I vehemently oppose the legalization of recreational marijuana, in particular the THC component, the psychoactive ingredient of marijuana. Recreational use of marijuana with THC offers minimal medicinal benefit as opposed to CBD. I support Medical marijuana especially for cancer patients and those in a palliative state. Marijuana stimulates appetite for those ill people. In addition, I support CBD oil. Those I know who use CDC oil for pain get immediate relief, but without the “high”.

Plainly, marijuana was made illegal because it is harmful, particularly the psychoactive ingredient, THC. The Surgeon General continues to remind us of the harms of marijuana with timely press releases. Citing revenue gain as a reason to legalize marijuana emphasizes money over health and ignores the significant cost burdens that will inevitably arise as a result. We cannot allow social and law enforcement policy to be determined simply by revenue needs. We should not buy into the argument that vices should be legalized, taxed and regulated—no matter how much revenue we think it may generate. Do we really want our governments to allow the sale of substances known to be harmful to our bodies for the sake of sheer profit? If this were a corporation proposing such a thing, it would be taken to court!

Below is from the Oregon Department of Revenue:

"According to the Oregon Department of Revenue, the marijuana tax revenue would be disbursed as follows: 20% would go to Mental Health, Alcoholism, and Drug Services, 15% would go to state law enforcement, 10% each to cities and counties for marijuana enforcement costs, and 5% to the Oregon Health Authority for alcohol and drug abuse prevention (Oregon Department of Revenue)."

In the case of Oregon, 50% of the revenue is being spent on fixing the problems created by the legalization of recreational marijuana.

In addition, I think it is preposterous and irresponsible to propose legalization recreational marijuana when there is a vaping and opiate crisis on-going. In Connecticut, at least 1,000 residents die each year from opiate overdoses, an additional 5,500 people per year are taken to EDs, and there are 3,000 people who require hospital admissions.

There is always discussion about creating good jobs. I support creating good jobs. In fact, the construction industry has been looking to hire. Here’s a great opportunity for person to learn a trade, (an electrician, plumbing, a framer, etc.), earn good money and benefits, a good job. However, the construction industry reports that they are having trouble hiring folks because applicants fail their drug tests. In the construction industry safety is paramount. Anyone within the construction industry that is involved in an accident or injured is required to be tested for drugs. I hope those involved test clean for drugs. I feel peddling harmful substances is not a good job.

I’m appalled to see any members of the Public Health Committee signing on with bills that pertain to the legalization of recreational marijuana.

I have an expectation as voter and resident of Connecticut that my representatives will protect my health and safety.
Sincerely,

Michael Makowski

Colchester, CT
The data presented here does not prove any causation. The Medical Examiner has never list marijuana as the cause for death. What is presented here are observed phenomena (violent deaths and accidental overdoses) that include marijuana usage with in the last 30 days, over the course of two years collecting death data. The best way to compare data from time period to time period is by rates because populations change from year to year.

In 2002, a new federal surveillance system called the National Violent Death Reporting System (NVDRS) was initiated by the Centers for Disease Control and Prevention (CDC). The states of Massachusetts, Maryland, New Jersey, Oregon, South Carolina and Virginia were chosen to begin collecting data for entry into this reporting system. NVDRS has expanded several times to include new states, most recently the Connecticut Department of Public Health (CTDPH) was awarded CDC funds for 2014 for a 5-year period to establish the Connecticut Violent Death Reporting System (CTVDRS). In 2015 CTDPH began collecting data on violent deaths. Currently, all 50 states, Puerto Rico and Washington DC participate in NVDRS.

According to the NVDRS specifications, the definition of a violent death is as follows: a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community. The person using the force or power need only to have intended to use force or power; they need not to have intended to produce the consequence that actually occurred. According to this definition, violent deaths include suicides, homicides, deaths from legal intervention, terrorism, deaths of undetermined intent, and accidental firearms deaths.

The major sources of violent death data for CTVDRS are the Office of the Chief Medical Examiner (OCME) (autopsy, investigator, and toxicology data), death certificates from the CTDPH Office of Vital Records, and law enforcement reports that include Supplementary Homicide Reports from the Department of Emergency Services and Public Protection (DESPP), and the Connecticut State Police. The data from these reports include the circumstances of suicides (e.g. depression, relationship problems) and homicides (e.g. committed during a crime such as a robbery or intimate partner violence). From this data, CTVDRS and key stakeholders develop violence prevention efforts statewide.

The most complete toxicological data for CTVDRS is available for 2015 to 2017.
The intake of marijuana, whether smoking or ingesting it, can lead to loss of inhibition, judgment and cognitive processes. In addition to cognitive impairment and judgment after usage, one may become anxious, afraid or panicked.

From 2015-2017, there were 340 homicides in Connecticut. Marijuana (positive blood test indicating usage within the last 30 days) was the most frequent drug found in people that died from homicide. 31% (71 cases) tested positive for marijuana. (in which marijuana was the only drug detected) The combination of smoking marijuana and ingesting alcohol further heightens the effects of alcohol. If we include the combination of positive marijuana tests and alcohol, there are an additional 29 homicide deaths were observed. The highest rates for positive marijuana blood tests results occurred in 18 to 24 year old age group. For that age group there were 3.1 deaths per 100,000 CT population, followed by the 25-44 year old age group, 2.2 deaths per 100,000 CT population.

From 2015-2017, there were 1,590 suicides in Connecticut. 7% (79 cases) had detectable amounts of marijuana in their blood. Once again the highest rates for positive marijuana blood tests results occurred in 18 to 24 year old age group, 2.4 deaths per 100,000 CT population, followed by the 25-44 year old age group, 1.5 deaths per 100,000 CT population.

CTDPH also collects data on unintentional poisonings (accidental drug overdoses). From 2015-2017 there were 2,692 deaths from unintentional poisonings. 21% (557 cases) tested positive for marijuana. Unlike homicides and suicides, the highest death rates for unintentional poisonings occurred in 25-44 year old age group, 11.6 deaths per 100,000 CT population, followed by the 18-24 year old age group, 9.2 deaths per 100,000 CT population.
There is irrefutable evidence that marijuana usage among people with blood concentrations of 5 ng/ml causes impairment of cognitive functions such as thinking and problem solving and body movement. Regarding driving, marijuana is known to acutely impair several driving-related skills in a dose-related fashion, but the effects between individuals vary more than they do with alcohol because of tolerance, differences in smoking technique, and different absorptions of THC.12

Using data from the UCONN crash repository3, Connecticut from 2015 to 2018 averaged 112,747 crashes per year (total of 450,986 crashes during that period of time). Similarly during that period of time, Connecticut averaged approximately 1,276 crashes per year with serious injuries (my assumption—requiring some degree of hospitalization), 25,388 crashes per year with some degree of injury (my assumption an ED visit or medical attention/doctor visit), 278 fatalities per year, 66 DUI∗ fatalities per year, and 85,803 crashes with some degree of property damage done.

Based on yearly Connecticut averages deaths, serious injury, some degree of injury requiring medical attention, and WISQARS4 cost calculator (cost express in 2016 U.S. prices— for deaths— lifetime medical cost refer to medical cost associated with fatal injury event; lifetime work loss cost)

**Death**

For fatal injuries N=278, cost of death in CT was a combined (work loss cost + medical cost = combined cost; $4.35 M + $289,964M = $294,320 M)

**Serious Injury- Non-Fatal Hospitalization Injuries**

N=1,276 (work loss cost + medical cost= combined cost) $ 88.408M + $49.21M = $ 137.624M

**Injury – Medical Attention- ED visit & release**

N=25,388 276 (work loss cost + medical cost= combined cost) $ 64.61M + $100.22M = $ 164.83M

From the Insurance Institute for Highway Safety October, 2018 report5 the overall effect of legalizing recreational marijuana on traffic crashes in states where legalized (Colorado, Washington and Oregon versus control states of Nebraska, Utah, Wyoming, Montana, and Idaho), the incidents of crashes increased 5.2% for the time period of 2012 to 2016.

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3 Retrieved on 4/12/19 [https://ctcrash.uconn.edu](https://ctcrash.uconn.edu)


According to the Governors Highway Safety Association⁶, the best overall estimate of marijuana's effect on crash risk in general is an increase of 25-35% or a factor of 1.25 to 1.35.

Attached are the WISQARS cost calculations.

** DUI Crashes – Crashes where at least one driver is identified as under the influence of Medication, Drugs (Includes Marijuana) or Alcohol at the time of the crash in the accident report¹

There are vulnerable populations in Connecticut: the adolescents and young adults (18-25 years old) and the mentally ill. There is substantial evidence from clinical studies that marijuana usage, particularly moderate to heavy usage*exacerbates the illnesses of schizophrenia, bipolar disorder and depression.⁷ SAMHSA (Substance Abuse and Mental Health Services) for 2012-2014 estimates that 16.1% of Connecticut’s population ⁸ has any mental illness. (2017 CT population approx. 3.56 Million; 16% = 569,600 residents)

Since 2015 Connecticut suffered from an Opioid Epidemic of deaths. From 2015 to the present, Connecticut has averaged at 1,000 opioid related deaths .

* moderate usage 28g/mo; heavy usage 56 g/mo

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⁷ https://www.drugabuse.gov/publications/drugfacts/marijuana retrieve on 4/20/19