Good morning, Chairpersons Winfield and Stafstrom, Senator Kissel, Representative Rebimbas and distinguished members of the Judiciary Committee. Thank you for the opportunity to testify on Section 11 of Senate Bill 16, **AN ACT CONCERNING THE ADULT USE OF CANNABIS**. The Department of Motor Vehicles (DMV) administers the program addressed in this section, which applies administrative licensing sanctions to drug-impaired drivers. Our agency has worked closely with the Administration and our state's other public safety agencies in crafting the traffic safety approach represented in this legislation. DMV believes that the approach taken in this legislation will improve traffic safety.

**BACKGROUND**

In 1990, Connecticut adopted the implied consent law, which is codified in section 14-227b of the Connecticut General Statutes. It states that every person who operates a motor vehicle in this state is deemed to have consented to a chemical alcohol test of such person’s blood, breath or urine. When a person is arrested for operating under the influence of liquor, drugs or both (OUI) in violation of section 14-227a of the Connecticut General Statutes, there is a dual process for the disposition of that person’s case. The person is prosecuted criminally under section 14-227a for the OUI, and is also subject to administrative licensing sanctions imposed by DMV, based upon either the presence of an elevated blood alcohol content, as measured through chemical alcohol testing, or the refusal to take a chemical test. This administrative process is referred to as “administrative per se.” This process quickly removes drunk drivers from the road using a condensed time frame for processing and sanctioning, while still affording due process to those operators. DMV has removed over 100,000 drunk drivers from Connecticut roads since the program’s inception.

Under existing law, the administrative per se process works only when there is a refusal to submit to a chemical test, or there are chemical test results that show an elevated blood alcohol content. An elevated blood alcohol content for non-commercial drivers over age 21 is .08 (eight-hundredthths of one percent of alcohol) or above. Currently, there is no mechanism for including drug-impaired drivers in the administrative per se process because there are no per se limits for substances other than alcohol.
AMENDMENTS

Senate Bill 16 takes positive steps to address the public safety concerns raised by the legalization of cannabis. The effects of cannabis already exist in our state because of legalization in neighboring states. Thus, the traffic safety proposal in this legislation is important because the tools that it gives to our agency to combat impaired driving are as valuable now as they will be after legalization of cannabis.

Section 11 of the bill strengthens the administrative per se program by including in the per se process those operators who do not have an elevated blood alcohol content, but who are found to be operating under the influence based upon other criteria. Those criteria include observations by officers trained in Advanced Roadside Impaired Driving Enforcement (ARIDE), drug influence evaluations by Drug Recognition Experts (DREs) and laboratory reports showing the presence of drugs in the operator’s system. Section 11 also subjects an operator who refuses to submit to the non-testimonial portion of a drug influence evaluation to administrative license sanctions. Broadening the scope of this program will give DMV an expedient method for removing drug-impaired drivers from the road, similar to that for alcohol impaired-drivers. This expansion of the administrative per se program is not limited to those impaired by cannabis. It contemplates administrative license sanctions for all drug-impaired drivers.

In addition to imposing administrative sanctions on drug-impaired drivers, section 11 also lowers the elevated blood alcohol content of a non-commercial driver who is over age 21 when such driver also tests positive for drugs. That threshold is between .05 and .08. It also establishes a per se limit of one-half nanogram of THC for persons who are under age 21. This is the equivalent of the “zero tolerance” alcohol limit of .02 that is in place for drivers who are under age 21. We are aware of a drafting error in this portion of the legislation, and the definition of elevated THC levels should be amended to refer to nanograms per deciliter of blood, not just nanograms.

DMV received over 8,000 OUI reports each year for calendar years 2017 through 2019. DMV was unable to process approximately 8% of these cases each year because the operator was under the influence of drugs. These operators had no administrative sanctions taken against their licenses. Senate Bill 16 eliminates this inconsistency, thereby enhancing safety on the roadways of the state.

Lastly, DMV, alongside our sister public safety agencies and the Administration, respectfully requests that the following section be added to the legislation:

Sec. __. (NEW) (Effective July 1, 2021) Each police basic or review training program conducted or administered by the Division of State Police within the Department of Emergency Services and Public Protection, the Police Officer Standards and Training Council, established under section 7-294b of the general statutes, or by a municipal police department in the state, shall provide for training on advanced roadside impaired driving enforcement. For purposes of this section, "advanced roadside impaired driving enforcement" means a program developed by the National Highway Traffic Safety Administration with the International Association of Chiefs of Police and the Technical Advisory Panel, which focuses on impaired driving.

Having more ARIDE-trained police officers will allow DMV to more efficiently implement the administrative procedures in Section 11.

Thank you for the opportunity to testify on these very important enhancements to public safety.
My very best of greetings to all of you our elected representatives and this committee,

My name is Dr. Noel Casiano and I am a Licensed Marriage and Family Therapist with the State of CT. I also hold a doctorate degree in clinical psychology where my area of research is in the neurobiology of substance use. I have been working in the field of mental health and substance abuse since 2006. I submit this testimony to record my opposition to the legalization of recreational marijuana or cannabis in which I will detail in the following.

As a front-line behavioral health treatment provider for over 14 years, I have seen how marijuana use and abuse has not only impacted the user but also their family and our community.

First, I would like to highlight the complexity and the many unknown scientific components about the marijuana drug itself. The research and the impacts of marijuana are still ongoing and there is still a lot to study and find about marijuana. For example, there are 483 different identifiable chemical constituents known to exist in the cannabis plant. The most distinctive and specific class of compounds are the cannabinoids in which make up 66 known components out of the 483 chemical components. Cannabidiol is the medical component that has been found by science to have some benefits for patients. On the other hand, the negative chemical component where science has found of concern when it comes to recreational marijuana is tetrahydrocannabinol (THC) which has high psychoactive components and is a cause for addiction and psychiatric concerns. THC quickly passes from the lungs into the bloodstream, which carries it to organs throughout the body, including the brain. As it enters the brain, THC attaches to cells, or neurons, with specifically attaches to the cannabinoid receptors. Also, the cannabis that was used and abused in the 1970’s had an average THC level of 1.3%. Cannabis being used and abused now currently has an THC level of 32% which is a great cause for severe psychiatric and addiction concern.

THC in chronic users which are considered to be individuals who smoke cannabis 5 of 7 days a week, had been found to have significant damage to their brain’s white matter which helps enable communication among neurons. Also, damaged white matter has been correlated with higher impulsive behavior among cannabis users. Cannabis and THC has been found to negatively affect the volume and gray matter density in the brain which has also been found to be a concern in the process of addiction. Other areas affected by cannabis use is the nucleus accumbens which plays a role in motivation, pleasure and reward processing and the amygdala a region involved in memory, emotion and decision-making. Other long-term negative affects of cannabis and THC use are psychiatric concerns for hallucinations, paranoia and disorganized thinking of users. This has also been found to worsen psychiatric symptoms of individuals with mental health conditions of depression, bipolar disorder and schizophrenia.

Now let us look at some physiological negative impacts of marijuana and cannabis use. There have been negative impacts on the motor and physical functioning of individuals in the area of coordination. This is because THC affects the cerebellum, the area of our brain that controls balance and coordination, and the basal ganglia, another part of the brain that helps control
movement. These effects can influence performance such employment, sports and driving which is a public safety concern. Also, cannabis use has been found to increased heart rate. A normal and healthy hearts has a 70 to 80 beats per minute process, but users of cannabis may increase their heartbeat by 20 to 50 beats per minute. The increased heart rate forces the heart to work extra hard to keep up and over-time place users at higher risk of heart health concerns.

Another area of professional concerns is the impacts on the struggles of our communities of color when it comes to social and legal injustice. Due to law enforcement officers and agencies not having a road-side testing procedure or tool, I have seen more clients come to treatment due to being arrested and given a summons for DUI offenses. Many of these clients reported that they felt targeted because when pulled over by law enforcement officers they were arrested for suspicion of driving under the influence, but not having a testing procedure to document for sure that their suspected marijuana use could be found. I urge you to look at the increase arrests of marijuana users on the basis of suspicion of use or abuse without having a legal way to prove their inability to operate a vehicle by just reasonable suspicion or visual inspection by our law enforcement officers.

I hope that with my testimony you have been able to appreciate the cause for great concerns and negative impacts that recreational marijuana has on our society and its users by impacting their mental health, physical health and social injustice in a negative manner. I have personally and professionally seen how marijuana has been a gateway drug that not only causes addiction, mental health conditions, but also a gateway for users to be involved with the legal system. As lawmakers and representatives of the citizens our great state of Connecticut, we need to find solutions to allow our communities to be healthier and safer. Recreational marijuana does not help us accomplish this goal, it will only continue to provide negative consequences in so many ways. I urge you to not pass any bill that can have such a negative societal impact.

Respectfully,

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