Connecticut State Medical Society Testimony in opposition to
SB 16 AN ACT CONCERNING THE ADULT USE OF CANNABIS
Judiciary Committee
March 2, 2020

Senator Winfield, Representative Stafstrom and members of the Judiciary Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), please accept this testimony in opposition to SB 16 AN ACT CONCERNING THE ADULT USE OF CANNABIS

The CSMS commends the Connecticut legislature for its very thorough attempt to write legislation designed to regulate and properly control the sale of marijuana or cannabis in a socially responsible manner. As the professional organization most invested in public health and safety the physicians and physicians in training of the CSMS feel a deep obligation to provide cautionary testimony regarding this effort. Although other states have passed similar legislation there is no evidence to date that such statutory change has positively influenced the public health of the community whereas there is emerging evidence to suggest the opposite. Although the Connecticut Marijuana Advisory Board has substantially increased the number of conditions for which certificates may be issued, virtually all these conditions were included based solely on anecdotal reports and not on scientifically controlled trials. There is, on the other hand, strong evidence to support concerns that marijuana carries substantial health risks.

Studies have shown that adolescents who use marijuana have increased risk for acute psychosis, schizophrenia and long-term cognitive deficits. The human brain continues to develop its cognitive pathways and functions well into early adulthood with adolescence being an especially critical period. It has been well documented that the adolescent brain is particularly susceptible to addiction, whether to tobacco, alcohol, opioids or marijuana. Providing additional exposure to addictive drugs in an atmosphere that suggests benefits let alone harmlessness only enhances the risk. No parent needs reminding that risk taking is a part of adolescence.

Studies from Colorado show an increased incidence of pharmacologically active cannabis compounds in the blood of individuals who have succumbed to death in motor vehicle accidents suggesting that marijuana intoxication and its effects on cognitive function may play a role in MVA’s and by extension may also increase accidents in the workplace. Current policy allows employers to test employees in high-risk occupations for substance abuse. Legalization of marijuana may make this more difficult since marijuana byproducts linger in the blood long after dosing, making accurate blood testing difficult or impossible. The same problem occurs with testing drivers for intoxication since blood testing for marijuana is not a reliable indicator of intoxication and hampered ability to operate a motor vehicle.

Recent studies show that nicotine delivery systems using vaping devices have resulted in substantially increased rates of use by adolescents and even evidence to suggest that such use results in higher initiation into other nicotine sources including actual tobacco products, potentially
reversing the huge gains in public health that have been achieved by smoking cessation efforts. Although last year's House Bill 7371 tried to control diversion, we have learned from our experience with tobacco and alcohol products that no amount of control or good intent will prevent this from occurring. Every state is struggling with an opioid epidemic that continues almost unabated despite the best efforts of physicians to curtail prescriptions for legitimate opioids. A large part of the problem is due to a substantial and pernicious illicit drug infrastructure that has grown exponentially with the increased use of prescription opioids for pain control. Permitting marijuana for recreational use will only make the illicit drug infrastructure larger and even more difficult to control. In California the illicit market has grown far faster than the legal, taxed product, thriving in the understory of a highly regulated market. It is now the major marketplace for recreational marijuana in California.

Recreational marijuana is largely consumed in the form of inhaled smoke. Although studies are sparse and inconclusive to date, there is every reason to expect that as with tobacco, the combustion products of inhaled marijuana will cause significant lung disease with its attendant morbidity and mortality in those who are regular users.

Much of the discussion concerning recreational marijuana has centered on the potential revenue that might accrue from the opportunities to tax yet another vice, but too little attention has been paid to the medical and societal costs that occur when people engage in the use of drugs that alter mental state and that have addiction potential. The costs associated with recreational marijuana may significantly mitigate any tax benefits.

The state has taken a major step forward by decriminalizing the possession of small quantities of cannabis products, and while the societal benefits are real and may be further extended by full legalization, those benefits must be weighed against the very real negative health effects. We urge the state to take a slower approach and specifically a wait and see approach to allow us to learn from the mistakes of others before we have to face the challenging position of repealing a law that was well intended, but too far ahead of its time. Until that time, we must oppose the legalization of Marijuana.