannot prescribe marijuana because it is preempted, and it is illegal under federal and that would impact upon their license to practice if they prescribe marijuana.
KAREN O'KEEFE: So it's not a preemption issue per say. Preemption is when the law itself is nullified because the federal law conflicting with it. In this case it's an issue of everybody who is selling marijuana, processing marijuana and doing anything with marijuana is in violation of federal law except for the tiny, tiny research exceptions.

So in the case of a physician is we don't want to require a risk averse to break federal law. So individual dispensary owners might be willing to break federal law which isn't enforced, but if you require physicians to do so their legal counsel gets skittish and they say, don't make these recommendations and then no doctor -- or prescriptions, and then no doctors participate and then the program fails. So we think why have doctors be required to break federal law. And also there's a big difference between prosecuting and removing a DEA license. So the DEA gives every physician or -- D -- you know physicians apply for a DEA license to prescribe controlled substances and they can pull that license. So it's possible the DEA could pull a license of a doctor that chose to break federal law by prescribing marijuana and then they couldn't prescribe any other condition -- prescriptions, then they would have no livelihood in many cases. So we wouldn't want to set that up. That's very different preemption. Preemption means the state law itself in the battle, not some doctors not willing to take a risk.

REP. FISHBEIN (90TH): And certainly a portion of this problem is that at least currently marijuana is on the schedule 1 of narcotics and that means that the federal government has determined that it has no medical qualities.
KAREN O'KEEFE: Yes, it has made that determination and the DEA Administrative Law Judge said it was an arbitrary and capricious decision, but a political appointee overruled him and courts upheld his ability to overrule so, yeah.

REP. FISHBEIN (90TH): So administrative law judge is a judge and that once again can be challenged through the system. That determination was overruled and that overruling could have been challenged from there?

KAREN O'KEEFE: I believe people exhausted all their appeals in that case and then subsequent rescheduling petitions.

REP. FISHBEIN (90TH): So has there been any move to get it off of schedule -- just understanding that --

KAREN O'KEEFE: Minimally.

REP. FISHBEIN (90TH): -- cocaine is on schedule 2, so the federal government at least views marijuana as being more harmful than cocaine.

KAREN O'KEEFE: Yeah so what happened is in 1970 Congress set up a scheduling system and they scheduled marijuana in schedule 1 with the idea that the Attorney General, and it provides in the Controlled Substances Act, that the Attorney General reschedule marijuana. The Nixon Administration commissioned a study headed by Raymond Schafer who was then the Governor, Republican Governor of Pennsylvania and they did an exhausted review of research and they recommended that marijuana no longer be criminalized, that it be decriminalized. Unfortunately Nixon buried the report and just doubled down on the war on drugs. So it was a political decision to schedule marijuana as schedule
1 drug and Congress has essentially tied the hands of people who would like to do the kind of research that would be necessary for approval. The DEA in hearing these rescheduling petitions put up a kind of convoluted, you need very large scale studies of certain type for it to be rescheduled instead of just saying the questions that have medical value and so forth. They -- they put together a five-point formula and unfortunately the only marijuana that can be used for research now is from the University of Mississippi, needs federal approval, the people in charge of giving federal approval have a mandate to prove -- to look into drug abuse, not to promote medical research. And so in short it's been -- it's virtually impossible to do the type of large scale studies that would be necessary to reschedule marijuana through a DEA rescheduling petition and that's why it is stuck in a schedule it does not belong in.

REP. FISHBEIN (90TH): It's certainly currently under federal law, one who is addicted to or habitual user of a class 2 narcotic is prohibited from processing firearms.

KAREN O'KEEFE: And a class 1 as well.

REP. FISHBEIN (90TH): Well yes, we get to class 1 which is even -- even stronger and I think it's the 9th circuit that one has ruled that one with a medical marijuana card is also precluded from processing firearms.

KAREN O'KEEFE: Not processing. It was -- they actually said that it was not procession so Rowan Williams is the medical marijuana patient and the ATF has a form that you have to check a box if you are unlawful user or addicted to controlled
substances and the firearms dealer is not allowed to sell to someone that they know is that. The ATF has issued a memo whereby they say that if you know a person is medical marijuana cardholder you cannot sell to them. So this medical marijuana patient sued and court and wanted to buy a firearm. They actually explicitly said in the court decision that while she could not purchase a firearm that did not mean she could not have stockpiled guns beforehand. Courts have interpreted that decision --

REP. FISHBEIN (90TH): Before she -- before she had the medical marijuana -- medical marijuana card.

KAREN O'KEEFE: Before she got the card. So there's a difference -- buying something is different than processing it cause the buying is where you've got this ATF form you have to check a box on. For processing it that statute has been interpreted in different ways and different circuits. It's been interpreted much more narrowly than one might assume. It talks about unlawful user but courts have said you have to be a user with some regularity. So basically if somebody just uses marijuana once in a while, chances are they wouldn't actually be convicted. And then there's of course the issue of federal priorities. I mean every medical marijuana user is breaking federal law -- or any adult -- anybody consuming marijuana is breaking federal law so it's just one more federal law that's broken if in fact they even were breaking the law if they meet the definition of regular use and so forth. And there were some medical marijuana patients in Oregon that sued to get a conceal to carry license from their local Sheriff. They won. Their names are public. They were not prosecuted by the federal government for illegally processing
guns. Basically we don't know of that happening ever.

REP. FISHBEIN (90TH): Yeah, but lack of -- lack of prosecution doesn't mean a crime wasn't committed. Same thing that's going on here. The federal government is not so much spending a lot of time on marijuana and you know I have no opinion as to that but that's -- that's the situation. I -- I still don't understand why one would not seek an opinion from the highest court in the land on this issue to get out of the Supremacy thing. You know that's my -- my biggest problem with this. How I, who took an oath to uphold the US and the Connecticut Constitutions can advocate for or even vote for a law that is directly in contravention to a federal law, which it appears that nobody wants to spend the time challenging. So you know I -- I have a significant problem with that.

KAREN O'KEEFE: Well respectfully the court almost laughed Governor Brewer out of court when she tried to get a judgement on that so I think other people might be hesitant to do the same thing. The Constitution, you know a lot of people don't think that the federal government should even have the power to prohibit intrastate marijuana procession. There's a reason that when alcohol was first prohibited it was done with a Constitutional Amendment. There was a time that it was thought that the federal government could only -- had more limited powers and intrastate commerce has been brought into law. There was a court decision where conservative justices found that intrastate medical marijuana procession shouldn't be allowed -- the federal government shouldn't be allowed to prohibit it because the federal government is a government of
limited powers and we're a country with dual solvency. So it's the Connecticut legislature that gets to make Connecticut law while the federal government gets to make federal law.

REP. FISHBEIN (90TH): So when you say intra, you're talking within the state?

KAREN O'KEEFE: Yes.

REP. FISHBEIN (90TH): So -- but the problem you have is Gonzalez vs. Raich I believe.

KAREN O'KEEFE: That's the decision I was referencing, yes.

REP. FISHBEIN (90TH): Yeah. Which is problematic to that position because that was in the state of California and the court did state that there was a violation of federal law and upheld that. So I would tend to agree with you but I've got once again the US Supreme Court that appears nobody wants to go to again that that case is out there, so.

KAREN O'KEEFE: But it doesn't say -- you know preemption is different -- there's a very different question of can the federal government prohibit it and does the state have to prohibit it? And even though the NCAA case was on sports gambling, all of the reasoning is completely on point to marijuana too.

REP. FISHBEIN (90TH): Yeah, but the difference being is that sports gambling is not on schedule 1.

KAREN O'KEEFE: But it's federally illegal. I mean it's --

REP. FISHBEIN (90TH): But it's not on schedule 1, so.
KAREN O'KEEFE: It's federally prohibited.

REP. FISHBEIN (90TH): But thank you, thank you Mr. Chairman.

SENATOR WINFIELD (10TH): Thank you. Representative Horn.

REP. HORN (64TH): Thank you, Mr. Chair and thank you for your -- your patience and staying with us through all of this. I had a question about having been someone whose job it was once upon a time to prosecute federal narcotics and in the course of my time there having prosecuting exactly one marijuana crime, my -- my experience is that we are clearly not for whatever reasons and they may be disparate reasons, we have reluctance to fully and uniformly enforce these laws which to me is an indication of -- of -- it leads to the obvious consequences which you have pointed out earlier in your testimony about desperate enforcement but it's basically just bad -- it's not a good law. If we're not willing to really follow it through to its you know, full conclusion it leaves itself to all kinds of -- of unpleasant capricious enforcements. And I wondered whether you had any -- any comment on that aspect of it?

KAREN O'KEEFE: Yeah, that's certainly the case. And also 50 percent of Americans admit that they use marijuana and 600,000 or so people are cited or arrested every year for it. So that's still a significant number of people but the fact that it's so unequal and that it's something you can't effectively enforce. I mean the courts would be ridiculously overwhelmed if they tried to process every single person that uses marijuana. The federal government itself has not been prosecuting anybody for selling or distributing or processing
marijuana in accordance with well regulated state adult use laws. There was a memo that issued under Obama's Department of Justice that Sessions did not agree with but now the new Attorney General Barr appears to agree with. Trump himself has said that he would sign the state back, which would remove federal penalties from state legal conduct. So it's not being enforced at the level in practice. It's being inconsistently enforced at the state level. We've seen some cases -- I'm not sure what the data is here in Connecticut but one troubling thing in Maryland was they criminalized up to 10 grams of marijuana but arrests, actual arrests of people of color was -- I think there was still thousands of people in Baltimore City. It was staggering racial disparity. It was a staggering number of people, so when you have infrequently arrest -- enforce law you do often end up with unequal enforcement and that's what we're seeing.

REP. HORN (64TH): Thank you. Thank you, Mr. Chair.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from other members of the Committee? Seeing none, thank you very much for your testimony. Representative Mushinsky.

REP. MUSHINSKY (85TH): Thank you, Mr. Chairman. Sorry I wasn't here. I was down at my colleague's funeral. I'm Representative Mary Mushinsky from Wallingford and with me is Craig Turner, our Director of Youth and Social Services and Ken Welch who is head of the Coalition for Wallingford and we're speaking on Senate Bill 1085, legalization. I do support Section 17, which decriminalizes small amounts and feel it's good to wipe the slate clean for young people so that they can have a successful
life and hope only that portion goes forward in the Committee.

I am concerned the effect of marijuana on young people. The National Institute on Drug Abuse has a whole series of medical reports summarized here which I will submit to the Committee, and just to go through it quickly the effect on -- especially on young brains that are still in formation, when there's acute exposure during intoxication there's impaired memory, short-term memory, judgement, cognitive functions, impaired coordination and balance. And then at high doses of cannabis psychosis which is an uncommon reaction. If there's persistent use there are impaired learning and coordination issues and sleep problems. And long-term use cumulative effects, there's potential for addiction, impairments of learning and memory and even some IQ loss, increased risk of other drug and alcohol use disorder and even increased risk of schizophrenia in people with a genetic vulnerability to it. So you need the two things together.

And that's all I will say cause I'm sharing my time with my colleagues, but in summary I would strongly support Section 17, the decriminalization but not the -- not the legalization unless you were only talking about over age 25, the age of brain development. Thank you, Committee members.

CRAIG TURNER: Good afternoon. My name is Craig Turner, Director of Youth and Social Services for the Town of Wallingford and my -- I'll be reading a letter that's actually from the Mayor of Wallingford, the Honorable William W. Dixon, Jr. He has asked me to read this to you on his behalf.
To the General Law Committee, Co-Chairs, Michael D'Agostino -- I'm sorry, John Fonfara and the Judiciary Committee, Co-Chairs Gary Winfield and Steven Stafstrom. This is regarding testimony for both House Bill 7371 and Senate Bill 1085.

Dear Committee and Committee Members - This testimony addresses proposed Bills, House Bill 7371 and Senate Bill 1085 concerning the retail sale of cannabis. The community of Wallingford is opposed to this legislation. We are not opposed to the potential use of cannabis. We are opposed to the use of cannabis prior to conducted thorough research, clinical studies to determine the safety of its use for both medicinal and/or recreational purposes. This year, 2019 the US Department of Health and Human Services is spending $750 million to identify substances other than opioids as alternatives for treatment of pain. Should we not advocate that marijuana be a part of the same testing program prior to approving its use. At the very least the Connecticut Health Department should be identifying for our state what benefits and risks accompany the use of cannabis.

SENATOR WINFIELD (10TH): One second. How long is your letter?

CRAIG TURNER: One more paragraph.

SENATOR WINFIELD (10TH): Good.

CRAIG TURNER: Thank you. Failure to perform science-driven tests and analysis make us vulnerable to repeating the error of permitting long-term opioid use without appropriate testing. As a result we now experience an epidemic of addiction. The primacy of public health and the protocols of
scientific testing should receive our attention and prioritization. Thank you. Sincerely, William W. Dixon, Jr, Mayor Town of Wallingford.

SENATOR WINFIELD (10TH): Okay. Thank you both for your testimony. Were you going to testify too?

KEN WELCH: Give me 30 seconds?

SENATOR WINFIELD (10TH): You can have 30 seconds.

KEN WELCH: Again, my name is Ken Welch. I'm the President of the Coalition for Better Wallingford. We're a prevention -- community presentation group of volunteers in town. And I don't think enough can be said about the people in the states where this has already been legalized. The Attorney General from Colorado was very clear in October that -- that this has been a failed experiment in Colorado. I just listed to the testimony before us and it's hard to believe if a guy like that comes out and says, we need to rethink our position because we've lost control of this problem and we made a bad decision, we should be listening to these people. California, same thing. Washington, same thing. People in -- in -- in important positions are saying this is a bad idea and it's illegal. Families are in tough enough shape right now. I can't see giving them another problem. Thank you.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from members of the Committee?

REP. FISHBEIN (90TH): I heard in the beginning, Representative Mushinsky, you're in favor of legalization but only 25 and older and we heard testimony here this morning that given adult access to marijuana is going to more than likely increase
the use by children; is that of concern to you at all?

REP. MUSHINSKY (85TH): It is of concern to me. I actually do not want to pass legalization of marijuana, but I'm especially -- because I'm time limited I wanted to talk about the effect of marijuana on young brains.

REP. FISHBEIN (90TH): Okay.

REP. MUSHINSKY (85TH): And to get past the age of damage to young brains you have to get past 25 so If you're trying to protect young people, the legislature should at least start with age 25, but I would prefer not to legalize it all for many different reasons and I only get a short time here so I can't put them all in there.

REP. FISHBEIN (90TH): Okay. So let me ask you. What are the reasons why you would be against legalization?

REP. MUSHINSKY (85TH): Well first -- there is an issue with impaired driving that we don't have a good test for to determine impairment and it's fairly easy to determine impaired by alcohol by law enforcement but they -- they really can't for marijuana as yet. That could change in a few years but right now they don't seem to have a good way to tell when someone is impaired.

REP. FISHBEIN (90TH): Is there any other reason why you would not be in favor of legalization? Because we -- we did hear testimony also that one is impaired would fail a roadside sobriety test you know similar to you what you do for alcohol you know, doesn't necessarily have to be under the influence of marijuana but they're driving while
impaired which is illegal presently. So you could ascertain that. You couldn't ascertain whether or not it was potentially marijuana, heroine or alcohol without some sort of other test. So you could -- you could ascertain that.

REP. MUSHINSKY (85TH): Okay. Do the police tell you that? Because my understanding from them is that they would have a hard time.

REP. MUSHINSKY (85TH): It's one of the prosecutors, so.

REP. MUSHINSKY (85TH): From the police point of view, they're -- they have told me that they're going to have a hard time determining impairment so that's -- that's one concern.

REP. FISHBEIN (90TH): Impairment of marijuana as opposed to something else, I totally agree.

REP. MUSHINSKY (85TH): Right.

REP. FISHBEIN (90TH): In the -- the Bill you said you were in favor of 18 -- 1085 except for the age and I think --

REP. MUSHINSKY (85TH): No, no, no, no.

REP. FISHBEIN (90TH): Okay.

REP. MUSHINSKY (85TH): This is why I have to turn in the written testimony. The only part I support is Section 17, which is the section that decriminalizes a small amount or excuse me, erases the record for a small amount of procession. I think it was 1-1/2 ounces.

REP. FISHBEIN (90TH): Okay. So I think that would have been 21(a) 279(c). It would erase --
REP. MUSHINSKY (85TH): Erase your records.

REP. FISHBEIN (90TH): Looking for Section -- oh I see Section 17. So it would be all the 279s, a through c. So that's the only portion? Okay.

REP. MUSHINSKY (85TH): That's the only portion I support. Otherwise I think it's going to be more of a problem for public health, public safety. I can see some issues with daycare workers again who might be under the influence who have a responsibility for other people. I can see other pending community problems with legalization no matter what the age, but I'm especially concerned about young brain development up to age 25.

REP. FISHBEIN (90TH): Okay. Did you happen to notice that it would apparently allow smoking marijuana in correctional facilities? Did you notice that?

REP. MUSHINSKY (85TH): To get -- to state again, the only part of the Bill I like is Section 17.

REP. FISHBEIN (90TH): No, I'm just wondering if you noticed that, that's all.

REP. MUSHINSKY (85TH): Yeah, no, I -- I read through it quickly and 17 seems like a good approach to erase the records of kids who may have made a mistake once or twice and now they want to productive community members and this arrest is standing in their way, their criminal record is standing in their way of being a successful person and for that reason I -- and I don't know if my colleagues here agree with me on this because I didn't ask them, but for me personally I think it's important to give these kids a chance for a successful life.
REP. FISHBEIN (90TH): Okay. Mr. Welch, what do you think about the original record of the prior marijuana conviction?

KEN WELCH: I don't have a problem with that. I -- to some extent. I mean right now if the numbers that I'm hearing are correct, there are 49 people incarcerated in the state for this violation. I would venture to guess that most of them were dealers. I don't know for a fact. But somebody that's dealing is certainly put into a different category than somebody who has procession and it's personal use and I think it should be dealt with differently. I don't think you can just erase them uniformly. You need to take each case specifically and make a decision based on that.

REP. FISHBEIN (90TH): Well I'll just tell you that anybody that's been convicted in 21(a) 279(c) post October 1, 1994 is presently barred from having a pistol permit in Connecticut. So that would allow a lot of people to be able to protect themselves as well. So I thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Thank you. And just to -- one of the things being spoken about in the Public Safety Committee and Representative Fishbein, you may remember this. Testified that they had 12 officers who had sort of special training to do everything that we're talking about and they were supporting a Bill that didn't give them the funding, which is what I thought they should have been testifying to but looked to do the exact same thing they're doing, so according to the state police they do have the ability to do this. Are there questions or comments from other members of the Committee?
Seeing none, thank you very much. Next we'll hear from Tiffany Davidson.

TIFFANY DAVIDSON: Chairs and distinguished members of the Committee, my name is Tiffany Barnard Davidson. I live in Westport, Connecticut. I am testifying in response SB 1085. I do not support the Bill.

On December 9, 2018, my eyes were forever opened to marijuana addiction and its deleterious consequences. In the early evening of December 9, my then-17-year-old son, my only child, lay in my arms sobbing uncontrollably. I would soon learn that he was struggling with marijuana addiction. We took swift action and today I am able to report that my son has 103 days of clean time. But this, while a vital step, is only the tip of the iceberg. His road to recovery and my conviction to fight the legalization of recreational marijuana have just begun.

Please take a good look at me and know that this is not the last time you will see or hear from me or from him. I believe you have all received a video link to the testimony he gave at the mayor's press conference in Wallingford last weekend. My bright, enthusiastic, confident, and curious son became a shell of his former self in just six short months of vaping 97% THC oil. What started as recreational use with friends increased exponentially into daily use, multiple times a day, in his room, by himself, with plans to move on to hard drugs -- harder drugs. That was my son until the evening of December 9 when he had the remarkable self-awareness to see that his behavior was no different than that of a junkie shooting heroin in a back alley. And this, despite
the shameless snow job that big marijuana has propagated in this country and that he had internalized as truth that marijuana is not addictive, that marijuana is merely a harmless pleasure, that marijuana is not a gateway drug.

I stand here on behalf of my family and the countless number of families I have met in three short months whose lives have been upended by addiction. Many of those stories are far more tragic than mine, but dead youth can't speak and the parents of those children are often too traumatized. If YOU vote to legalize recreational marijuana you will have blood on your hands. You will be responsible for encouraging marijuana use and for the steady increase in use and addiction. You will be responsible for every family brought to its knees by this drug and by the drugs that follow once the high you get from marijuana is no longer high enough. You will be responsible for each and every injury and fatality due to driving under the influence of marijuana. You will be responsible for telling your children and grandchildren and your constituents and their children that you didn't perform due diligence, that you didn't listen to scientists or mental health professionals or police chiefs or emergency room workers or the parents of dead kids, or the parents of kids in recovery or the kids in recovery.

REP. STAFSTROM (129TH): Thank you.

TIFFANY DAVIDSON: That you didn't bother to take the time because you were so blinded by the shiny pennies that the lobbyists poured into your campaign coffers.

REP. STAFSTROM (129TH): Thank you, ma'am.
TIFFANY DAVIDSON: You will be no better than the legislators who let the opioid epidemic happen.

REP. STAFSTROM (129TH): Questions? Seeing none, thanks for being with us. Next up will be William Huhn.

WILLIAM HUHN: Mr. Chair and members of the Committee, my name is William Huhn. I'm a resident of Guilford and I'm speaking in opposition to Senate Bill 1085. I've been involved in prevention efforts in Guilford for the past 15 years as a volunteer. I have a daughter who got addicted to crack as a high school sophomore and our family went through the whole nightmare sort of thing that Tiffany was talking about, which is going on in our state and will continue to go on.

The testimony that I've submitted, the written testimony you have deals with some hard statistics and data that came out of the state of Colorado and probably got a market size and demand for marijuana in Colorado that was prepared by The Department of Revenue out there, okay? So it's based on sales in their -- of marijuana in the state and it's got both production and consumption data. It -- so it gives you an answer to a couple of questions I think I've heard you asking today.

The first question deals with, is there an increase in use following legalization? Now in Colorado in 2014 the state -- sales data was 131 metric tons. 2017 208 metric tons. So that's about a 60 percent increase in use in the state. The -- the survey data is gathered by a SAMHSA National Survey on Drug Use and Health. So that's one point for you to look at.
Second point is really a very significant downside and that's the increase in adult marijuana addiction in Colorado. Their -- their data shows that in 2014 they have 111,000 heavy users which is for people who are addicted; it's the people who are using every day in large quantities. 2017 that number moved up to 206,000 heavy users. So that's 94,000 people. These are adults. They didn't include any kids in this data because that would look pretty bad for the state so that's been left out of the report. So 94,000 additional adult people addicted.

The third set of data that I have in my -- in my document is -- is data on youth use, which there's again been quite a bit of talk about and the SAMHSA National Survey on Drug Use and Health does document that year by year by year and the ten states with the highest teen use in the town if legalized, the other two have medical marijuana, the ten states with the least use don't have any legalization and you can see Vermont, Oregon, Maine, Colorado; Colorado ranks number six. So if use has gone down in Colorado, they're still number six in the country. So there's something going on with legalization at least in more teen use.

REP. STAFSTROM (129TH): Thank you, sir. Other questions from the Committee? Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman and I just wanted to say thank you for your testimony. I just wanted to give you an opportunity, it sounds like you were finishing your thoughts regarding the teen use. Is there anything you wanted to add?

WILLIAM HUHN: It's just that I think it's kind of a slam dunk that there will be additional teen use and
the Committees and legislators should really accept that as being part of -- part of the whole deal. And that you are involved in a balancing of the benefits on the one hand and the benefits on the other hand or the costs on one hand and costs on the other hand, and that if you kid yourselves and say we're not going to have more teen use because we had it at age 21, that's just not a good way to look at this. You've got to look at the downside and weigh all of this and see where you come out. I come out opposed, don't do it, it's not worth it probably affected by what my family went through and what my daughter went through, but this is a really, really serious policy matter and I hope you guys all give it a fair shot and really weigh it. And if you think there's going to be more teen use, you figure out how do we stop that from happening and really go at it.

This drug stuff sucks. It's just terrible what it's done to our society. I'm 77. When I was 15-16 if somebody had told me that our country would be in this shape with substance abuse I would have thought that was science fiction, a nightmare that couldn't possibly happen ever. It really is an awful, awful, awful thing.

REP. REBIMBAS (70TH): I want to thank you for your testimony and unfortunately obviously convey our thoughts regarding the challenges that you -- that you have within your family as well. And I don't know if you were here earlier but we did have some very articular teens actually come and testify and said that they too felt that it was a wrong message that's being sent to -- to them, so I do appreciate your testimony. Thank you, Mr. Chairman.
REP. STAFSTROM (129TH): Thank you, and I want to just echo the remarks of the Ranking Member on this, which is I appreciate your testimony and I appreciate you coming before us. We may -- we may ultimately disagreeing on the right way to address and focus resources on drug addiction and how to address that -- that ill in our society. You know some of us believe that certainly that legalizing and regulating cannabis allows us to focus on other issues and the best way to go about it, others are not and we've seen that already today in this hearing but I want you to know that I -- you know I appreciate you coming to us. I appreciate you sitting here. I appreciate you sharing statistics and your story with us and most particularly I appreciate the tone and the tenor in which you are doing that and engaging this discussion especially after the last person who was before you so, [laughing] so thank you very much.

WILLIAM HUHN: I have just met her and my heart goes out to her. It's -- I can remember the early days and God, it's painful. It's just awful.

REP. STAFSTROM (129TH): Yeah, there's ways to engage in this discussion and there's ways not to engage in this discussion so I appreciate it, sir. Further questions from the Committee? Seeing none, thanks so much for being with us.

WILLIAM HUHN: You bet.

REP. STAFSTROM (129TH): Next on my list I have Zachary LaBelle. Zachary LaBelle? He went home. David Reynolds?

DAVID REYNOLDS: Mr. Chairman and Ranking Members and members of the Judiciary Committee, my name is
Deacon David Reynolds. I'm here speaking on behalf on the Connecticut Catholic Conference Public Affairs Committee, which is the Public Policy Officer of the Catholic Bishops in Connecticut. Today I'm here to oppose Senate Bill 1085 due to the negative impacts the Conference believes the legalization of marijuana would have on the residents of our state, including those under 21 years of age and younger. The need to raise state funds or the desire to respect individual freedom does not outweigh the negative impact the legalization of recreational marijuana will have on our society.

Our state and nation are currently fighting a major opioid problem which has destroyed many lives. The members of the Judiciary Committee must act to protect the common good and not open the doors for another drug-related epidemic to develop.

Many individuals and organizations as some here today will attempt to convince the Judiciary Committee that legalizing recreational marijuana will have little impact on society. This is blatantly untrue and the facts support it. More recently the fact came out just this week in the Lancet, a very well-respected British medical journal that stated that the increased odds of psychiatric -- psychotic disorder increased nearly five times if a person uses marijuana on a daily basis. This was a study done with over -- with data over three countries. So it's clear -- a clear, very solid study that if you use marijuana on a daily basis your chances of having a psychotic disorder increase by almost five-fold.
There are many other statements that were raised today and I won't repeat those but I would like to address a couple. One is one that wasn't mentioned is affects on unborn children. There are also studies that show cannabis, THC affects newborn children because it's passed on to the mother and unlike alcohol, when women can stop consuming alcohol when she's pregnant, THC remains in the fatty tissue of the body. So even after she may stop it for several weeks or months, it still would be within her system to pass on to the child.

Also as we heard very well put from Guilford students today, although SB 1085 makes the sell of marijuana illegal to those under 21 years of age, the adult community is sending a clear but incorrect message that it's not really harmful. If the adults can do it, I can do it. It's kind of like do what I say, but not what I do and we know how kids react to that.

Also, I'd like to address two issues brought up by the Marijuana Project that we saw earlier today by one the attorney. Once she reference Bill 7371, which is being heard in the General Law Committee, and she endorsed the label on that -- in that Bill and that label is mandatory and defined by the legislature and usually this is the type of label the FDA puts on medication. I'll wrap up.

REP. STAFSTROM (129TH): If you could just summarize, sure.

DAVID REYNOLDS: If you read that Bill there are seven instances that are required to be posted with the mediation. All of those are what you heard from that are opposed to this Bill today. Driving warnings, potential psychotic disorders, adverse
effects on young adults, effects on pregnant women. It goes on and on, so we ask that you consider. Thank you.

REP. STAFSTROM (129TH): Thank you. Questions from the Committee? Seeing none, thank you for being with us, sir. Next up will be Elizabeth Ott.

ELIZABETH OTT: Thank you, Mr. Chair and the members of the Committee. My name is Elizabeth Ott. I'm from Guilford. I oppose SB 1085. Other states that have legalize demonstrate that the black market sales don't -- and when a state legalizes the sale of retail marijuana. As referenced earlier the Boston Globe showed a study of the marijuana black market published last month and 75 percent -- or about three quarters of sales in both California and Massachusetts in 2019 are predicted to be black market sales. And although the percentages drop in the states that have been legal for a longer period of time, what is important to note is that overall use is up so those numbers don't actually reduce, it's just a matter of math. Excuse me.

The US Attorney for Colorado, Bob Troyer said in a 2018 Denver Post article Colorado's black market has actually exploded after commercialization. We have become a source state of operation for sophisticated international drug trafficking and money laundering organizations from Cuba, China, Mexico and elsewhere. The DEA reports that since 2014 there's been a noticeable increase in organized networks of sophisticated residential marijuana growth in Colorado that are orchestrated and operated by drug trafficking organizations and the Mayor of Colorado Springs said that Mexican cartels are no longer sending back marijuana to Colorado, they're now
growing it in Colorado and sending it back to Mexico and every place else.

And then just one additional thought after listening today that if the state tries to limit THC levels this is just going to also increase black market sales.

REP. STAFSTROM (129TH): Thank you. Questions from the Committee? Seeing none, thanks for being with us.

ELIZABETH OTT: Thank you.

REP. STAFSTROM (129TH): Next up is Representative Phipps. Representative.

REP. PHIPPS (100TH): Thank you, Chair and to the other Chairs, Ranking Members and to my fellow colleagues, thank you for giving me the opportunity to testify. Once again, I'm Representative Quinton Phipps of the 100th district in Middletown, Connecticut. I've said several times and will continue to say that I think when we have this platform we should make sure that we elevate the voice of others experience and experts by looking at life experience and live experience but also by data and knowledge from their field so I have Jason Ortiz of CURECT Political Director who I will gladly give up my time for.

JASON ORTIZ: Thank you Representative Phipps and the Chairs of the Judiciary Committee. My name is Jason Ortiz and I want to say thank you for taking up SB 1085, AN ACT CONCERNING LEGALIZATION OF RETAIL SALES AND POSSESSION OF CANNABIS. My name is Jason Ortiz. I serve as the Political Director for CURECT, a statewide grassroots organization that mobilizes communities of color toward equity in the
cannabis industry. I also serve as the Vice President of the Minority Cannabis Business Association, a National Trade Association of People of color interested in Entering the Cannabis industry. In addition to those qualifications I am a father, a Hartford resident, a Yukon graduate and someone who was arrested at 16 while I was in high school. So I wasn't one of those that we'll talk about as drug dealers or bad guys that got locked up but I was the person who was processing cannabis and had to enter the criminal justice system because of that simple thing. And so when I was actually arrested it started out as simple procession but it escalated to intent to sell to a minor because one of my friends who was with us was 15 and I was 16. So one of the things I want to address here on 1085, I do support the spirit of what we're doing here but it does not go far enough in addressing distribution and cultivation charges.

Right now in other Bills, 7371 we are legalizing the distribution and cultivation for cannabis for a small group of license holders but we are not decriminalizing it for everybody else. So what we're actually doing is creating a specific, highly profitable privilege to one very small group while still remaining and keeping things like mandatory minimums for everybody else. In the same legalization Bill this 1085, it does keep the punishment for the distribution at -- I mean it's very minimum at five years. And so for us if we're going to legalize this activity for corporations, we're going to legalize this activity for wealthy folks, there's no way we can remain having criminal penalties for the rest of Connecticut, so we want to see that extend all of the reductions in criminality
extend to distribution and cultivation and this should be for expungements. In this we see expungements only applied to 1.5 ounces or less. We want and we need to have those expungements apply to distribution and cultivation as well.

We want to have consistent laws throughout our country so we can have faith that our laws make sense and they are just. What we're doing right now is very much creating a special privilege for a very small group of people and the point of legalization should be to admit that criminalizing folks for this plant was wrong. We have seen that throughout the country, we've seen it throughout the world that the rest of the country is saying, that was a mistake and we have to do what we can to address it. And so I'd like to see the base of this extended.

REP. STAFSTROM (129TH): Thank you. Questions from the Committee? Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman and good afternoon. And thank you obviously for being here and testifying. I don't want you to feel like you're on the spot if you don't want to answer the next question but I was just curious as to your experience as you did indicate that obviously you had -- you had been arrested when you were younger for procession. Is that something -- was a diversionary program offered to you? Was it resolved outside of the courthouse? Again, please don't feel that you have to; I'm just curious to your experience.

JASON ORTIZ: Sure, absolutely. I'd love to expand on that. So when I was 16, we were actually smoking on the way to school and somebody called the school and said these are smoking on the way. As soon as I
stepped foot on campus security guards surrounded us and arrested us, right? So they didn't arrest us, the cops came later and arrested us. I was suspended for 45 school days and I was offered a number of programs that included upwards of 120 hours of community service that needed to be done only on Saturdays and youthful offender. I ended up violating that later because I missed some of the days volunteering for community service and it made it a much more complicated situation. We were able to get the intent to sell to a minor charge removed from that process, but it was expulsion from November to the end of February when I was in 11th grade. So if we're worried about addiction or making sure that young people aren't in situations where they may end up facing addiction, expelling people from the community or in prison or expulsion is a fast-track to having addiction issues cause the real root cause of addiction is the lack of community and feelings of isolation and that has been proven in many forms previous to this.

And so for me it is clear that the punishment did not fit the crime. When I went to our administrative hearing with my mother and there were all different folks and I could see the different lists of punishments whether it be fighting, procession of alcohol, everything on that list was less than a five day suspension for first offense other than cannabis. And so that's when I asked why is this particular charge so intense and that's where I learned the phrase, punitive punishment right? They wanted to make an example out of me so other folks are afraid to do it. And so from there I had three months to stay home and study things like the war on drugs, selected enforcement and
realized that there was a much bigger system of oppression in play here that I was getting swept up into. And so it did derail my life but I also learned from that experience that we have to change unjust laws because many unjust laws exist and that was also the beginning of me becoming an activist to make sure that other folks that are in high school or in that position don't have to suffer the same penalties cause while some schools, maybe in Guilford and other places don't see a lot of police activity in their schools here. In Hartford and Bridgeport and New London, there are a lot of police in our schools and there's a much higher rate of arrest for young people in those places than some of the more suburban communities. So the negative consequences of the law disproportionately impact suburban communities and I just happen to be one of those young people.

REP. REBIMBAS (70TH): And was that a public school system?

JASON ORTIZ: Yes.

REP. REBIMBAS (70TH): And what happened to the other individuals that were with you at the same time?

JASON ORTIZ: The other one that was 16 got the exact same charge. The 15-year-old only had a five day suspension and no -- no arrest.

REP. REBIMBAS (70TH): And do you know why they're, obviously suspension was much less than yours?

JASON ORTIZ: Cause he was a minor.

REP. REBIMBAS (70TH): Okay. So you were older at that time?
JASON ORTIZ: I was 16 and he was 15. It was actually two months after my 16th birthday.

REP. REBIMBAS (70TH): Okay. And certainly I commend you for taking that experience and obviously turning it around and not making something that was going to define you moving forward. We've had testimony regarding the age of brain development and things of that nature. Do you have an opinion regarding that?

JASON ORTIZ: I think we should have it as equal to alcohol and basically everything that we use when it comes to cannabis, policy is just making sure that we don't want young people to do it. The one thing that I am concerned about; I support the 21 age; however we are excluding all of college essentially, the 18 to 21 bracket and so that means folks that are in college can still suffer criminal penalties if we make the age 21 and I think that is something that does not make sense as far as removing folks from the educational environment in general for this particular situation. And so while pragmatically 21 makes sense, I am concerned we're going to see college students still suffering a lot of these problems and it has been historically a war on young people that get locked up the most and so I think 21 makes sense but I think we should do that understanding that we're leaving out all of college.

REP. REBIMBAS (70TH): And I guess I just want to take you to the point of brain development that according to the medical professionals, continues until the age of 25. It seems to plateau at the age of 25.

JASON ORTIZ: Sure.
REP. REBIMBAS (70TH): And I haven't heard any disagreement that cannabis does have an impact on brain development in the negative way. So in that regard there's been some discussion of raising the age to 25 opposed to the current 21 but I'm listening at least in your testimony, you'd like it to be lowered so that college students are disproportionately targeted when it comes to their use of recreational marijuana when we talk about the criminality aspect of it.

JASON ORTIZ: Correct.

REP. REBIMBAS (70TH): And I guess this is why we have these debates and these forums because then we have to look at that versus obviously the health benefits -- benefits or obviously negatives on individuals as well.

JASON ORTIZ: So I think you know the state of Connecticut as I understand it has designated 18 as the age of you're an adult, right? It's the age where you can start going to work or be in the military. It's the age that you can start buying cigarettes and I think we have to start treating adults like adults. If we're going to say that people have the ability to go and serve in our military but they can't make the right choice of what substance they want to put in their body after they come from going to war, I think that's a bit hypocritical as a society.

And one of the things we have to talk about is there are people that are currently enlisted and are Veterans that could lose their pension, lose their health status for procession of cannabis. And so if we're going to say that certain substances, we're going to base it on the scientific part of their
body we're really saying we don't think folks that are adults should be treated like adults. And I think that at its core has to be something that comes back to what age are we choosing? What age does the state of Connecticut think adults are ready to make their own decisions? And so at this point somewhere between 18 and 21 seems to be where we've fallen as a society but I think considering some of the other privileges and responsibilities that come at age 18, cannabis is a pretty low risk of those -- of that list.

REP. REBIMBAS (70TH): As you sit here today with all the knowledge that you have regarding cannabis, would you -- would you say that it's the same knowledge that you had regarding cannabis when you were first using at the age of 16?

JASON ORTIZ: No. Well when I was 16 I didn't have idea what the war on drugs even was because I hadn't experienced it yet. So I think at this point, not just the actual cannabis knowledge itself, but the knowledge of the government structures, how the war on drugs came to be, how it affects college students, how it affects the elderly, how it affects Veterans, all came out after I was forced into the criminal justice system.

REP. REBIMBAS (70TH): And how about the effects on ones body?

JASON ORTIZ: [Inaudible]?

REP. REBIMBAS (70TH): Certainly, on brain development. Were you aware of that at the age of 16?

JASON ORTIZ: No, I was not aware at the age of 16 cause education programs in our schools were things
like DARE that mostly had misinformation and so while I was aware that it was a drug and my mom actually worked in addiction services throughout her whole time as a public employee, I wasn't aware specifically that cannabis was less risky than a lot of other things that I was seeing adults use. And so I would say I was not really aware at 16 but that is in part because we at that point had decided we weren't going to trust youth with real knowledge and real information; we're just going to scare them, right? That was the whole point of punitive punishment. We're going to say, we're not going to tell you this is wrong on the merits of what you're doing. We're just going to say this is bad, the government is bad and you shouldn't do it because you're going to get punished. Where I think now we're actually having educated conversations and saying this is what cannabis can and will do to your body. This is what other things can and will do to your body. Just like we say, don't drink bleach, don't drink too much coffee, a bottle of alcohol can kill you if you drink too much of it. All of those pieces of information that our students should have and should get but at the time in early 2000s we weren't approaching it as rationally as we are now.

REP. REBIMBAS (70TH): Okay. Thank you for your testimony and I certainly would agree with you on the education component because then it would probably allow these individuals, although they're not adults, legal adults whether you claim that's at the age of 18 or age 21, but having the information might make a difference as to whether or not someone is going to choose to start using recreational drugs.
JASO ORTIZ: Yeah. I think a good example is tobacco. But we did have a switch between scare tactics for more concrete education and it's working.

REP. REBIMBAS (70TH): Thank you for your testimony. Thank you, Mr. Chair.

REP. STAFSTROM (129TH): Thank you. Further questions from the Committee? Senator McCrory.

SENATOR MCCRORY (2ND): Thank you, Mr. Chair. I was in my office and I heard the beginning of your testimony but getting here you referenced a question that I asked to the young people from Guilford High School who came down and did an excellent job testifying. I was extremely impressed. But one of the things I'm taking from that testimony and basically what I'm hearing you say today at the age of 16 you were arrested I believe. Was it a school incident?

JASON ORTIZ: Yep, high school.

SENATOR MCCRORY (2ND): So I asked all the young people that came up were they aware of any -- any students in their schools being arrested for cannabis procession or sale and they said no. Then I asked another group of students who came up who actually participate in a regional school program which means they were in close -- close proximity of other students and other communities and close to these areas, have they ever been arrested and they said, no. And they also said that there's a lot of consumption going on in their schools and in their communities but no one is being arrested. So can you speak a little bit as to the selected enforcement of this -- this product that we're
discussing today? Cause I want to talk -- I want to take this angle when we discuss whether we should decriminalize this or do whatever we want to do. I think we need to get to the root of causes of why this -- this product is illegal in the first place. So can you speak to that please and I'll follow with my next question.

JASON ORTIZ: Sure, I think any time you try to ban a substance that is prevalent throughout society there's just not enough resources to actually enforce that law. And I will say Nixon tried, right? He tried to use as many resources as he could to try to do that and we ended up with mass incarceration of black and brown people in prison. And so there was an attempt to do that but the -- the entire purpose was not public safety, right. And so President Nixon -- I'm actually going to read a quote from John Ehrlichman who was the advisor to Richard Nixon and makes it abundantly clear what the purpose was and so this is about cannabis prohibition. "We knew we couldn’t make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did." And that was John Ehrlichman and he was an advisor to Richard Nixon. So the purpose from the jump was to only criminalize certain communities, so he was very effective at that. That is why folks in Hartford, New Haven and New London have experienced the criminal justice system. And so it's really
easy to say a substance is harmful but we're not talking about the consequence of the illegality of that substance that is just as harmful.

I've experience much more guns in my life because police bring them into my life than I have any time I've ever interacted with marijuana. And so we're talking about real violence. People are getting their houses broken into and knocked down. People are getting shot cause it's the wrong apartment. There's all kinds of violence happening by our police and we see it night and night and different states have already seen, not only is it a waste of money but it is just creating a distrust of law enforcement. And the reason it's creating a distrust in law enforcement is because it's not everyone suffering the same consequences and so we've seen it over time. It's -- the intent has been racist; the impact definitely has been racist and thus the remedy needs to be explicitly anti-racist.

SENATOR MCCORORY (2ND): Thank you. So -- so you have clearly identified the intent of the criminalization of this product and who it was intended to criminalize and can you speak to even before President Nixon, was the intent before -- the DEA, was their intent, back in the 1930s after prohibition also the method that was used?

JASON ORTIZ: Yeah, absolutely. I mean Henry Anslinger that we talked about earlier in this forum is the person that really created the modern prohibition as you see it on cannabis and it was very clear that it had to do with making sure that Mexican Americans and African Americans did not feel equal to white folks and it is much more overtly
racist at time -- at that point and time but it was very clear that it was targeting certain communities then as the DEA and we saw it play out. Even just the use of the word marijuana was specifically the one to target Spanish-speaking folks in order to criminalize them but not others. There was lots of reasons to do that. While I think somebody said he was a midlevel official, he was the Chair -- the Chief Agent of the DEA but he wasn't a middle official. He was the guy that was running the entire country's drug program and he made it very clear that he did not want Latinos and African Americans to think they were as good as the white male. And he had said it in Congress, in testimony, in the highest house of order in our country that this was the purpose of it. And so if folks need anymore resources on that or anymore citations, I'm sure you can find them relatively easily but I'd be happy to follow up on that.

The intent of the war on drugs has been clear. What I think is unclear is the intent of 1085 if they're willing to actually undo the damage that has been done because one of the things we're missing is intent to sell is the most common aggravating charge that comes with regular procession. So if someone gets charged with regular procession but there are tons of folks that it then gets escalated to intent to sell for each just having two separate containers. And so if we're going to legalize it for some folks, we have to decriminalize it for everybody. Otherwise setting up a system where rich, wealthy, white corporations are going to be exclusively given the right to sell cannabis is white supremacy. There's no way around it. Who's actually going to own all of this and who's going to
continue to go to jail, it's really clear and so that's why I strongly encourage 1085 so if anything we legalize for the big folks, that should also be decriminalized for everybody else.

SENATOR MCCORRY (2ND): So my last comment -- you don't have to respond. So clearly it's quite evident to everyone today that we actually -- who are listening whether you're home or wherever, this racist in the beginning. That's clear. So what we have before us in Connecticut and before the country is a racist law that was intended to criminalize a certain population. So we have opportunity now to fix something that has destroyed communities, destroyed neighborhoods, destroyed families. We have opportunity to fix that. And also an opportunity if we move in that direction to make this legal to probably support those communities that have been marginalized since this war on cannabis to begin with. So I would think that everyone listening and all my colleagues will say, I'm sure they're against racist laws. I'm sure every American red-blooded American is against racist laws. I can't find anyone here that I know and I've been here 14 years that promotes racist laws.

So as we're here being educated by someone who was victimized at an early age and clearly heard that other people who are using the same product not being victimized at a early age, we have opportunity for remedy. So I thank you for educating everyone who is listening. I thank you for educating everyone who is going to read your testimony so in that case can do something that no other state is doing, even when they attempt to legalize; an opportunity to heal communities that have been victimized by racist
laws in America's life. Thank you for your testimony and thank you for educating everyone.

REP. STAFSTROM (129TH): Thank you. Further questions from the Committee? Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman. I thought I'd just -- wanted to correct. When the students came before us earlier they had indicated that they didn't have any knowledge as to whether or not individuals were arrested, not that individuals weren't arrested and I think one of the students actually had indicated that she knew of someone who had gotten into trouble, just didn't know what had happened thereafter so I just want to make that clear.

The other thing I think I'd like to also make clear is individuals who are opposed to the legislation before us is not because they are racist or would in any way, shape or form support what certainly has been described and accepted I would imagine to be legislation that at one time when was proposed may have been disproportionately used and used in racist ways. But again, just wanted to make clear that those that have testified before us from medical, professional or on behalf of their personal stories it's because they have experienced things or they have direct knowledge of medical conditions, public health, things of that nature that they are against legislation and the effects of legislation. In no way, shape or form would it be to be supporting the horrible issues that were originated with the proposal of these laws or the enforcement of these laws. Thank you, Mr. Chairman.

JASON ORTIZ: Can I respond to that?
REP. STAFSTROM (129TH): Sure.

JASON ORTIZ: So they may not be doing it knowingly, but they are supporting racist laws. And the laws are continuing right now, right. So it's not something that finished before and now the folks that are --

REP. STAFSTROM (129TH): I've got to stop you real quick. Folks, we've got to -- we've got to -- we're having a public hearing here. We've got to let the Representative ask questions and responses but I can't have clapping or comments from the audience, so go ahead and finish your thought.

[Silence] Um, there's a few other questions. Let's go on -- hold on. For -- let's get to folks who haven't had a chance to -- to ask questions for the first time. I think I had Representative Palm first followed by Senator Haskell.

REP. PALM (36TH): Just a quick comment. Thank you very much for your testimony and I know that in other Committees we are dealing with the equity issue but I want to thank you for bringing it up. I have four young adult sons, three of whom went to school in Hartford where they were the racial minority. One was in West Hartford. The disproportionate treatment of drugs in the two schools systems was remarkable. More upsetting to me was the reaction from my white peers to, your kids go to Hartford High. Aren't you terrified? No, ma'am I was not. They got a great education, they had great friends and in fact the drug use was less than what I saw in the suburbs. So I want to thank you for your testimony. I want you to know that some of us understand the roots of the laws and we care about it tremendously and it needs to be
factored into our decision when we go forward. Thank you.


SENATOR MCCRORY (2ND): I want to clarify my comments. At no point did I call anymore that serves on this Committee racist. I don't -- I would never say that about anyone, so I want to make that clear. I was referring to a law that's on the books, that were clearly racist, okay? And then I wanted to clarify my question to the young people. The response was, they didn't know anyone that was arrested. They did say someone in their school got in trouble. That made me believe that someone may have got suspended or something of that magnitude so when they said they got in trouble; I believe that's the -- the reference that the young lady was answering.

So there's a difference from being in trouble such as a suspension and being involved in the criminal justice system. That's the reason why I asked the -- the questions and I knew that response was what I was going to get. But thank you, Chairman for allowing me to reiterate my questions that I asked the young people and make it clear to everyone in this Committee that I would never call them -- I have no intents of calling anyone here racist. What I did say is that have learned that we have racist laws that were created back then and continue to trouble us today. Thank you again.

JASON ORTIZ: May I respond to any further questions here? May I respond to that?
REP. STAFSTROM (129TH): Representative hasn't had a chance to -- go ahead Representative.

REP. PHIPPS (100TH): And I think that's exactly how privilege works. Where you have benefits and assets and resources that you may not even be aware of. If you ask that question of, do you know anyone that has received punishment or jail; if you ask that in my barber shop where the clientele is 99 -- 90 percent people of color, I'm not trying to specifically African American, we would all say we knew someone who was arrested. If you went to my church, African American -- African Methodist Episcopal Zion Church, I would say 90 percent of our congregation would also say that we know someone that has been incarcerated or had some sort of impact with the judicial system and with the criminal justice system because of the war on drugs. If we went to many black and brown spaces we would all know someone. I would love to have that privilege with folks that look like me and for my nieces and nephews and for my -- my Godchildren that they would not know someone that was impacted by the war on drugs through the criminal justice system, but my folks won't have that privilege.

It's -- it's -- I would hope that we would change a law that we can clearly see it's had a despaired impact on black and brown communities and if we have the ability to do something different, that we would do so.

WILLIAM MOFFETT: Hi, my name is Will Moffett. I'm a Hartford resident. I'm here sort of in support of Bill 1085. I want to take it back to a point that was made earlier. I think it was Rep. Dillon, she's not here, about caffeine and cannabis. I consume moderate to high amounts of both daily. So I can say that they're more similar than you would think. Caffeine is far more addictive. On caffeine alone I've found myself in psychotic states, but not in cannabis. Drug addiction runs in my family. My parents were addicted to crack cocaine the day I was born so I got to see firsthand what actual drug addiction can do to a family, to a society.

The trauma that happened with it gave me perpetual anxiety, depression, issues that I was only able to deal with because of the use of cannabis. I'm in recovery from amphetamines. It has been around five years since I have taken any speed. I used to be a speed freak. I wouldn't have been able to quit without the use of cannabis. I am almost seven months in recovery from alcoholism. I would not have been able to do so without cannabis. But this is not about me because I can access cannabis whenever I want. I'm not part of the medical program, I just find a way. This isn't about finding a way. This is about social justice.

Possessing marijuana is not immoral. Selling marijuana is not immoral. Growing it is not immoral. I'm not saying there aren't potential health risks from this, particularly with children, but I feel a lot of this research is unintentionally biased because as we've seen throughout this day the war on drugs has been a failure. Decriminalization of marijuana is, has been and will be racist and classist in exploiting it. I don't care about what
the laws are. Someone who has seen the tremendous empathy that can be gained from the recreational or medicinal use of cannabis, it bothers my mind that a state which for so long looked the other way and I'm glad that now they're taking ownership; but looked the other way when a place like Perdue Pharmaceutical was able to sell drugs to kids.

We want to talk about the kids who are still being able to be prescribed amphetamines because there's a deep issue rooted in our society. I wish I had the answers to fix them but I feel like if we look at this issue and the reason why we're so hesitant is because it makes us realize a deep truth and accountability in the history of this state is a complicit one so don't lose track of that.


ALIYAH HENRY: Aliyah. Good afternoon Senator Winfield, Representative Stafstrom -- Stafstrom and members of the Judiciary Committee. My name is Aliyah Henry and I'm a Yukon School Social Work student and I also Chair Students Against Maximal Incarceration and I'm a lifelong resident of East Hartford. I'm here to testify before you on behalf of Senate Bill 1085, Senate Bill 1089 and House Bill 7372. I support marijuana legalization but I am in opposition of these Bills for the following reasons.

Laws criminalizing marijuana have left devastating impacts on my community as well as others throughout the state of Connecticut. Families have been torn apart and people have been struggling to find opportunities upon release due to these charges. Most of these communities share a common
denominator, they are black and brown. The criminal -- criminal -- criminalization of marijuana is an intentional attack on communities of color. If we want to ensure that this does not continue, we must incorporate equity into marijuana policy. It is only right that we repair the damage that was done once marijuana is legalized. Revenue generated by marijuana should be used first and foremost for expungements and community reinvestment. After being released from incarceration, people should be provided with job opportunities, housing and reparations.

Black and brown communities should be the first ones who are offered opportunities to engage in the retail sale of marijuana and benefit from marijuana taxation. Communities with the highest rates of incarceration based on marijuana charges should be given funds to build their schools, local businesses and other establishments. No one should be given any amount of jail time for illegal distribution of marijuana. This can be solved with a fine or a restorative justice method. If our goal is to decriminalize marijuana, then mandatory minimums should not be a part of this policy nor should over-policing.

In conclusion, these Bills do not fully encompass of these characteristics and must be modified to reflect this. This is a crucial step for our communities here in the state of Connecticut and we should prioritize change that is going to help them.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from the Committee? Senator McCrory.
SENATOR MCCRARY (2ND): Thank you for your testimony. Is this your first time testifying up here?

ALIYAH HENRY: Second time.

SENATOR MCCRARY (2ND): Okay, good. And what high school did you graduate from?

ALIYAH HENRY: From East Hartford High School.

SENATOR MCCRARY (2ND): Do you know anyone that you went to high school with who was arrested for cannabis procession or to sell when you were at East Hartford High School? In your community?

ALIYAH HENRY: Not from my school in particular but -- or not -- I didn't know anyone in particular but I'm sure that that's a possibility.

SENATOR MCCRARY (2ND): Okay. You're a social work study, right?

ALIYAH HENRY: Uh-huh.

SENATOR MCCRARY (2ND): During your social work studies did you find that the use of cannabis by all races are pretty much equal, equivalent that everyone does it at pretty much the same rate? Have you learned that in your studies?

ALIYAH HENRY: I have heard data that suggested that is the case.

SENATOR MCCRARY (2ND): Do you know the arrest rate for people of color or in particular black and brown people as opposed to our larger population?

ALIYAH HENRY: Yeah, I have heard data. I don't know the exact numbers but I know that there's a great -- there's a significant amount more of black
and brown people who are arrested for this -- these laws than white.

SENATOR MCCRORY (2ND): I want to thank you for your testimony and I also do believe and agree and I don't support this Bill as written also because I don't think it goes far enough to repair and heal those communities that are marginalized, so I thank you for your testimony.

ALIYAH HENRY: Thank you.

SENATOR WINFIELD (10TH): Thank you. Questions, comments? Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman. Good afternoon. Thank you for your testimony. I just wanted to take the opportunity to thank you as I did the other students who came up. I think your testimony was very articulate and very informative and I hope, seeing that this is your second time that you'll continue to come up and testify before the Committee. Thank you.

SENATOR WINFIELD (10TH): Others? All right. Well thank you very much for your testimony. Have a great afternoon.

ALIYAH HENRY: Thank you, you too.

SENATOR WINFIELD (10TH): Next we'll hear from Joe Lachance. Is Joe here? If not we'll hear from Julia Rubbo. No Julia. Aaron Romano.

AARON ROMANO: Good afternoon Chairs, Honorable Members of the Judiciary Committee. My name is Aaron Romano. I'm the attorney for Connecticut NORML Chapter. I've been a criminal defense attorney practicing for 20 years. I'm licensed to practice in Connecticut, the Virgin Islands and
Pennsylvania. Former prosecutor, former public defender. And I'm here to testify about NORML's position. NORML is the National Organization for Reform of Marijuana Laws. It's a lobbyist organization. It's been around since 1972. We're in favor of legalization and regulation for adult use but we're in opposition to this Bill. We feel as though this Bill does not go far enough in addressing the criminal justice issues. This Bill does not go far enough in terms of erasure of criminal records. This Bill does not go far enough in ensuring that there's reinvestment in the community and I submitted testimony in support thereof.

With my testimony I submitted a -- a study that I commissioned for a case that I had that was pending back in 2017 where I challenged, it's now on appeal, I challenged the constitutionality of Connecticut's cannabis prohibition laws the basis for which is that it was racial prejudicial. And I know that Jason Ortiz touched on the basis for federal prohibition and I'd like to link it if I can to Connecticut's prohibition.

So the quotes of Harry Anslinger and I know there were several folks from the Marijuana Policy Project that spoke about harry Anslinger and his -- his quest for marijuana prohibition or cannabis prohibition and we didn't really touch upon the specific things that he said before Congress so I just want to let some of these words resonate with you.

Cannabis or marijuana makes darkies think they're as good as white men. Marijuana makes black men look at white women twice and step on a white man's
shadow. The main reason we should outlaw marijuana is its effect on the degenerate races.

This was a gentleman if I -- I'm giving him a lot of credit to call him that, who instituted push forward cannabis prohibition. If we take a look at the context in which this was happening, this was in the 1930s where Jim Crow Laws were being passed, both in the south and in then nationally. This was designed to ensure that black folks did not have equal rights. This was a quest for Harry Anslinger to be sure that the white majority would retain its power. There were similar laws that were being passed in the south that prohibited black folks from being able to vote. One of the laws that I raise in my brief that's now in the Appellate court is the law in Alabama. In the 1920s it was drafted by legislators which said that one could not register to vote unless their grandfather was able to vote. Well if you were black and in Alabama, your grandfather was a slave at that point so that meant you could not vote.

The way the laws were being written at that time is that they weren't being written overtly or articulating a racist purpose, they were more insidious. They were designed to affect specific communities and ensure that those communities could not participate in civil life. Blacks and Mexicans were using cannabis. White people weren't. White people were using alcohol. Ten years before cannabis prohibition was passed there was alcohol prohibition. When white folks didn't want to be arrested for their alcohol, they were able to get a national amendment passed to overturn prohibition but the penalization of being black and brown was the law of the day and Harry Anslinger had no qualms
testifying before Congress and speaking those words and no one shot him down. No one shouted at him. No one told him to shut up, no one told him that what he was saying racist and to back down. Instead what they did was they passed the law, which ensured that black folks and Mexicans were going to be locked up for something that they were using recreationally. As long as it didn't affect the white community, it wasn't a concern.

I enclosed -- and I -- just to demonstrate, that was the purpose. What we see is the effect. And the study that I commissioned was by Dr. Gottman. I attached it to our testimony that we submitted. It's also a testimony that we submitted in our court case in the Superior Court, which is now pending in the Appellate Court. There was a survey that was done in Connecticut for arrest rates that dates back from 2015 back to 1995. Each police -- each police department has to report demographic arrest to the Department of Justice. All of that data is kept track of.

What we discovered was for possession and/or possession with intent to sell, blacks were arrested at a rate four times as high as white folks even though white folks use at a slightly higher rate. So what we see if we make this link is we see a racially prejudicial purpose in passing the law and we see its affect, its disproportionate effect so it achieved its purpose because once you're a convicted felon, there are all sorts of entitlements and opportunities to -- to otherwise participate in civic life that you were denied.

I want to make a very important link between Harry Anslinger and Connecticut's law because we focused
on federal legislation. So how does that relate to Connecticut, right. Well I did the research. In Health and Safety Committee in 1937 debated to uniform the Narcotic Drug Act, which was proposed by Harry Anslinger to be passed in the state which was cannabis prohibition. There was a Representative Burns who spoke in opposition of the Uniform Narcotics Drug Act. Representative Burns stated in pertinent part that she believed she was against the Uniform Narcotic Drug Act because it was merely an effort by Harry Anslinger to legislate state law. So there was a recognition even though that law was passed in the state of Connecticut, there was a recognition in the General Assembly at the time that that proposal, that law, the Uniform Narcotic Drug Act was sourced from Harry Anslinger. He was the drafter of that law and despite Harry Anslinger's racist -- continuing racist tirades the General Assembly passed cannabis prohibition.

What we have before you now, cannabis prohibition that is, is a dinosaur of a bygone era where white legislators passed the ProLaw.

SENATOR WINFIELD (10TH): Mr. Romano, the bell didn't ring but your three minutes are up. Representative Stafstrom.

REP. STAFSTROM (129TH): Thank you, Mr. Romano. I appreciate it and we've heard quite a bit of testimony already this morning on the history of this but as the hour is getting late I want to -- I want to get back to a little bit of what's in this Bill and the language of this Bill and what some of your concerns may or may not be. And I understand you know the process here is a little awkward cause we've got kind of three different Committees and
they've all got different cognoscente and kind of one of those tough things. But one of the things that's very clearly the purview of this Committee is the erasure of criminal records and you noted in your opening that you had some concerns about the language for erasure. And I've read through your written testimony and I don't see in there where you've proposed sort of how you feel we should deal with the erasure of - of possession charges in particular.

AARON ROMANO: So I think that the erasure proposal doesn't go far enough. As was stated by Jason Ortiz earlier, it's very common for charging decisions, while the charging decisions are made by the police and then the prosecutors just sign off on them. Jason Ortiz referenced scenarios where someone has two different containers and they're charged with possession with intent to sell. Even though they may have under a half ounce, which would be the decriminalized amount currently, but they're charged with a felony possession because they have two different containers.

So there are people who have convictions, cannabis related convictions that extend into possession with intent and cultivation as well. We hope that any Bill that's passed will permit cultivation. So if cultivation then is permitted, cultivation should be erased as a criminal conviction.

REP. STAFSTROM (129TH): Okay.

AARON ROMANO: So should be possession with intent to sell.

REP. STAFSTROM (129TH): Let's focus on what's -- what's in the Bill before us here. The Bill before
us here would allow for erasure of any conviction of up to an ounce and a half, right?

AARON ROMANO: That's my reason though. And we think it doesn't go far enough. An ounce and a half is equivalent of a bottle and a half of wine. If we take a look at prohibition and alcohol prohibition and after prohibition ended we didn't restrict possession of alcohol to a bottle and a half of wine. And if we're going to now restrict one's personal possession or legal possession to a bottle and a half, it doesn't make sense. Let's take a look at alcohol. We've had 80 years to perfect our alcohol laws and that was subject to prohibition so let's look at a substance that was previously prohibited and then lawful and we had 80 years to perfect the laws regulating that. Let's go ahead and not reinvent the wheel, but let's structure our laws based on the laws that we have for alcohol.

I'd note that there's another law pending, I can't recall the -- the reference number for it but it deals with smoking while driving. There is a -- there is an equivalent law regarding alcohol that exists. I -- I do not object to the law regarding smoking and driving because it tracks the law regarding alcohol.

So our position is all cannabis related offenses should be erased. If there is an acknowledgment -- and we have to ask ourselves, why are we even here? Why is this Bill here? Is there an equity piece? Are we acknowledging that there was a racist purpose in the law that needs to be corrected or are we just trying to legalize something to make money? And maybe it's a combination of many things --
REP. STAFSTROM (129TH): I guess my question is a little bit more sort of technical. Your -- your --

AARON ROMANO: The procedure?

REP. STAFSTROM (129TH): You're a criminal defense attorney and the question I have and I think the one we struggled with in -- in introducing at least and some language for us to work off on this Bill is you know, if you're charged right now or maybe not right now but a couple of years ago, you were charged with possession of a controlled substance and we don't know whether that's marijuana, we don't know if that's cocaine, we don't know if that's heroine, you know. It's possession of a controlled substance. So in your written testimony you said well California could just automatically erase or San Francisco can just automatically erase, unless there's something I don't know about and have met with Judicial and others; are you aware of any procedure where we could just automatically erase cannabis convictions without erasing heroine convictions, cocaine convictions, something else because my understanding is there is no data for that out there because of the way possession of a controlled substance has always been charged here in the state of Connecticut.

AARON ROMANO: So -- so I guess there -- there -- when you say it's been charged, it's the way the statutes are worded that cannabis, it was previously referred to as marijuana and then it was lumped into hallucinogen statute. So it was over-broad. So if someone would be charged with possession of marijuana at the time as it was referred to, but it was the same statute that was used for other drugs.
And so you're asking the -- my -- my understanding is your question is how do we automatically expunge or erase those records?

REP. STAFSTROM (129TH): How would we automatically erase those records without also automatically erasing a cocaine conviction or a heroine conviction?

AARON ROMANO: Well I'll tell you this. There is language that I think is very effective that you do have in the statute. And I'll tell you from personal experience my firm was the firm that took up the Menditto case all the way up to the Supreme Court. The Menditto case dealt with erasure of the decriminalized amount of cannabis and judges even though we were filing petitions in court, judges were not erasing those criminal records so it had to go all the way up to the Supreme Court, the Supreme Court agreed with our position that those records should be erased and then they issued an internal policy statement. And I think the language that you have in the statute tracks that internal policy statement, which says and the mandatory language is either a police report or by way of affidavit and then I think the language that you also employ is mandatory language. So you use the word shall as opposed to may. Once those documents are presented before the court, then the court erases those records.

I know it -- I don't know -- I can't think of any other way to erase the records other than an affirmative act from the arrestee or the person who has the criminal record than to petition the court. Now perhaps there could be a fast-track method because the courts might be overwhelmed so maybe
there could be a centralized office that could handle all the petitions for erasure. Because right now the statute requires people to go to either the court of origin of where the case was.

REP. STAFSTROM (129TH): I think you answered my question which is, you're not aware of an it confirms my belief, there is no mechanism for an automatic erasure.

AARON ROMANO: No, I don't -- I can't -- and I can't think of --

REP. STAFSTROM (129TH): Okay. I just want to make that clear because there's been some testimony and some discussion both inside this room and outside of this room over the last several days about an automatic erasure and I just want the public to understand that there is no mechanism to do that.

AARON ROMANO: Unless it's after decrim where cannabis was isolated in a specific statute such in 279(c).

REP. STAFSTROM (129TH): Okay. Thank you.

AARON ROMANO: So any -- any 279(c) conviction probably with a delete button, I mean that could work to just erase those records. But it -- but erasure is far more than just erasing a -- erasing the record on a computer. What the erasure statute does is it is intended to erase all records associated with the arrest. And that's why I think it's very difficult what you're talking about, this automatic -- this idea of automatic erasure, you're talking about several agencies working together and the notification to the different agencies to erase all their records that are associated with that arrest and then the subsequent prosecution.
REP. STAFSTROM (129TH): I think we're saying the same thing. Thank you, Mr. Chair.

SENATOR WINFIELD (10TH): Senator Haskell.

SENATOR HASKELL (26TH): Thank you very much, Mr. Chairman and thank you for your testimony and your knowledge on this topic. Very often I feel as though the questions that are asked are pointed or biased on the agenda. Mine genuinely does not. I'm eager to learn as much about this issue as I possibly can and I notice in Section 2 there's a portion that says cannabis essentially can be owned or carried by a person up to 1-1/2 ounces. I'm concerned about the tools that we're handing to law enforcement to enforce this. For example, does 1-1/2 ounces of marijuana smell in any way different from 2 ounces of marijuana? From a search and seize perspective or how do we protect people's 4th Amendment rights if law enforcement officers are charged with making sure that people are carrying and consuming the correct amount -- the legal amount of marijuana should this proposal go forward?

AARON ROMANO: So Senator Haskell, that's a fantastic question. So these are the -- these are the issues that are currently being worked out in case law all over the country. So my understanding your question is do we have super sniffer police officers who can detect quantity of cannabis and detect an illegal quantity versus an illegal quantity. There is no way to detect quantity. So right now there's difficulty in the Connecticut court system because we have legal medial cannabis and we have people who are patients who may have residual odor of the use of medical cannabis while they're driving or while they're walking and then be
stopped and searched by law enforcement officers. We also have decriminalization in Connecticut.

So the issue frequently arises where someone is in possession of less than a half ounce or they're in possession of over a half ounce but the argument I make in court is the exact one that you presented. How does the officer know that they have the justification to search the individual because there is decriminalization. So if it's decriminalization they're obligation is simply to write a ticket, take the -- take the cannabis and send them on their way, not to search them. But they take it a step further, then they search them, then there's a subsequent arrest.

The only way to really address is what I've suggested before. We have to treat it like alcohol. There should not be a quantity limit. Where as Jason Ortiz had suggested, across the hall they're proposing to legalize it for the few, for the rich, for those who are already in, the millionaires, but for us, the citizens of Connecticut, those who look to you to pass the laws that will treat all of us as citizens equally, we can't possess -- we can't possess the same amount that they can possess without being subject to arrest and I suggest to you again to think of any substance that we use on a daily basis or not on a daily basis that we are restricted to only be able to purchase but cannot provide for ourselves, cannot grow, and that we're limited in terms of quantity and there is none.

SENATOR HASKELL (26TH): Thank you very much for your answer. Through you Mr. Chair, if I may followup. I just want to make sure I understand. It would be very difficult to protect the 4th
Amendment rights for privacy for those who do engage in consuming or carrying a legal amount of marijuana because there is no substantial difference in smell between 1-1/2 ounces and 3 ounces or 4 ounces.

AARON ROMANO: 1-1/2 ounces or pound. Or actually 1-1/2 ounces and a kilo which is currently in this Bill, still remains as a five year mandatory minimum.

SENATOR HASKELL (26TH): Thank you very much for your testimony. Thank you, Mr. Chair.

SENATOR WINFIELD (10TH): Thank you. Are there others? Senator Bizzarro.

SENATOR BIZZARRO (6TH): Thank you, Mr. Chairman. Thank you Attorney Romano for your testimony today and in particular the -- the very insightful historical context which I think I'm going to spend some time looking into. But there are a couple of things that you testify about that I just want to bring you back to. You had mentioned in passing about your legal case and I apologize for not being familiar with it. Can you tell me again about the legal challenge? Is that a challenge that your group, that NORML brought? Who's the plaintiff in that case?

AARON ROMANO: No. So -- so the challenge -- it's State vs. William Bradley. It's currently pending in the Appellate Court. This is a case -- as part of what I do as a criminal defense attorney is I take on as part of my civic duty indigent cases and so this was a case where I was appointed to represent a man who was indigent and he was in possession of cannabis. And I went through the normal types of defenses that I would raise in court
and then I started to ask myself, why are we here? Why is this prohibited? And then once I started thinking about that instead of the standard defenses such as the one that was raised by the Senator here about justification for the stop and things like that, I started to explore the history behind cannabis prohibition. And I learned about Harry Anslinger and then I was able to see how our state treated cannabis prohibition and adopted Harry Anslinger's laws.

So right now the -- the trial court did not agree with my position. The trial court did not agree that there was a racially prejudicial purpose behind the statute. I thought I made my case very clear and I thought I made the link very clear because the words uttered by Representative Burns are recorded in -- over at the State Law Library but now it is on appeal and we're hoping for a victory in that sense. But I'm glad that it's being addressed legislatively because we can correct what may not be able to be corrected on the judicial side, can be corrected here through appropriate legislation regarding legalization.

SENATOR BIZZARRO (6TH): Thank you. So the current procedural posture of that case is that it's pending on appeal, right?

AARON ROMANO: Yes.

SENATOR BIZZARRO (6TH): You may not have thought about this so I'm sorry to put you on the spot but if -- well first of all, if you prevail on appeal what is your -- what's the upshot? What's the -- what's the -- the law after your appeal if you were to succeed?
AARON ROMANO: So if we win on the appeal what we will have done, if the Appellate Court would agree with us that we -- that the statute regarding cannabis prohibition was motivated and designed to further the interest of racial prejudice. It would be unconstitutional and then cannabis prohibition as we know it and all the laws pertaining to it would be null and void.

SENATOR BIZZARRO (6TH): Okay. So there would be a completely unregulated market if you will in this state regarding cannabis. And if there -- if that's the outcome in the case that's pending and this Bill passes, have you thought at all about whether there would be any -- whether this Bill if it passes in its current form would be implicated at all by a court's decision in that case? Again, you may not have but I'm just curious.

AARON ROMANO: I -- I don't think it will. I think the public hearings that we've had today with many of the Senators addressing the issues regarding racial discrimination and prejudice and the background of the statute and the desire to undo some of those harms and that's the purpose of this legislation, I don't think that there would be a legal challenge that would challenging this Bill as being -- having a racially prejudicial purpose.

SENATOR BIZZARRO (6TH): All right. Just curious, thank you. A couple of other things you said. You -- you mentioned a few minutes ago, you said -- and I'm sorry if I'm misquoting you, but you said we are legalizing cannabis for the millionaires or something to that effect. Explain to me what you mean by that.
AARON ROMANO: Well when we limit the amount that someone can possess, that's 1-1/2 ounces it's equivalent to a bottle and a half of wine. That's what it's equivalent to in terms of like servings. Across the hallway what they are proposing in General Law is that the people who have already had established licenses would then be able to manufacture, sell, possess, distribute cannabis within the law -- within the -- within a legal context and the individuals here, the citizens of the state would not be able to enjoy that same privilege. So -- so I pose the question to the Committee members before; we have to ask ourselves why we are here and in what other context is something legal but when we restrict the quantity of what we can possess and we also restrict the ability to produce it ourselves; there is no other thing, and I -- and I apologize for using that word but there's no other thing in our lives that we have restricted. So we -- we should also not restrict this. Either it's legal or it's not.

SENATOR BIZZARRO (6TH): So then in your opinion there should not be any requirement that cannabis be purchased through a Connecticut licensed retailer?

AARON ROMANO: So my argument and NORML's position is that it should be regulated the same way as alcohol. As I suggested earlier we've had 80 years to perfect our laws regarding alcohol. I think you've -- the Committee has heard testimony earlier about alcohol and the dangers of alcohol and we can all agree that alcohol is more dangerous than cannabis. There is the fact that -- there has never been a case reported, and you can check this on the DEA's own website on their fact sheet regarding cannabis. There's never been an overdose attributed
to cannabis but there's been numerous overdoses, countless overdoses regarding alcohol. Yet we're -- we're allowed to possess as much alcohol as we want but the proposal here is to go ahead and possess 1-1/2 ounces of cannabis.

What I would suggest is we license it the same way. We license the sale of it, not restrict in the -- in the manner in which it's currently being proposed in General Law but enable people to get in the business, not restrict people from getting into the business. So use the same model we have for alcohol.

SENATOR BIZZARRO (6TH): So is it your opinion that the average citizen should be allowed to cultivate marijuana, grow it at home?

AARON ROMANO: Yes. Again, there -- there's -- there's no -- right now we can look at the states that have legalized cannabis and we can see all of them had legalized some form of personal cultivation. So the question is again, what substance in our lives have we restricted the ability to produce it ourselves, yet it's legal. There is none. And we shouldn't treat cannabis differently. We should regulate it like alcohol. The more we make cannabis different from alcohol the more we're going to get kids all curious about it because it still is something that you're not allowed to do. Now we all know that kids like to do things that they're not allowed to do. We treat it like alcohol, we educate them about the dangers of alcohol, it's working. We do the same thing with cannabis.

SENATOR WINFIELD (10TH): So I'm going to intercede for a second. I would never preclude a member of
the Committee from asking any question. I would just say that we need to stop pointing down the hall because they are finished. [Laughing] And they had -- they had perhaps more difficult questions than us and I would ask the members of the Committee if they could try to keep it to the questions that are actually here in the Committee and used to be down the hall. Proceed.

AARON ROMANO: My impression was there is no provision here to be able to cultivate. Cultivation would be illegal under this proposed law.

SENATOR WINFIELD (10TH): We got you, we got you, yeah.

SENATOR BIZZARRO (6TH): And how about on the -- so you wouldn't put in -- you wouldn't restrict the amount that somebody can purchase either right? In your opinion.

AARON ROMANO: I don't think -- because the way the -- the Bill as its proposed, limits the amount that someone can posses to be 1-1/2 ounces, again that creates the confusion that the Honorable Senator brought up earlier before, it still criminalizes cannabis, okay. It decriminalizes an ounce and a half but it still is a criminal penalty to possess more and again, I ask everyone to try and think of a substance that we -- that we utilize in our daily lives that its illegal to possess over a certain amount or not be able to produce it yourself. There is none.

SENATOR BIZZARRO (6TH): Okay. All right. Thank you very much for your testimony.

AARON ROMANO: Thank you very much.
SENATOR WINFIELD (10TH): Thank you. Are there others? Senator McCrory.

SENATOR MCCRORY (2ND): Trust me, I've been there. [Laughing] But I have one question, one simple question that can be as brief as possible being a defense lawyer. Even though we decriminalize the small amount, 1/2 ounce in Connecticut do you have anything official that there still -- there is still a desperate impact on communities of color even with the decriminalizing of 1 -- a half an ounce of cannabis today. Is there a differential in the arrests in Connecticut?

AARON ROMANO: Senator McCrory, thank you for that question. [Laughing]

SENATOR MCCRORY (2ND): Please be brief. [Laughing] Gary's ready to go and I'm ready to go.

AARON ROMANO: I commend the fact that a Bill is being drafted for legalization because I think the intention is good. We want to address the harms of the past. I spoke about the ratio, the arrest ratio of 4 to 1. After decrim, the purpose of decrim when I read the -- the testimony -- the legislative history, part of the purpose was to address the disparate impact that cannabis arrests had in the black community, minority communities. What the research found though in the paper -- in the statistician who I hired to analyze all the research; the arrest ratios remained the same.

So if we continue to criminalize over an ounce and a half, there's no reason to believe that the arrest ratios of 4 to 1, black to white will not decrease.

SENATOR WINFIELD (10TH): Thank you. Others? Seeing none, thank you for your testimony. I just
want to say that I'm not rushing people because I really want to get out of here. I'm rushing people because I want everyone to have the opportunity to testify and I know the longer that we go, the more people leave and I don't think that's fair to the public. Thank you for your testimony.

AARON ROMANO: Thank you very much for your time.


MARCUS SPINNER: Check, check. Good afternoon Senator Winfield, Representative Stafstrom and members of the Judiciary Committee. My name is Marcus Spinner and I'm a Lead Mental Health Assistant at Whiting Forensic Hospital. I'm also a policy practice student at the Yukon School of Social Work. I'm here today to express my support and some of my concerns regarding raised Bill 1085. With the context of John Ehrlichman's quote and Harry Anslinger's quote on the racist intent of cannabis prohibition I'd like to follow up with a quote by Malcolm X. "If you stick a knife in my back nine inches and pull it out six inches, there's no progress. If you pull it all the way out, that's not progress. Progress is healing the wound that the blow made." And we haven't even pulled the knife out yet -- they haven't even pulled the knife out yet much less heal the wound. They won't even admit the knife is there.

Racism isn't always as explicit as in John Ehrlichman's quote. Racism also happens when policy and law unintentionally disproportionately effect a racialized minority. I worked on Dr. D'Souza's
cannabis research project as a mental health assistant at Connecticut Mental Health Center. I worked with cannabis users who participated in his research program and I talked with them about their pattern of use. I've also worked with many people with serious psychiatric diagnoses such as schizophrenia ad schizoaffective disorder and other capacities including at Whiting and in the community. The correlation between cannabis use and psychosis is a correlation, not causation.

And my first responsibility was looking at the prevalence of PCP and other artificial materials added to the plant which were more correlated with psychotic symptoms. Like the testimony we heard earlier today, in science there is no 100 percent truth. Cannabis legalization isn't just about allowing folks to smoke weed. Cannabis legalization is about beginning to undo the harm of the war on drugs. Cannabis legalization is about making sure people who are charged with cannabis possession and distribution aren't forgotten in the whirlwind of legalization and profitization.

Cannabis legalization is about making sure the communities affected by the war on drugs are the communities which benefit the most. That being said, I do have some serious concerns with the Bill as it is written. Specifically my concern with it is regarding the ongoing prohibition of private cultivation and distribution. If I can grow tomatoes in my backyard and give them out or if I can bake cookies and give them out, I don't understand why I can't grow cannabis in my home and give that out to my friends. It doesn't logically follow -- I can put the same pesticides on cannabis
as I can in tomatoes and I can put bleach in the cookies.

In addition to that the ongoing prohibition of certain quantities over 1.5 ounce leaves the door open for ongoing unequal application of the law. Thank you.

SENATOR WINFIELD (10TH): Thank you, Marcus. Questions, comments from members of the Committee? If not, thank you very much and thank you for being here again. Ray Vitali.

RAY VITALI: Good afternoon Mr. Chair and distinguished members of the Committee. My name is Ray Vitali and I come out of Milford, Connecticut. I come here today as the retired administrator of both an elementary and middle schools, Chair of the Board of Directors of the United Way of Milford, member of the Board of Directors of Bridges Healthcare, Co-Chair of the Milford Prevention Counsel and sitting member of the Board of Alderman for the 12 years. I come here today to tell you that emphatically and unequivocally oppose passage of SB 1085.

I would like to start by thanking you for the opportunity to be here, for your dedication and hard work. It is not easy job and the decisions that you will be making in the very near future will be overwhelming and life changing for many of our citizens. Let me remind you of the predicament that the legislators in the early 80s put on us as parents when they changed the drinking age from 21 to 18 and back to 21. How do you deal with that conundrum when you are trying to keep your child safe from doing harm to themselves and others by the use and abuse of alcohol, at even a younger age when
18 was then the law. I would now classify those people, (legislators) as non-thinkers. In truth, they were our kids worst enemies. Therefore don't you now become our kids worst enemies in agreeing to legalize marijuana. Those of you who are parents, aunts, uncles, grandparents with the change in the law will be going through some horrific experiences in your future and more importantly in the future of those who will be using and abusing marijuana.

For example the Governor recognizes the harmful effects of the ingestion of sugar into the body, especially with young children. By increasing the cost of sugared drinks he feels it will deter their use. He recognizes their inability to make good decisions. He feels as though government intervention will help them make the right decision. Never the less he is a proponent of the legalization of marijuana and feels younger people will be mature enough to make the right decisions when it comes to putting a foreign toxic chemical into their body more harmful and life changing. Even though those brains will not be maturing until they reach the age 25, some by 30 and some never.

As far as revenue is concerned, Colorado is expending $4.50 for associated and ancillary costs relating to the legalization of marijuana for every $1.00 of revenue. Would you even think of running your households this way? Moreover, will you run your state's budget this way? Having said that, let us put some common sense and work as a bipartisan group. Vote not to legalize the use of marijuana. Be strong and independent in your conviction. Vote no and continue to be the shepherds of our youth and general population's safety, health and welfare.
According to SAM, Smart Approaches to Marijuana, out of pocket costs in auto insurance saw an increase of 10 to 16 percent in premiums in states where marijuana is legal. Research surrounding legalization of marijuana demonstrates 63 percent of our 8th and 10th graders and 53 percent of our 12 graders admitted to vaping HT -- THC.

SENATOR WINFIELD (10TH): Sorry, you close to the end?

RAY VITALI: Yes, I am. Users are more than twice as likely to move on to abuse prescription opioid. Drunk driving rates have more than doubled in Colorado. IQ declining 10 points. Reduced grades and lower graduation rates. New marijuana is 20-30 percent more potent than the old. If it worsens -- it can worsen the symptoms of mental health issues, psychosis and schizophrenia. These are just a few of the facts that are a result of years of research. All are available for you to read before you make a decision. I humbling ask that you take the time I your deliberations to carefully research and do your diligence in making the right decisions that will affect our youth for their lifetime. Please be mindful that a final decision does not need to take place today but could be put off till tomorrow. Thank you.

SENATOR WINFIELD (10TH): Thank you. Questions or comments from members of the Committee? Seeing none, thank you very much for joining us today. Wildaliz Bermudez, I don't see her. Pastor Todd Foster.

TODD FOSTER: Senator Winfield, members of the Committee, thank you for allowing me to speak. My name is Todd Foster. I am a retired pastor from the
city of New Haven. I was there for 27 years and recently changed that scenario. I'm former heavy drug and marijuana in particular user. I was the original president of Teen Challenge in the City of New Haven, a Residential Recovery program. I'm opposed to Senate Bill 1085 for a lot of reasons but I'm particularly concerned that the issue of social issue has become a subterfuge for a lot of other issues. No argument whatsoever that there have been issues that are racially biased racism that -- that was the emanation of the laws as they exist. No argument whatsoever that there has been a disparate treatment of people based on color. No argument whatsoever that those issues need to be addressed. No argument whatsoever that there needs to be issues equity that are addressed today.

But what I'm particularly concerned about, and it was mentioned already is that -- that it doesn't work when we legalize if we're looking for the elimination of racial disparity and arrest, it did not work in Colorado and it's not going to work here. That still exists. You all know because I know you're fighters for justice, that those issues are deep-seeded, much more deep-seeded than changing marijuana laws. As you look at years down the road for Colorado, we've seen those same disparities exist now. So that's not rational.

For those who have fought issues of civil rights and justice for years, fights that have been going on since the reconstruction, as we look at some fundamental issues, as we're looking today at getting kids to focus their academics on stem progress and particularly for young people of color the long-term -- it's not just the legalization, it's the normalization ten years from now. If this
is to be legalized now, 20 years from now we're looking at what will be the impact upon our society. Consider evidence that suggests that students who smoke marijuana had poorer educational education than their non-smoking peers, it's not good.

National Institute of Drug Abuse flies in the face the results of utilizing marijuana, fly in the face of historic civil rights issues. If we look at champions of jobs and careers, we want more jobs, have to have more jobs, need to insist on more jobs; those objectives fly in the face of legalizing/normalizing a narcotic that is going to - - that is going to worsen for the likelihood of a person being able to keep their job.

And the last thing, I'll leave with this. I had other things to talk about but how long is it going to take -- if I'm wrong, so what. If I'm wrong ten years from now I will say you all were right, I was wrong. What is the harm. If you all are wrong in legalizing then we're going to leave -- we're going to leave a lot of corpses behind, a lot of troubled people. There's going to be more harm done to the community. Thank you.

SENATOR WINFIELD (10TH): Thank you. Questions or comments from members of the Committee? I'll just ask you a question since we've been around and around. You make the point that the legalization of marijuana doesn't eliminate the disparities that are in the system. But nothing we've done eliminate completely the disparities in the system whether it be the effort I made towards the death penalty, whether it be the efforts towards reducing school zones, whether it be efforts in education that have increased the number of minority teachers we have.
They all reform none of them. But that does not -- to my mind say we should not be doing those things. Why is it when it comes to marijuana that's a position you would take?

TODD FOSTER: Yeah, and you've done -- you've done great work in that area, there's no question there. I'm saying the offsetting negativities of the normalization of marijuana outweigh the benefits. Yes, we should do everything we possibly can to keep people out of jail for small amounts of marijuana but when we consider the potential negative impact of doing so in the community, the same communities that you're actively fighting for, it outweighs that.

SENATOR WINFIELD (10TH): Others? Seeing none, thank you very much for spending the day with us. Next we'll hear from Alexandra Vaughn. Alexandra will be followed by William Church if he's here.

ALEXANDRA VAUGHN: Good evening members of the Judiciary Committee. My name is Alexandra Vaughn. I'm a current resident of New Haven and today I'm here as a law student in turn on behalf of the Logistic Clinic at Quinnipiac University School of Law. SB 1085 places the burden on individuals to petition the courts for erasure of prior marijuana convictions. We propose an alternative system of erasure that takes the burden off the individual and places it on the state, which will ultimately save time and resources for courts and ensure that those eligible for erasure will not face further difficulty in accessing jobs, licensing or housing because of prior convictions.

Since October 1, 2015 all drug possession offenses have been misdemeanors under Connecticut General
Statute Section 21(a) of 279(a). Legislation should require the Judicial Branch should identify all convictions under that subsection and then give the Office of the States Attorney a period of time to object the erasure of a particular conviction on the ground that they involved a substance other than marijuana or a quantity in excess of the legalized limit. Cases with no objection filed would be erased automatically by state agencies. Cases where an objection is filed would be considered by the court with the burden on the prosecutor to establish that the conviction involved conduct that remains criminalized. California is using a similar approach post legalization.

There's a more simple process possible for offenses occurring prior to October 21, 2015 and before that date, offenses involving procession of narcotics or hallucinogens where felonies charged under subsections a or b of 21(a)279, possession of less than 4 ounces of marijuana was a misdemeanor charge under subsection c. Although some other substances could be charged under that subsection the vast majority of offenses that were charged under subsection c involve marijuana.

The Judicial Branch could simply identify the convictions under subsection c and automatically erase them. Simply erasing these convictions would be much efficient than having courts and prosecutors review each case individually. All of these convictions are at least three years old and all were misdemeanor offenses.

Legislation should also require the Judicial Branch to identify all pending marijuana charges or convictions where the person is currently serving a
sentence based at least in part on such benefit. These cases should be brought to court on an expedited bases so the charges can be dismissed and the sentences terminated.

We also recommend reducing the penalty for the unauthorized sale of marijuana from a felony to a misdemeanor and creating a process for re-designating these past failed convictions as misdemeanors. The penalty should be similar to Connecticut's penalty for the unauthorized sale of alcohol. Under Connecticut General Statute section 3074 and 3113 the penalty for the unauthorized sale of alcohol is a fine up to about $1000 or imprisonment for up to one year or both for each offense. In California the sale of marijuana is now a misdemeanor and legalization -- or legislation has created a re-designation process that places the burden on the state.

Finally legislation should address the use of marijuana while on probation, parole or pre-trial release. Marijuana use by those while in community supervision should be prohibited only when specific circumstances found by the court or the Board of Pardons and Parole warrant that restriction.


REP. BLUMENTHAL (147TH): Thank you, Mr. Chair and thank you for being here with us today. I appreciate your testimony and you did a great job. So well done. So I'm particularly interested in the idea of automatic erasure for possession offenses prior to October 1, 2015 under 279 subsection c and I was wondering if you could tell the Committee
whatever the substances were included under that subsection.

ALEXANDRA VAUGHN: So the other substances that were included under that subsection from my understanding were some stimulants and depressants. So substances like Adderall or Ambien from what I understand were lowered charged under that.

REP. BLUMENTHAL (147TH): Thank you and what was the section you noted for the unauthorized sale for alcohol? Could you repeat that?

ALEXANDRA VAUGHN: Right. It was 3074 was the unauthorized sale and then the penalty was under 3113.

REP. BLUMENTHAL (147TH): Thank you. And do you have any idea -- I don't mean to put you on the spot. Do you have any idea how many possession offenses prior to October 1, 2015 we could clear the books of -- if we did pursue that policy?

ALEXANDRA VAUGHN: I don't have an exact number that I know of. That's something that we could look into and get back to you on.

REP. BLUMENTHAL (147TH): That would be very helpful, thank you so much.

SENATOR WINFIELD (10TH): Thank you. Questions from others? Representative Palm.

REP. PALM (36TH): Thank you, Mr. Chair. Thank you for being here with us today. Just a really quick question. I think you cited the alcohol statutes. Can you think of any other precedent where we've shifted the -- the onus of proof from the -- from the petitioner to the state? Is there any other
precedent or you also mentioned I think California law.

ALEXANDRA VAUGHN: There is no other in Connecticut substances that I was looking at. But doing my research I was looking at multiple other states that have legalized in the past and California specifically has gone from -- and you asked from felony to misdemeanor, is that what your question was? Yeah, California specifically has done that. There are plenty of other states that are either advocating for that or have already gone that direction. If you wanted specifics, I could do my research and get back to you.

REP. PALM (36TH): Thank you
ALEXANDRA VAUGHN: Okay.

SENATOR WINFIELD (10TH): Representative Stafstrom.

REP. STAFSTROM (129TH): Thank you, Mr. Chair and thanks for your testimony and research on this. Have you shared your thoughts and research with the Judicial Branch over at the States Attorney's Office?

ALEXANDRA VAUGHN: No, this was our first step. We've been working on this since mid to late January in our civil justice clinic, so.

REP. STAFSTROM (129TH): Okay. I'm just -- cause I'm just curious whether you know it sounds good on paper but I'm wondering -- I'm wondering whether the data that you suggests may or may not be available to the State's Attorney or the Judicial Branch is available to them cause my understanding is they may not because unfortunately we have this system in Connecticut of 169 towns who all maintain their own
police reports and their own files and whether they destroy them and how far back they go and everything else.

ALEXANDRA VAUGHN: Right. I think that was something that Professor Sara Russell had maybe told me about or we had received that warning. I think that's one of the reasons that it would be a lot easier to do the automatic erasure of the older convictions because it would be so incredibly difficult to go through some of those old convictions. But in the alternative you could do a similar to the convictions after October 1 where prosecutors or some agency could go through and identify those and then it would just be on the prosecutor whether they wanted to challenge that or not.

REP. STAFSTROM (129TH): Have you -- I suspect I know the answer to this. You don't have any idea of what the cost to the agencies or to the branch would be to do that review do you?

ALEXANDRA VAUGHN: Yeah, we haven't done a cost analysis. One thing that we talked about was it -- you know there would be costs involved of course. But if the Judicial Branch didn't take on the cost then probably courts are going to have to see some of that cost in litigation and the petitioners themselves are going to see some of that cost. So it's kind of deciding where you want to allocate that and where the burden and to us it seems valuable to take the burden off the petitioner.

REP. STAFSTROM (129TH): Okay, thanks.

SENATOR WINFIELD (10TH): Other members of the Committee? Seeing none, thank you very much for

AMY PARMENTER: Sorry guys, I'm still here. [Laughing]

SENATOR WINFIELD (10TH): We're happy to have you.

AMY PARMENTER: Thank you. I really appreciate the attention that you are all giving to this matter. My name is Amy Parmenter. I'm the Manager of Public and Government Affairs for the AAA Allied Group. My testimony today is on behalf of both AAA clubs in Connecticut, AAA Allied and AAA Northeast. Together, both clubs represent more than a million members across Connecticut. It should be noted that AAA also has been a longstanding member of the statewide impaired driving taskforce.

We're here today to offer our support for HB 7372 but I have to say our support sort of, because at the same time we oppose the legalization of recreational marijuana because of traffic safety concerns. And I tried to voice our opposition to that down the hall but they said that I should kind of put that on the record in front of you so I'm doing that.

In particular we support 7372 because of the money that is being set aside for the additional Drug Recognition Experts, which I think you learned a lot about Drug Recognition Experts today. But I want to make clear that this is not a problem that can be solved just by putting more money aside. As an example, we know that recruitment of police officers is really a problem these days, all across the
country and certainly in Connecticut. So with a much smaller pool of candidates to select from you cannot have enough qualified people to become this elite class of Drug Recognition Experts. It's kind of -- for Veterans who have shown themselves to have an expertise already at other levels of training for the drug recognition issue.

And the complications I think you've heard about the difference between alcohol and marijuana and the testing roadside. Just to be clear is that you know, alcohol in your blood and the level of impairment of your brain, they both go up and down at the same time but the level of active THC in your blood or marijuana as compared to your brain impairment, there's no correlation between the two. So measuring this number does not tell us anything about this number. And I just kind of want to make that point because I know a lot of people are like, well maybe the science just hasn't caught up yet. But the truth of the matter is, even the best roadside test that is now up for development, at most those roadside tests would be able to tell recent use but not a measure of impairment. So if I go in a bar and I have a drink I -- I just had something to drink, but am I drunk? That's the same challenge that our law enforcement is going to be facing -- is already facing with drug impaired driving.

Every day in Connecticut, every day we are throwing out cases, knocking cases for drug impaired driving because of these complexities. So we appreciate that -- your efforts to set money aside for the additional training of law enforcement. It will be needed, but we oppose the legalization of recreational marijuana because our law enforcement
and our courts do not have the resources or the tools to address that issue.

In closing I just want to say at this time Connecticut is actually the number one state for drunk driving fatalities, the greatest percentage of drunk driving fatalities. So that's the backdrop while we consider legalizing recreational marijuana for which there's no simple roadside test and there's been no years long public education effort.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from members of the Committee? If not thank you very much Ms. Parmenter. Next we'll hear from Norman Plude followed by Mike Makowski if Mike is here.

NORMAN PLUDE: Good afternoon Committee members. Thank you for having me here to testify today. My name is Norman Plude and I'm from Seymour Connecticut. I'm also a medical marijuana patient. I understand under Senate Bill 1085 that there's a limit for decriminal -- or for expungement of certain marijuana offenses and that would be an ounce and a half. Being a medical marijuana patient a number of patient have been arrested over the years since the program has been enacted and when those patients are arrested, if you were growing you grew for the year. You grew through the summer and you grew medication to get you through the year. So if you were raided, chances are you were caught with close to a kilo or over a kilo of cannabis in possession although we're allowed 2-1/2 ounces a month, like I said we grew for the year. So I feel expungement of cannabis convictions, if this Bill does pass, has to go further than an ounce and a half. It has to cover all cannabis. If it's a
nonviolent offense, a cannabis offense where children weren't involved, guns weren't involved, it was just a simple fact that it was no crime, no victim, those should be taken care of.

Back at the beginning of the program Mike Waller initially stated that because dispensaries were not open that whether we grew our cannabis or bought it on the street, as long as we followed state regulations nobody would be arrested. Even our definition of marijuana states that we are allowed marijuana whether growing or not, but yet we're still being arrested. So we already have a problem in our legislation. Is it a -- there's no law saying that we cannot grow so it's a regulatory issue. So we're doing jail time for something that there's no laws even written for. So that being said, I cannot be in support of this Bill. Thank you.

SENATOR WINFIELD (10TH): Thank you for your testimony. Questions, comments from members of the Committee? Seeing none, thank you very much for your time. Mike Makowski.

MIKE MAKOWSKI: Good afternoon Mr. Chairman and members of the Committee. I oppose any Bills that would legalize recreational marijuana. We heard a lot of testimony today that under federal law marijuana is a schedule 1 drug and such like cocaine and heroine and anyone possessing it would be in violation of federal law. And at any moment the federal law can enforce the federal law and anyone caught with marijuana could be prosecuted. So bear that in mind.

I believe that legalizing marijuana for recreational use is an "addiction for profit scheme. I believe
we should do no harm to the residents of Connecticut. I in my written testimony and what I will talk to you is I've researched and found substantial evidence that marijuana is a harmful drug. I'll reinforce a lot of the comments that were made earlier as mentioned psychosis, the doctors made that comment so I won't review that again but I will talk about some data that we haven't heard before. We'll use Colorado as an example. In Colorado recreational -- since recreational marijuana was decriminalized it lead to increased exposures in children and there was unintentional ingestants. In Colorado the EDs and urgent care centers noticed increased visits from 2009 to 2015 and they were for associated illness related to marijuana. Marijuana related visits increased from 1.8 per 1000 visits in 2009 to 4.9 in 2015 and the most common discharge codes were cannabis abuse followed by unspecific episodic mood disorder, alcohol abuse and depressive disorder.

Also the question was raised were there additional automobile accidents that involved marijuana use and deaths. In Colorado since legalizing marijuana they've noticed from 2013 to 2017 that there were 17 additional deaths and those people that died were testing positive for marijuana. Similarly in Washington state the percentage of drivers and fatal crashes who recently used marijuana more than doubled from 8 to 17 percent between 2013 and 2014. And in Colorado they've seen an increase in people over 18 years old using marijuana and marijuana smoke contains the same cancer-causing chemicals as tobacco.

SENATOR WINFIELD (10TH): Thank you. Are there questions or comments from members of the Committee?
Seeing none, thank you very much for joining us today. Next we have Dave White. Is Dave here? Cody Roberts. There you go.

CODY ROBERTS: Good evening members of the Judiciary Committee. My name is Cody Roberts, I am here representing Connecticut NORML. I work closely with QRCT and New England crack/cannabis lines. I was also one of the first growers to grow the first legal research hemp in Connecticut history at Yukon College. Today I want to talk to you about a couple of things and why I'm strongly opposed to this Bill. There's three things that legalization needs to have in this Bill. That's equity, that's grow rights and that's expungement. I feel this Bill does not touch on that.

As far as grow rights go I feel if we do not get grow rights, which is a human right for 21 years of older to people to grow, I feel like the bare minimum we need to have medical patient grow rights for medical patients. I am 1 of 30,000 plus medical patients. In talking to numerous and numerous patients since I've been a medical patient the number one complaint is shortage of medicine. The growers cannot supply the medicine that is needed for them. Imagine being an epileptic, finding a variety that finally works for you and stops your seizures and not being able to get it the next week and having to deal with seizures again before the for growers cannot grow the medicine.

Despite what the lobbyist and the for growers are telling Representatives saying they could supply the market; it is a lie. They are not. They are failing to do so. With regard to the issue comes talks of cannabis control commission to help with
regulation, applications, and what not. This cannabis control commission must, I will repeat, must include cannabis activist at the bare minimum, or cannabis expert. What good is a cannabis control board filled with a bunch of people that don't know anything about cannabis. We want progression here in Connecticut.

Since Connecticut has done a significant job of dragging their feet with legalization and grow rights they had time to look at other states and how to do grow rights. It's essential. I definitely feel that we need grow rights, it's a human right and yeah, thank you very much for allowing me to give my testimony. May 13 was ten years clean off all pharmaceutical drugs for me. I owe cannabis my life. Cannabis has saved my life from a suicide attempt and I wouldn't be here today without it. And Senator Winfield, I hope your back gets better buddy.

SENATOR WINFIELD (10TH): Thanks, me too. Thank you very much for your testimony and congratulations on your ten years.

CODY ROBERTS: Thank you.


JON PETKIN: Distinguished members of the Committee on Judiciary. Thank you so much for having us. My name is Jon Petkin and this is my colleague Meghan Brooks. We are Boston interns with the Veterans Legal Services Clinic at Yale Law School and we
represent the Connecticut, I'm sorry of America lead by Steve Kennedy. We are here today in support of full legalization of cannabis for adults in Connecticut. The message we want to convey though is that for Connecticut Veterans this is really a Veteran issue. Connecticut Veterans continue to benefit from the state's existing medical marijuana program. However, even though cannabis has been shown to have therapeutic value for a significant number of service connected conditions; things like PTSD and chronic pain, the Federal Department of Veterans Affairs continues to prohibit physicians at the VA from certifying these Veterans for the state's medical marijuana program.

This creates barriers for Veterans who are seeking the state's medical marijuana program. Now that doesn't mean that the Veterans don't access cannabis. In fact as long as it remains illegal in the state of Connecticut, many Veterans are going to go out of state for example to Massachusetts, and when they do so they may -- they may obtain large quantities of marijuana so they don't have to go back frequently. They may also simply acquire it on the streets where it's illegal and where they expose themselves to criminal liability.

Now despite the decriminalization of small amounts of cannabis in Connecticut experts estimate that more than 100 Connecticut Veterans per year are still arrested for cannabis-related offenses. Veterans with criminal records are far more likely to experience things like homelessness and unemployment. Yet another reason to support legalization is that cannabis legalization will create economic opportunities for Veterans and others in this state. These opportunities can be
especially impactful for Veterans who frequently face higher than average unemployment rates. And now with his permission, my colleague Meghan is going to share the story of one of our clients in the clinic.

MEGHAN BROOKS: Mr. Monk who is one the clinic's clients had written testimony that I encourage this Committee to look at but I'll also summarize it briefly. Essentially Mr. Monk came home from Vietnam to New Haven in the early 1970s with what we now know to be undiagnosed PTSD. In order to address that unfortunately he fell into an opioid addiction and as you can imagine the effects on his life were devastating. However, he was able to beat that opioid addiction. He got married, he had kids, he started to going to college and he started a construction company. Throughout that time he was actually using cannabis. He was using it to calm his PTSD symptoms and that's what helped enable him to build a stable life for himself and his family. However, Mr. Monk is a black man and in 1982 the West Haven police arrested him and a Connecticut court convicted him for marijuana possession. The affects were again devastating.

So IBACT strongly urges this Committee to support the erasure of cannabis related criminal records. It would mean so much to Mr. Monk. It would mean so much to so many Veterans like him, and to so many others in the state who have been negatively impacted by the criminalization of marijuana and its overly harsh penalties. I also thank you very much for your time. If we can answer any questions, we're happy to.
SENATOR WINFIELD (10TH): Thank you for your testimony. Representative Blumenthal.

REP. BLUMENTHAL (147TH): Thank you, Mr. Chair and thanks Jon and Meghan for coming up here with your testimony. I actually had my first encounter with the General Assembly in the exact same way you did through the Veterans Legal Services Clinic on the MOS Taskforce. You have -- this is a much I guess, more controversial topic more generally and I appreciate you being a part of it.

I guess one question I would have is I know that a number of Veterans have the paper related to cannabis and I was wondering did that raise any special issues that we should be aware of looking at his legislation.

MEHAN BROOKS: Absolutely, absolutely. So just as the civilian justice system has been fighting a war on drugs, the military is also involved. Veterans who use -- excuse me, service members who use marijuana often again to treat for conditions like PTSD are typically discharged with something called a less than honorable and a less honorable discharge prevents them in many cases for getting treatment for the exact thing that they use the marijuana for. It can prevent them from accessing VA healthcare. This is hugely problematic and so IBACT also strongly supports considering Veterans as -- with less than honorable discharges for marijuana related conditions as equity applicants. We were just over in the General Law Committee. Steve was testifying on that. There are few other little things that the legislature can do to support Veterans as well.

As my colleague, Jon mentioned there are many different ways that being a Veteran disabled access
to the medical marijuana program which is one of the big reasons why we're supporting the fixes and why we're also supporting full legalization of adult use cannabis.

REP. BLUMENTHAL (147TH): Thank you very much Meghan and Jon. Thank you, Mr. Chair.

MEGHAN BROOKS: Thank you very much.

SENATOR WINFIELD (10TH): You're welcome. Are there -- Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman. Good afternoon. Thank you so much for being here and thank you for the good work that you certainly do. Just a quick question. Do you believe that there should be some type of expansion in allowing our Veterans who have opioid addiction into the medical marijuana program?

JON PETKIN: Yeah, absolutely. I appreciate that question. I asked my colleague Meghan making that our second barrier for Veterans, accessing medical marijuana. And as a result of them instead rely on opioids. It's much easier to go to the VA and receive a prescription for opioids than it is to access medical marijuana. One thing that I think would go a long way to fixing this would be to use a diagnoses of a qualifying condition by the VA. So for example if you've been diagnosed by a VA physician as having PTSD or having chronic pain then simply that diagnosis would qualify you for the state's medical marijuana program without having to go to a second physician to certify you.

And there are in fact some states -- in our testimony we submitted what some other states have done and I believe it's Illinois has in fact done
this where a simple diagnosis by a VA physician is sufficient to qualify for that state's medical marijuana program.

REP. REBIMBAS (70TH): And could you elaborate a little bit on the difficulty of why the VA wouldn't certify it or the physicians have trouble doing that?

JON PETKIN: Yes, that's because the VA physicians are federal employees and so due to the federal prohibition on marijuana, they're simply not allowed to certify. They're not allow to -- to recommend that their patients take marijuana so yeah, the Veteran could not bring the paperwork from the state and ask them to sign off on that paperwork.

REP. REBIMBAS (70TH): Would you be in support of home grown in order to allow those Veterans access to marijuana?

MEGHAN BROOKS: I think we'd have to confirm that with our client.

REP. REBIMBAS (70TH): Okay. Thank you for your testimony. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from members of the Committee? Seeing none, thank you very much for your testimony. Next is Brian Decenter. Is Brian here? Tori Giannini, Giannini.

TORI GIANNINI: Hello, good evening. Thank you guys for taking the time to listen to our testimonies today. My name is Tori Giannini and this is my partner Christina Capitan. We are Patient Care Advocates at Prime Wellness of Connecticut in South Windsor, one of the nine medical marijuana
dispensaries in the state. It is our job to always look out for our patient's well-being and make sure they are always thought of, especially with the legalization efforts. But today we're here to talk about Bill 1089. So that states that -- it's AN ACT CONCERNING CANNABIS IN THE WORKPLACE.

So we just wanted to make sure that the protections and legislation that have been put in place on the program are going to be upheld and -- I'm sorry, I'm nervous. So the patients on the program are on the program due to their debilitating medical conditions. Because of that they may need their medication at a moment's notice. So a person who has epilepsy they can't predict the onset of a seizure, so having their medication immediately available is definitely of imminent importance to them so we just wanted to make sure that with this Bill going forward that these patients are kept in mind and that there's not going to be any consequences for the should they have their medication on them while in the workplace.

And while I understand and agree they should not be under the influence of this medication while they're at work we just want to make sure that while -- if they have it at work they're not going to have any repercussions for that. It is for these reasons that we urge you to support Senate Bill 1089, but with the exemption of the prescribed cannabis medication to a patient registered with the Department of Consumer Protection for the palliative use of medical cannabis.

SENATOR WINFIELD (10TH): Thank you very much. Questions, comments from members of the Committee? Seeing none, thank you for your testimony and thank

TAYLOR NICHOLAS: Good afternoon Mr. Speaker, Representatives and Senators. Thank you very much for taking the time to just sit through as long as you have and continue to listen to us get to speak with you and our viewpoints. So I will like to keep it brief just for you and the sake of everyone else willing to speak. Today I am, pardon me, I'm here in opposition of both Senate Bill 1089 and Senate Bill 1085, however, I do support recreational use of cannabis.

My opposition is just primarily set out due to language that is found in both of these proposed Bills. I'll start with 1089 because that is in my opinion, the fastest. As far as -- as far as medications I do not know of any -- any office job that can go up to one of their employees and say, oh you suffer from anxiety or depression? You can't take your medications. That's not allowed here. I've never heard of anything like that. Now we extend that to medical use for marijuana. That is completely different as it's completely frowned upon and is illegal. I myself I do utilize while I'm at work however, I do not imbibe to the point where I am under the influence. I'm a Veteran, a United States Marine. Service a year and a half over in Afghanistan and I was honorably discharged for four years of service. I have severe pain in my back and my knees. So throughout the day it is very difficult for me to finish the day. And I have a -- a short temper to say the least. So when among PTSD and when my boss seems to be getting a little bit on my nerves and back is you know, about the size of my fist it's a little difficult for me to keep calm,
cool and collected. I do but it is also because of the use of cannabis. Again, I am not -- I want to specifically make it known that it is not -- I am not utilizing cannabis in an immature way. I'm using it to treat the symptoms so that way I can be and act as everyone else would be. So with that -- that is why I view and have opposition for Senate Bill 1089.

As far as Senate Bill 1085 there's a lot of language that does not allow for equal equity and across the hall that is now adjourned that is a large -- that's huge. It is very critical in moving forward for recreational use. There are many people that wish to help the community and doing so we need to allow recreational -- well I'll keep it brief to summarize.

As it currently stands it really -- the language that is in Senate Bill 1085, it does not provide what it says and at the very end would be the statement and purpose to legalize and regulate the recreational use of cannabis and to allow for erasure of criminal records for convictions based on the possession of small amounts of cannabis. I appreciate that we're taking steps into seeing this through but as it currently stands, an -- and I have this emailed as well, as it currently stands I view as though the language in this Bill does not accurately represent that. It's a great start but I would love to see it actually brought more in depth and I know across the hall, again they're already adjourned but more of the equity was brought up and it was actually touched on more in the language. So I would just like to see more of that language be brought up and it be a little more clear.
SENATOR WINFIELD (10TH): Thank you. Part of the reason that the Bill looks as it looks is because they're split for a reason. Questions, comments from members of the Committee? Seeing none, thank you for joining us today.

TAYLOR NICHOLAS: Thank you very much everyone. Enjoy the rest of your evening.

SENATOR WINFIELD (10TH): Next we'll hear from Joel Hartstone if he's here. Joel?

JOEL HARTSTONE: Good afternoon, Mr. Chairman and members of the Committee. I'm Attorney Joel Hartstone. I'm a resident of Bloomfield and I'm here to testify with respect to 7372. I submitted complete testimony by email so I'll just summarize today. At some point soon as you consider ways to prevent impaired driving you will consider an open container provision, an OCP. They're designed to prevent drivers and passengers from accessing marijuana that's being transported in a vehicle. I represent a Massachusetts company that distributes security seals in Massachusetts. The security seals can be used to seal containers of marijuana to comply with the Open Container Prohibition under that state's recreational marijuana law. As a result I'm familiar with the Massachusetts Adult Use Marijuana Law and the issues regarding impaired driving including the open container prohibition.

From my experience I'd like to raise two points for you to consider. First is car trunks. Most states have based marijuana OCPs on similar laws regarding bottles of liquor. When those laws were passed all cars had trunks. Police generally advocated for all bottles to be in a trunk because they would be totally inaccessible and they feel the same way
about marijuana. You'll be hearing that from them at some point. But trunks are disappearing from American vehicles. Less than a third of the vehicles now have trunks and that will decline as new production shifts to crossovers, SUVs, hatchbacks and trucks because plants making cars are being closed. So please remember that most drivers will not be able to use a trunk to transport marijuana and other methods of compliance with your OCP will be used by most drivers. So you've got to focus on those and not putting marijuana in the trunk.

Second, please be aware that there's been a lot of confusion in Massachusetts and other states about the use of seals to comply with the OCP because open container is generally defined as one which has had its seal broken, but the word seal is rarely defined. Logically we all know it means a security seal because it says that an open container is one where the seal has not been broken and other seals don't break. So we know it means a security seal but the confusion continues. In fact, the state police manual in Massachusetts confused the issue referring to liquid and air seals on Ziploc bags as if they were the seals intended to seal containers.

Simply put, a security seal will break when a container is opened no matter who applies the seal and no matter who opens the container. That's why next to a trunk a security seal is the best way to prevent driver or passenger access to a container of marijuana in a car. The two typical alternatives are a locked glove box or behind the last row of seats where the car doesn't have a trunk. In either case, an open container of marijuana can be tossed into a glove box or behind the rear seat with one
hand, without really watching what you're doing and the container will have been accessible up until that time. It's almost impossible to put a seal on container that's been closed without two hands a full-time gaze for a prolonged period of time. So a container found sealed by a police officer was likely sealed before it was brought into the car and prevents access.

I know this is technical but the devil is in the details and that's your job so that's what I'm here to explain.

SENIOR WINFIELD (10TH): Thank you

JOEL HARTSTONE: Thank you very much. I might also, if you don't mind --

SENIOR WINFIELD (10TH): How long, how long?

JOEL HARTSTONE: Ten seconds. Separate subject on 1085.

SENIOR WINFIELD (10TH): Yes.

JOEL HARTSTONE: You've heard a lot of testimony about the black market today and not withstanding the opening of legal stores the black market continues. I'd like you to know that there are only 12 stores now in all of Massachusetts and there were only 8 on the day that study was done and in California there are only 261 stores serving a population of 30 million adults.

SENIOR WINFIELD (10TH): Okay.

JOEL HARTSTONE: There's no way that the stores are now serving the full market.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman. My apologies I have a question if you don't mind.

JOEL HARTSTONE: Sure.

REP. REBIMBAS (70TH): I was intrigued by your testimony regarding these seals. Are these seals that only a dispensary would be putting on or would an individual as well then put a seal on a container that's been previously opened because they've obviously consumed something?

JOEL HARTSTONE: Yeah. That's where all the confusion has come in. Massachusetts as you're probably aware had homegrown and gift marijuana for two years with no stores open. The first store was only opened in December and that was two years after the law became effective. So the revision for open container applied to homegrown and gift marijuana only for two years. So the seals were not applied by the stores and they don't even have a requirement now that the stores apply a seal. So individuals would have to seal their own containers presently in order to have a sealed container, there's no other way it can be done. So that was the Massachusetts experience.

The police, because of the confusion and the issue with the trunks have started to promote the idea that you share the confusion by only allowing store seals. But that ignores the fact that if anybody applies a seal to a container, it's still going to break. It still does its job. And people who -- if you do allow homegrown, who have homegrown are not going to be able to get a store seal. So in order to transport it in a car there's got to be a way to keep that container away from the driver and away from the passengers.
There are two issues with the passenger and not just the contact high. It's that if they get very, very, very affected they're going to distract the driver and so it's supposed to make sure that the driver isn't distracted by the smoking and also make sure the driver isn't distracted by a passenger who gets high.

REP. REBIMBAS (70TH): Thank you for your testimony. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Thank you. Are there any others? Thank you very much. Next Mark Couture. Is Marc here?

MARC COUTURE: Good afternoon. I'd just like to begin by thanking the Judiciary Committee for the opportunity to share my story. I chose to come forward and speak about this in the hopes that this body and the General Assembly will begin to formulate and pass more reasonable legislation surrounding marijuana.

My name is Marc Couture. I'm 45 years old and I've been a resident of Connecticut my entire life. For the last 27 years I've been an educator working primarily with individuals who have special needs in New Britain and Hartford and for the past 14 years I've been a state school teacher at Manson Youth Institution. I've also been a patient in Connecticut's medical marijuana program since February of 2018.

On April 14, 2018 my vehicle was disabled with two flat tires from a road hazard I encountered driving through Newington. An officer from the Newington Police Department happened by the scene and offered his assistance. I declined his help as I had
already called several friends and a car place to have my car towed to and I was on the phone with AAA. The officer insisted regardless of my lack of interest and pulled around behind my vehicle. When he came to my door to assist me the officer simply asked, how much marijuana do you have in the vehicle? I replied that I had some for personal use and that I was a patient in the state medical marijuana program. From that point forward a chain of events unfolded before me that has profoundly changed my life and has extremely negative impacts for people surrounding me as well.

My interactions with the police were honest and straightforward. I was not operating my vehicle under the influence of any drugs or alcohol and I passed the field sobriety to affirm this. I allowed the responding officer to search my vehicle. I move the vehicle to a safer venue at his request. I cooperated fully with law enforcement throughout this process. Regardless of this and my clear record over the previous 44 years I was arrested and told that I would be charged with possession of a schedule 1 drug and possession of drug paraphernalia.

While being processed by the officer my phone continued to ring. The officers used the fact that my phone was ringing as well as circumstantial evidence like cash in my pocket to escalate the charges against me to include intent to distribute, which is a felony charge. I was placed on administrative leave by my -- by the state, where I remained for eight months while they did their investigation. I participated in court proceedings in which the prosecutor stated her intention to make
an example out of me because I work for law enforcement and the judge agreed with her.

My employer conducted their own hearing, which I participated in honestly. My leave lasted eight months at which the end of -- at the end of which I was terminated. At no point in this process was I ever presumed innocent of any of the charges against me. Not by police, prosecutors, the judge or my employer. The negative consequences that are -- that the citizens of Connecticut face when -- when they're facing our current set of laws include the change of perception from your family, your friends, your colleagues, just anyone around you. For me its included the loss of my job. I went from being a productive member of society who helped people with special needs to be basically unemployable and I'm on unemployment. My social services program pays for my healthcare now and I have seen absolutely no -- no justice in the justice system or where are current laws stand so I'm asking this body and the people here today to at least attempt to make some changes to our current system of laws.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from members of the -- Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman. First I want to thank you for being here and certainly sharing your story. And at any time there are any questions that I ask that you don't want to answer certainly let me know. I just want to kind of take this as an education aspect for us and to understand the circumstances that you experienced. What exactly were you arrested for? What was -- and
maybe -- maybe not even just the charges, but the actual conviction?

MARC COUTURE: I was not convicted.

REP. REBIMBAS (70TH): What were the --

MARC COUTURE: The charges against me were possession of a schedule 1 drug, possession of drug paraphernalia and intent to sell.

REP. REBIMBAS (70TH): Was there some type of diversionary program that you participated in?

MARC COUTURE: Yes ma'am.

REP. REBIMBAS (70TH): Okay. So the conviction -- obviously not being convicted of something is because you participated in a diversionary program, correct?

MARC COUTURE: I'm currently participating in it.

REP. REBIMBAS (70TH): Okay. I'm not going to ask any further questions. Thank you. Thank you Mr. Chairman.

SENATOR WINFIELD (10TH): Representative Porter.

REP. PORTER (94TH): Thank you, Mr. Chair. First of all I want to say that I'm -- I've very sorry that you have had to deal with this and that your life has been impacted this way. There are definitely some things we need to do around how we deal with persons that use medicinal cannabis. And really not a question, I just found it really appalling and I will continue to say this for as long as we debate on this Bill that you were charged with possession of a schedule 1 drug which means it has no medicinal or pharmaceutical purposes and you're a medicinal patient, contradiction right there. What frustrates
me even more is that this government, the feds have been distributing this since 1968. They grow the stuff. University of Mississippi. And they've been shipping it around the United States to patients as what? Medicine. We have an issue and I just don't understand for the life of me how --

MARC COUTURE: Neither do I.

REP. PORTER (94TH): -- how we get here and how we've done nothing about it. And it just really infuriates me, you know. You're not the first medicinal patient that I've heard a story like this from. I know somebody that's actually looking at some pretty serious time, 20 years, medicinal patient. And I think it's really unfair and I -- I want to say this to the Chairs and to every member on this Committee that we need to seriously take a look at this because this is injustice, it's not just. It's not right. If you've been vetted and you've gone through and you have a medicinal card and his state says that you have permission to take this as medicine, what you went through should have never happened. So I just want to apologize on behalf of the state for what's being done and how your life has been impacted and pretty much devastated.

I do have a question. The program that you're in, can you just talk a little bit about that and how long the program is and what's -- what's going to happen once you complete the program.

MARC COUTURE: I had initially qualified for a different program but at the date that I stood before the judge to take that program the prosecutor came with a letter from some department that I had never met with or heard of that said that I didn't
qualify so I wasn't allowed to take that program which would have had these charges dropped in four to six weeks.

I ended up taking every possible program that I could to -- I basically had to exhaust all of my options as a free person to have these charges against me dropped. All the options that I could ever use to have charges against me dropped. I think I took four programs, one of which is a Supervised Diversionary Program that will end on July 31 of this year so that is the date that the charges against me will officially be dropped.

REP. PORTER (94TH): And how long have you been participating in this program?

MARC COUTURE: Since July 31 of last year.

REP. PORTER (94TH): So it was a 12-month program?

MARC COUTURE: Yes, ma'am.

REP. PORTER (94TH): And you have not been able to find employment since?

MARC COUTURE: No ma'am.

REP. PORTER (94TH): You've been seeking employment?

MARC COUTURE: Yes ma'am.

REP. PORTER (94TH): And been turned down for what reason?

MARC COUTURE: Well for the first eight months of my -- the time that I'd been off from work I was on administrative leave and I was not allowed to work during school hours. I basically had to be available to my job between 7:30 and 3:00 and then the last three months since my termination I have to
answer on teacher applications why I was terminated from my last job and hat basically --

REP. PORTER (94TH): Disqualifies you?

MARC Couture: Disqualifies me as a teacher.

REP. PORTER (94TH): From gaining employment. And while you were on administrative leave, was that paid leave or unpaid leave?

MARC Couture: Yes ma'am, it was paid.

REP. PORTER (94TH): Okay, all right. Well I do apologize again and I'm sorry that you -- that you're having to deal with this.

MARC Couture: Thank you.

REP. PORTER (94TH): You're welcome. Thank you, Mr. Chair.

SENATOR WINFIELD (10TH): Representative Blumenthal.

REP. BLUMENTHAL (147TH): Thank you, Mr. Chair and thank you too for having the courage to come forward with us today and share your story and help us hopefully craft legislation that's going to do the most good in this situation. Without any reference to your personal situation and you may have mentioned this so if I missed it I apologize, but what are your specific -- or do you have specific recommendations for how we change the current language and what would they be?

MARC Couture: If I'm being really honest I haven't probably thought enough about that but I've been meeting with people from QRCT and the ALU and discussing that and honestly any move towards legalization would prohibit other people from going through the experience that I've been through. But
in addition to that I just think that the -- there's no oversight through the Judicial process, through court, prosecutors. It just seems like there's no transparency. They can choose to prosecute who they want to. They can make an example out of somebody for example, just because they think it will advance their own career or they woke up on the wrong side of the bed. I just -- it seems like there's a lot -- there's a lot of different areas to rein this in.

REP. BLUMENTHAL (147TH): Thank you very much. Thank you, Mr. Chair.

SENATOR WINFIELD (10TH): Thank you. Senator McCrory.

SENATOR MCCRORY (2ND): Just for my clarification purposes, you're in the medicinal program, correct?

MARC COUTURE: Yes, sir.

SENATOR MCCRORY (2ND): Although you're in a municipal program you still was arrested? Did you have a large quantity?

MARC COUTURE: It was less than an ounce.

SENATOR MCCRORY (2ND): And you were charged with again, just for my own purposes, what were your charges?

MARC COUTURE: Possession of a schedule 1 drug, possession of drug paraphernalia and intent to distribute.

SENATOR MCCRORY (2ND): Okay.

MARC COUTURE: Because my phone rang a lot while I was pulled over on the side of the road with two flat tires.
SENATOR MCCRORY (2ND): Were you aware that you didn't have to have the law enforcement --

MARC COUTURE: I worked for the Department of Correction and it is their policy that if you do not cooperate with law enforcement during an arrest that that's grounds for termination so I cooperated fully.

SENATOR MCCRORY (2ND): So that's even a bigger problem because your Constitutional right, you gave up your Constitutional right to save your job basically?

MARC COUTURE: Yes, sir.

SENATOR MCCRORY (2ND): Okay. Thank you. And thank you for coming up and sharing your story.

MARC COUTURE: Thank you.

SENATOR MCCRORY (2ND): I appreciate it. Thank you.

SENATOR WINFIELD (10TH): Thank you. Representative Miller.

REP. MILLER (145TH): Thank you and thank you. It took a lot of courage to sit here before us and like Representative Porter, I'm in awe. I am so sorry that you had to endure this and to just see your career go down the toilet. So when the officer approached you I guess you have a certificate, they have a card, right? When you participate in the program, and you showed him your card?

MARC COUTURE: I did not have it with me.

REP. MILLER (145TH): Oh. And there was no way of him checking to see if you were in fact enrolled in the program?
MARC COUTURE: No ma'am. But he seemed to believe me. He didn't ask any further questions about it. He had no intention with charging me with a felony until my phone rang continuously while I was being processed.

REP. MILLER (145TH): Okay. So you didn't have the card with you and that's something that we probably need to look at as well to see because there's a new system where we can do -- we can integrate the different systems so that maybe we can look that up. Because I'll tell you what my concern is when I was out talking to Representative Porter. So if we make it -- we -- it was my understanding that medicinal marijuana is legal in the state and so -- and we know that the feds consider -- do not consider it legal so if we legalize cannabis will it be the same or will the same thing happen? Will there be more individuals subjected to what you were subjected to?

MARC COUTURE: I'm afraid that would be the case no matter what because it seems that the people who deal with these issues, police, judges, things like that are already predisposed to their opinion on it.

REP. MILLER (145TH): Well thank you because I think that's a perspective that I've never thought of. And I'm really -- I'm shocked to hear that you had to endure this because the whole purpose of making it legal was so that individuals can -- legalizing medicinal marijuana or cannabis is so that individuals can use it freely. I mean it's medicine. It's like me taking my prescription with me in my car and the policeman saying to me, oh you can't use this. So again, I a so sorry because I empathize with you. It can happen to me. It can happen to other people when you're 45 years old and
everything that you've worked for, everything that you've worked for, gone just like that so I am so sorry and I wish you the best.

MARC COUTURE: Thank you.

SENATOR WINFIELD (10TH): During -- during the duration of your case there was no opportunity to produce the card?

MARC COUTURE: They had the card.

SENATOR WINFIELD (10TH): They did?

MARC COUTURE: But the prosecutor was interested in making an example out of me.

SENATOR WINFIELD (10TH): Okay. Other questions or comments? Thank you very much for your testimony.

MARC COUTURE: Thank you, sir.


THOMAS GOODARD: Good evening. My name is Thomas Goodard. I'm from Danbury and I wanted to congratulate the Committee on your physical stamina and the courtesy to face the community and listen to us, particularly as you're about to pass laws that will affect our liberty and affect justice. And I've had four major back surgeries and you have my sympathy.

I -- let's see -- I -- being able to use medical cannabis has allowed me to slash my use of opiates, not entirely but 80 percent and I don't know how I could have gotten by without it. One of my hopes -- desperate hope is that we at some point receive the right to grow our own. The -- the dispensaries in the state are always short. If you find something
that's really effective, it's going to be gone very quickly and it won't come back for months, possibly forever. So that ability to grow, the ability to find medicine that really works and to obtain that consistently is -- is just worth its weight in gold.

We had some physicians up earlier who said a great many things that just made my blood boil but one of them that was presented to the Committee was that there are blood side -- roadside blood draws are not permitted without warrants. And just a little bit or research showed that Texas, Missouri, Arizona, Georgia and indeed all of Canada allow mandatory roadside blood taking. And there is looking at a federal program to look at that across the country. So my opinion is that every loosening of the laws here in Connecticut is the strengthening of our Constitutional rights, is a strengthening of our liberty and a strengthening of -- of justice.

I know there were questions again from this position about which drugs are easier to get rid of and to clear yourself from. I've completely cleared myself four times after each of my surgeries and I can tell you absolutely every one of them was miserable. I went back on because I simply couldn't tolerate the pain anymore but I've been able to -- with the use of cannabis I've been able again, 80 percent reduce use. My cannabis use is approved by my pain physician. I checked in with them before -- before I got into the program and they said, oh absolutely. So the science is there, it's just the political will isn't there and we have law enforcement deciding what medical need should be. We have law enforcement deciding what the law should be rather than the people deciding what the law should be and then the law enforcement --
SENATOR WINFIELD (10TH): Are you close to the end?

THOMAS GOODARD: Yes sir, I am. Yes sir, I am. Something else we talked a lot about children and I think the -- the adolescents is a red herring because absolutely nothing here allows these things to be used by children. And if you're familiar with kids, high school age, those ages you'll know that quite often they have the best access. They've known these people all their lives. They know who to trust, who not to trust. They also know who to obtain from.

SENATOR WINFIELD (10TH): Thank you.

THOMAS GOODARD: It is a red herring and I know from my experience in -- from the years I lived in California again, the -- the -- the available was ubiquitous. We had kids sitting here saying that things are available and usage is heavy. Putting people in jail isn't going to have any effect on that at all.

SENATOR WINFIELD (10TH): Thank you.

THOMAS GOODARD: Thank you for listening to me and I appreciate being considered.

SENATOR WINFIELD (10TH): Are there questions or comments from members of the Committee? If not, thank you very much for spending the day with us.

THOMAS GOODARD: Thank you, and good luck.


ABRAHAM HERNANDEZ: Good evening members of the Joint -- the Judiciary Commit. My name is Reverend
Abraham Hernandez and I am the executive director of
the Connecticut Chapter of the National Hispanic
Christian Leadership Conference which represents
over 250 Hispanic Evangelical Churches in
Connecticut.

I would like to speak in opposition of SB 1085 due
to my concern of how marijuana use and abuse is
affecting our society, especially our inner cities
and children. I come before legislature today to
respectfully, yet firmly speak against the retail
sale of recreational marijuana. I want to before
our legislature travels down the fast track of
legalizing marijuana, I'd like to highlight two of
those concerns and I hope we can keep the following
in mind. There are currently 4 million middle
school & high school students vaping in the United
States dangerously experimenting. As stated by the
CDC, this has reached epidemic proportions and
should concern us all. This is happening and it's
interesting because vaping is already "regulated."

Another fact that concerns is that recent data from
the state of Colorado reveals that there were just
111,000 users in 2014 and a merely three years later
204,000 state residents were consuming marijuana in
2017 thus indicating that the market of consumers in
Colorado has expanded drastically and this should
concern us.

For the sake of our black and brown communities, I
would like to set the record straight, because it
strikes me to hear on many occasions the false
propaganda that some proponents of this legislation
have been sharing as if it were Gospel. It tears my
heart to hear each and every time that marijuana
should be legalized for reasons of justice because
"our communities of color are being arrested at a much more disproportionate rate in comparison with the Anglo community. It's interesting to hear this rhetoric because data from OPM in the state of Connecticut in 2017 has stated that merely 32 people were arrested because of marijuana related incidents. However, the following illustrates the post marijuana legalization ramifications in Colorado should make us think twice.

"All painted as a noble cause to seek to reduce incarceration rates among these communities but legalizing marijuana has had the opposite effect.

According to the Colorado Department of Public Safety, arrests in Colorado of black and Latino youth for marijuana possession have increased 58% and 29 percent respectively after legalization. This means that black and Latino youth are being arrested more for marijuana possession after it became legal.

This is why I and over 300 Evangelical Clergy in Connecticut vehemently condemn the intentional misstatements of facts and emphatically condemn it as flat out wrong. Within all of these dire concerns, there is a beacon of hope that I see in all of this in that I believe yes, we should join in the chorus of voices of those who propose that our state's General Assembly take measures to seek and expunge records of Connecticut residents who are incarcerated and/or whose records have been tarnished for way too long by a marijuana possession. Yes, we need to put an end to help pass marijuana convictions that continue to haunt families and even loved ones years and even decades after they paid their debt to society. And I hope
in closing that I don't live to see the day that any Connecticut School Superintendents will repeat the words of Dr. Darrell Bowel, the superintendent of Cherry Creek Schools in Colorado who stated that after 2012 when schools were promised funds from marijuana taxes that would benefit the communities "So far, the only thing that the legalization of marijuana has brought to our schools has been marijuana." So I urge our legislators to stop, think through this because it doesn't make sense.

SENATOR WINFIELD (10TH): Thank you. Questions, comments? Representative Rebimbas.

REP. REBIMBAS (70TH): Thank you, Mr. Chairman. I want to take this opportunity to thank you for your testimony. I think everything you literally said are the concerns that I have. And this may sound -- you know not the best thing to say, I'm not so much concerned about the adults but I'm really concerned about the younger generation. And I know we've had people come up here and say well it's the age of 121 and we've had testimonies saying that the development of brains obviously plateaus at 25, so it's still a concern. But my biggest concern is when we -- whether we call it recreational or retail -- when we make this illegal drug seem acceptable. It's going to get into the hands of the young individuals. It's going to be more easily available. It's already available. Even more so I'm afraid it's going to and I think they're going to be the ones that are disproportionately impacted. Not only through brain development but the impact on future jobs, social anxieties and everything else that may come as a result of being dependent, whether we call it addiction, dependency. I mean
there's actual scientific information that's come before us.

So I just implore you because you seem to be part of an association which you indicated in your testimony, to have all of your members contact their state Representatives and the Senators and really share your testimony and the information that you guys have, firsthand knowledge. Because that's my biggest concern. Is the negative impact that this is going to have. And I think we've -- we've heard through the testimony here today not only obviously from the medical field but the individuals who have had impacts already with the medicinal so-called legalization. I think there's more to that information. But again I think then having more individuals out there -- because this proposal still restricts the certain amounts. So I am fearful of the additional arrests that this will bring. And in more so regarding what this is going to do for our youth moving forward.

ABRAHAM HERNANDEZ: And speaking to -- to the Superintendent of the schools of two cities in your state and to hear from them basically terror -- that they're terrorized when the prospects of this becoming a law when they're having problems with middle schools using JUUL because it tastes like watermelon or whatever may be. And six -- and I've had the opportunity hearing -- hearing them voice their concerns. Traveled the state and ten cities in these last 15 months. Speaking to our currency, sharing data about Latino kids not graduating from high school in four to six years. In some school districts it's 64 to 65 percent of our kids to graduate. And to think that we're going to enable
them and somewhat normalize it, is what -- is what is concerning.

I know some folks; well this is for adults. But then again when you see data that says that over 53 percent of the kids who smoke marijuana now get it for free, then you're going to get it once you legalize it.

REP. REBIMBAS (70TH): And unfortunately they're going to have access in the home when the adults do as well. So thank you very much for your testimony. Thank you, Mr. Chairman.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from other members? Seeing none, thank you very much for coming and spending the time with us. So I have no one left on my list. If there is anyone who was signed up who did not have the opportunity to testify? Is there anyone who was not signed up but would like to testify? Seeing none I will -- oh, okay. You almost missed it. [Laughing]

CARMELO RODRIGUEZ: Thank you ladies and gentleman. I wasn't planning -- I was here since this morning, left, came back but you've always got to take advantage of saying something. And I just want to add a couple words of --

SENATOR WINFIELD (10TH): Can you say your name for the record?

CARMELO RODRIGUEZ: Oh yeah, I'm Carmelo from the city of Britain. I'm want to echo some of the words that Abraham Hernandez has said. First of all I want to say that I have served my country also as a Veteran. Served for the Department of Correction for 20 years as a correctional officer and have served my community as a clergy and also as an
activist. So I'm against -- I'm here against recreational marijuana. Personally I could have been given all kind of medications. I have injuries in the military. The Department of Correction from 1994 to 2014. I've been assaulted, punched, kicked, seen stabbings, seen some other things that doctors could have said you could -- you know I've been offered everything under the sun but I decided there was another alternative than taking marijuana or taking some of the other medication that they're taking here.

But I also want to speak also as a clergy for the last 30 years that I've been involved in the community. I personally have family members that started with marijuana and now some of them are dead, some of them family destruction. Also being a clergy I have personally seen how families have been destroyed due to the fact of drugs. And today I was delighted to hear the doctors in the morning. The guys -- these are the guys that we know to be the best and they gave you guys the information and I was still surprised how some of the people were questioning some of that data. The best data and the best information I got from my grandmother, my father and my mother at an early age. They told me if you come home drunk or high, we're going to hurt you. I'll just -- mom is 73, I'm going to be 50 and I still believe if I go home and if I come by the house one day after being married, having kids and having grandkids that she might do something. That is the best advise that I had. It kept me out of trouble. Seeing our community, especially in our inner city, every place especially among the black -- and the -- and the black and Puerto Rican caucus we recently had a forum and you heard the people.
People who had been under the influence, people who had been addicts, how they say they started marijuana. Please do not add another component to our community. The community right now, the inner city we are having problems with opiate drugs and alcohol.

I asked the -- in the community here I was hearing now they're going to add -- they're not only happy that they will legalize marijuana, but how many plants, how much THC? You guys will open a whole can of worms. For the last three years I asked the commissioner for the police department for the same thing. We've seen and have heard so many cases. The police -- the -- the Chief Association have already testified they're against it. Yes, one of the testimony that Abraham Hernandez said (inaudible - 08:29:00). We had a forum in New Britain already where I brought clergies because I'm also the chairman in the burrows for the coalition. We brought clergies, we brought city council, we brought board members, we brought superintendent, we brought the police department. We brought whole -- nonprofit organization. The all came with the same -- with the same mindset, it's going to hurt the city of New Britain.

The Superintendent, Nancy Sarra, she said yes, she's terrified what's going to happen because we already have issues. In the inner city there are kids 6, 7, 8 years old with already addiction. The inner city, if you're from New Haven, Hartford, Ridgefield we know this. What is a kid at 6, 7, 8 already an addict? And now I stayed in court for many years with inmates where the judge told the inmate you need to take responsibility for what you did, for taking those drugs. But now the state of
Connecticut want to be the drug dealer or the state that -- by allowing the drugs to come into our city. So beg you that we already have decided, the state has decided to have marijuana for medical reasons. I personally have seen in our city how many people are abusing that. And I believe that some of them might need the medication but if you come from the inner city, some people call the hood, we know the real story. They live in the city and we have been seen the good, the bad and the ugly of the community and we've got great people. So today I'm begging you, our Representatives and our Senators that there are other ways that we can bring revenue and I know you view this because of revenues but it's going to cost you a lot more again, we already know, it's going to cost you a lot more to restore somebody's life because of drugs.

SENATOR WINFIELD (10TH): Sir?

CARMELO RODRIGUEZ: So thank you very much and I apologize for taking long. I get a little excited about this.

SENATOR WINFIELD (10TH): Thank you. Questions, comments from members of the Committee? Seeing none, thank you for joining us.

CARMELO RODRIGUEZ: Thank you for the honor.

SENATOR WINFIELD (10TH): Is there anyone else left who wants to testify? Seeing none, I will call this public hearing to a close. Thank you all for joining us.