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Re: Oppose S.B. 888 An Act Responsibly and Equitably Regulating Adult-Use Cannabis

Co-Chair Winfield, Co-Chair Stafstrom and distinguished members of the Judiciary Committee:

My name is Kimberly Inglis and I am a resident of Clinton, CT. I am a parent of three teenagers, an avid volunteer in our community and member of Partners In Community, a local organization who promotes and supports living a healthy, substance-free lifestyle, works hard to educate the public about the harms of substance use, and protects and positively develops our youth.

I am testifying in opposition to S.B. 888 An Act Responsibly and Equitably Regulating Adult-Use Cannabis. Now is not the time, especially during a pandemic, to be legalizing an addictive, mind-altering substance that has been scientifically proven to be linked with several mental health disorders including depression, anxiety, schizophrenia, paranoia and acute psychosis. Based on the data and statistics that exist in other states that have legalized non-medical marijuana, pot legalization has NOT benefited public health and safety; in fact, it has made the situation in those states much worse.

Research and science have shown that marijuana use is not harmless. THC (delta-9-tetrahydrocannabinol), the psychoactive chemical in marijuana that creates a “high”, has the potential to do significant harm to public health. THC has been proven in several medical studies to negatively impact brain development in those who are younger than age 25. Marijuana use while the brain is still developing (it typically stops by the time an individual reaches the age of 25) can cause long-term and adverse changes in the brain, as shown in brain scans of marijuana users. According to Psychological Medicine in 2021, frequent weed use during one’s adolescent years is also associated with a loss of an average 6-8 IQ points during adulthood; these young users are also four to seven times more likely to develop a marijuana use disorder. Knowing that marijuana use is harmful to a still-developing brain, why would any responsible and public-safety minded individual be in favor of legalizing pot for those who are younger than age 25? Studies, data and science should matter. We know so much more about substance use outcomes than we did fifty years ago. Repeating extremely costly mistakes and ignoring the science is irresponsible and reckless.

The frequent and alleged claim that a “regulated” weed market will limit youth use is completely FALSE, as demonstrated in the disturbing trends that currently exist in Oregon, Washington and Colorado. Due to the reduced perception of harm that comes with legalizing marijuana, more teenagers and young adults are actually using marijuana than ever before. According to the University of Michigan’s Monitoring the Future survey, daily marijuana use by youth increased dramatically from 2018 to 2019. 4.8% of 10th graders and 6.4% of 12th graders reported near DAILY POT USE in 2019. Youth are vaping THC oils and concentrates because they are being convinced on social media platforms and by the pot industry that “weed is just a plant” and is harmless, which couldn’t be farther from the truth. In fact, while daily cigarette and alcohol use by youth is on a steady decline, daily pot use among 8th, 10th & 12 graders is trending in the opposite direction in the United States. Past month and past year marijuana use in “legal” states actually outpaces use in non-legal states by more than three percentage points. According to the Colorado Department of Public Health and Environment and Oregon Healthy Teens, more than 25% of kids aged 14-18 have dabbed
cannabis (a product that can include THC levels as high as 90%) within the past 30 days. Marijuana dispensary density has even been proven to be linked to more use among youth, with 24.3% of 11th graders using pot in areas with higher dispensary density compared to 16% in areas with less pot dispensaries, according to S.A.M.’s Lessons Learned from Marijuana Legalization Impact report. Marijuana use in schools (typically in the form of vaping THC) has also become a significant problem in the U.S., resulting in an increase in middle and high school suspensions, especially in legal pot states like Colorado. SAMHSA has reported that past-month use rates in young adults (those aged 18-25) located in states where non-medical pot is legal is 32.7% compared to 20.7% of those in the same age group in non-legal states. Clearly legalization has not reduced marijuana use among teenagers and young adults. Recreational marijuana legalization has also led to a 25% increase in adolescent cannabis use disorder. An even more disturbing statistic is that in Colorado, marijuana was detected in 30% of suicide toxicology reports for kids aged 15-19 in 2017. The bottom line is that more young people are using marijuana in “legal” states and are using it more frequently. Is this what we desire for our youth in Connecticut? How does Connecticut plan to fix what has clearly failed the youth in other legal pot states?

The marijuana that is being used today is no longer “just a plant”; THC concentrates such as wax, budder, dabs and shatter can contain THC as high as 90%. The widespread availability and use of pot edibles and THC concentrates are leading to an increase in addiction, marijuana-related emergency room visits, hospitalizations, poison control center calls, psychosis cases, suicides, cannabis use disorders, and admissions to long-term treatment facilities all across our country. In fact, among youth receiving substance use disorder treatment in publicly funded programs, marijuana accounts for the largest percentage of admissions - seventy-six percent among those who are 12 to 17 years old. There has also been a 25% increase in cannabis use disorders among 12-17 year-olds in legal marijuana states. The National Institute on Drug Abuse reports that thirty percent of all marijuana users have some form of cannabis use disorder. More substance use disorders mean we need more drug treatment facilities and a more robust drug prevention plan; all of that comes with a cost. Is Connecticut physically and financially prepared to respond to all these negative outcomes?

According to the Colorado Department of Public Health & Environment, yearly marijuana hospitalizations increased 101% from 2013 to 2017. In Alaska, hospitalizations involving marijuana use increase 45% according to the Alaska Department of Health and Social Services.

According to the 2019 Rocky Mountain High Intensity Drug Trafficking Area Report and Washington Poison Center, calls to poison control centers went up by 112.8% in Colorado and 103.2% in Washington between 2013 and 2019. Reports of young kids exposed to cannabis spiked after Washington legalized “recreational” pot; poison control calls involving young children with unintentional marijuana exposure nearly TRIPLED in five years. In Colorado, youth cases of marijuana-related exposures increased 126.2% from 2013 to 2018. Is Connecticut prepared for these expected increases in poisonings and pot overdoses? How far will the state go to make sure pot edibles do not fall into the hands of minors and young children? According to a 2016 study of unintentional pediatric exposures published in the medical journal JAMA Pediatrics, Colorado’s laws on labeling and child-resistant packaging were UNABLE to prevent a spike in ER visits and calls to poison control centers for children under nine years old.

States that have fully legalized and commercialized marijuana have also seen increases in drug related car accidents and fatalities, substance use by pregnant women, crime, illegal marijuana grows (the black
After states started legalizing marijuana, the data has shown that more people have been driving while high on pot which has caused an increase in traffic accidents and fatalities, especially in Colorado and Washington. According to the Centers for Disease Control and Prevention, 12 million U.S. residents reported driving under the influence of marijuana. Driving under the influence of marijuana is extremely dangerous. According to an AAA survey only 70% of drivers perceive driving within an hour of using marijuana as extremely or very dangerous. That percentage shockingly drops to 57.9% for younger drivers (those aged 19-24). These statistics mean that more marijuana impaired drivers are on our roads and highways. A survey conducted in Washington in 2018 found that 16% of 12th graders drove after using marijuana and 24% rode with a driver who used pot. In Colorado, the percentage of drivers testing positive for THC [only] increased more than 15% between 2016 and 2017. Thirty-nine percent of those who tested positive for marijuana were UNDER THE AGE OF 18. According to Smart Approaches to Marijuana’s 2020 Lessons Learned from Legalization Impact Report, “Research by the Highway Loss Data Institute found that legalization of recreational marijuana in Colorado, Oregon and Washington coincide with an increase in collision claims. Traffic fatalities increased over 31% since 2013.” In 2018, more than 18% of all traffic fatalities in Colorado involved a driver who tested positive for THC. There is also no accurate road-side test to measure THC levels. Even if there was such a test, the levels of THC and the high it causes varies widely from individual to individual because it is broken down in tissue, not blood. **If law enforcement cannot prosecute “high” drivers after accidents or traffic violations, what consequences do we have to deter people from driving high? What is Connecticut doing to educate all drivers about the dangers that exist while driving impaired? How will you protect the public? Will car insurance rates increase in Connecticut due to these known adverse outcomes? Can our legislators or our governor guarantee that we won’t see an increase in drugged driving accidents and fatalities if marijuana is fully legalized in Connecticut?**

More pregnant women are also consuming marijuana because “budtenders” in retail pot shops in legal marijuana states are [wrongly] telling them it is safe to use. This dangerous and careless advice being provided by non-medical professionals is causing long-term harms to unborn babies. According to the Alaska Department of Health and Social Services in 2020, 9% of women who delivered a baby in 2017 used marijuana during their pregnancy. In a Colorado study a few years ago, seven in ten pot dispensaries recommended marijuana to women who posed as pregnant. A 2017 study by the American College of Obstetricians and Gynecologists determined that young, low-income women residing in urban areas have a 15-28% marijuana use rate during pregnancy. These trends and statistics are extremely disturbing because marijuana use during pregnancy is linked to negative cognitive development in babies and increases the risk of low birth weight and preterm births. Prenatal exposure to cannabis also predisposes offspring to neuropsychiatric disorders and contributes to developmental problems in children. **What are Connecticut’s plans to make sure pregnant women are adequately educated about these harms and risks? How will the state make sure that unborn babies are protected if marijuana is legalized?**

According to the U.S. Bureau of Land Management, the number of illicit marijuana plants seized from Colorado public lands increased 1,523% from 2013 to 2017! The Drug Enforcement Administration eradicated 3.2 MILLION illegally grown outdoor marijuana plants and 770,000 indoor marijuana plants. To assume illegal marijuana outdoor and indoor grows won’t also happen here if pot is legalized, is ignorant. **What is Connecticut’s plan to address this growing problem? Who is going to monitor this activity?**
Contrary to our governor’s claim, legalization does NOT get rid of or reduce the black market. In fact, states like California and Oregon are finding that the black market is larger than the legal market because people who regularly consume pot often find it cheaper to buy weed from a drug dealer than in a retail store, due to the excessive pot tax. The promise that a “legal” market eliminates a black market and allows law enforcement officers to focus on other issues is an outright lie. In the state of California, law enforcement agencies no longer have the capacity to keep up with the increasing number of illegal pot growing operations and increased drug cartel presence; CBS News reported in 2019 that law enforcement officers in California seized over $1.5 BILLION worth of illegal pot. Several of those very large illegal marijuana grow sites existed (and still exist) on federally protected land, which is now contaminated with pesticides and other chemicals, killing wildlife and destroying ecosystems. In 2018 and 2019, the Oregon-Idaho High Intensity Drug Trafficking task force identified more than 60 drug trafficking organizations operating in their area. 

What is the state of Connecticut’s strategic plan to address the potential increase in illegal marijuana grows and operations, both outdoor and indoor, and drug-cartel activity?

Over 30 fires and marijuana extraction lab explosions were recorded in the state of Oregon between 2012 and 2018. According to the Oregon-Idaho High Intensity Drug Trafficking Area report, more than 80 people became burn victims due to these fires and explosions; treatment costs for these victims totaled $15 million. Where is this cost accounted for in Connecticut’s pot legalization plan?

Crime rates have risen at a faster rate in legal pot states than those who have not legalized and commercialized marijuana. One only needs to look to Colorado to see how legalization has affected property crimes. According to S.A.M.’s 2020 Lessons Learned from Marijuana Legalization Impact report Denver neighborhoods saw 84.8 more property crimes each year than those areas without a retail pot shop. In 2016, Colorado’s crime rate increased 11 times faster than the thirty largest cities in the nation since legalization. Arrests for marijuana offenses increased more than 29% from 2013 to 2018 in Colorado. The FBI reported in 2018 that drug sales offenses have also increased by more than 10%.

There are significant costs associated with all of the above negative outcomes that accompany pot legalization. Where in S.B. 888 does it account for all of the costs associated with the expected increase in hospitalizations, treatment for substance use disorders, traffic accidents and fatalities due to drugged driving, workplace productivity losses, law enforcement needs due to an expected increase (not decrease) in illegal marijuana grows and crime rates, which are a direct result of legalizing and commercializing this mind-altering substance in other states?

Contrary to what S.B. 888 claims to do for “social justice” and “social equity”, not one state in the U.S. that has legalized non-medical marijuana has been successful in this endeavor. In fact, if you look at the data, multi-state pot operators have more licenses than any minority-owned marijuana retailers. And most pot shops are located in low-income and vulnerable communities. A 2017 Los Angeles, California study determined that the majority of dispensaries are located in African American communities. In Denver, Colorado, pot shops are disproportionately located in disadvantaged neighborhoods, and in Oregon most dispensaries are located in low-income communities. Explain to me how this is “social justice”. Nationally, less than 2% of all pot businesses are currently owned by minorities. Connecticut is trying to sell legalization to the public as a “social equity” initiative?

If our legislators want to do something to make a real difference in the lives of the people who have been incarcerated for low-level drug offenses, make it easier to expunge prior records without legalizing and
commercializing this drug. Our state should be making treatment more accessible for those with substance use disorders, not be supporting an industry whose survival depends on repeat and lifelong customers. Why support an industry who is responsible for the increase in cannabis use disorders due to how their product is wrongly and widely marketed?

In order to support substance use prevention, and the social and emotional well-being of all Connecticut residents, our local and state leaders, including the governor, should be investing in and creating strategies that minimize the use of all mind-altering substances including marijuana, NOT encouraging and marketing mind-altering substances that have little to no public health benefit.

The state of Connecticut, and its representatives should be more focused on promoting healthy, substance-free activities in our communities, and educating the public about the real risks and harms of marijuana use. It’s extremely disappointing to read that S.B. 888 allows “municipalities to permit outdoor consumption of cannabis at restaurants”. Imagine a family with young children, seated outdoors at a restaurant trying to enjoy a meal and some fresh air while sitting next to a table of people smoking a joint, vaping THC or getting high on edibles? No family should have to be exposed to secondhand smoke or cannabis vapor nearby; no one should have to endure the skunky smell of smoked cannabis while enjoying a family meal. THAT is clearly an example of NOT prioritizing public health. If people want to smoke or vape substances, they can and should be doing that in the privacy of their own home, NOT in public.

Have we forgotten why cigarettes were banned from public places and restaurants?

Have we not learned from the predatory Big Tobacco industry, who once lied to the public for decades and convinced an entire nation that their nicotine and tobacco products were harmless and not addictive? Have we not learned from Big Pharma who lied about opioids not being addictive, and is responsible for the nearly 500,000 lives lost due to drug overdoses over the last decade? Those industries and the Big Pot industry are clearly driven by normalizing use of their addictive products and hooking more users so they can make a profit. Connecticut’s governor wants to raise tax revenue by supporting an industry who cares nothing about public health and safety. When it’s too late and the damage is already done in Connecticut; when we have more cannabis-addicted individuals in our state, when more people are suffering from mental health disorders than ever before, when our drug-treatment facilities have run out of beds because of an increase in cannabis use disorders, when more families are losing loved ones due to an increase in drugged driving, when our teen suicide rates have gotten much worse, ALL because legislators prioritized an addiction-for-profit industry over the public health and safety of our state, will you still proudly stand by and feel really good about your decision to vote in favor of this legislation?

I can assure you that I will be holding every single person who voted in favor of this terrible bill fully accountable for the deterioration of public health and safety in my home state. You will be the ones we blame for all the lives lost, for every single person who developed a marijuana addiction, for every child we failed, because YOU failed to do the safest and right thing for Connecticut and its residents. I know I would never want those negative outcomes on my conscience, and neither should you.

I strongly oppose S.B. 888 and urge you to refrain from voting this bill out of Committee.

Submitted for your consideration,

Kimberly Inglis