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**Connecticut State Medical Society Testimony in opposition to
House Bill 7287 AN ACT CONCERNING REVISIONS TO THE MEDICAL
MARIJUANA PROGRAM
General Law Committee
March 22, 2019**

Senator Fonfara, Representative D'Agostino and members of the General Law Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS), please accept this testimony in opposition to **House Bill 7287 AN ACT CONCERNING REVISIONS TO THE MEDICAL MARIJUANA PROGRAM.**

In 2012 the General Assembly passed Public Act 12-55 An Act Concerning the Palliative Use of Marijuana establishing a comprehensive program for the use of medical cannabis. Several debilitating conditions were included in the Public Act qualifying medical marijuana for their use. The act also established a Medical Board of Physicians whose duties include recommending to the Commissioner of the Department of Consumer Protection (DCP) **conditions to be added to the list of conditions that qualify for the palliative use of marijuana.** The Board has, in fact, recommended several additions and continues to be active in vetting conditions deemed appropriate for the palliative use of medical cannabis. All have been approved by the Commissioner and ultimately accepted by the General Assembly's Regulations Review committee through the appropriate process.

In 2018 the Medical Board of Physicians included Opioid Use Disorder/Opiate Withdrawal (OUD) on a Public Hearing Agenda as required. At that hearing, CSMS provided the attached testimony in opposition to its inclusion in the program. Subsequently, at its June 25, 2018 meeting the Board voted unanimously (8-0) to recommend to the Commissioner that he not add OUD to the list of debilitating conditions. While the Board rightfully determined that OUD is a debilitating condition, it determined that marijuana is not likely to have the potential to benefit, treat or alleviate the debilitation associated with the medical condition or medical treatment of this disease.

The General Assembly went through great lengths and debate developing a comprehensive medical marijuana program. House Bill 7287 circumvents the process put in place through Public Act 12-55 and basically renders one of the most critical aspects of the legislation obsolete. Legislation to add OUD also ignores the medical recommendation of the knowledgeable medical professions tasked with this responsibility.

Opioid addiction and OUD continue to be an epidemic and CSMS has been proud to work closely with this committee and others to attack the problem. Many effective means of Medication Assisted Treatment (MAT) and other therapies exist to treat OUD. Adding OUD to the list of debilitating condition through passage of House Bill 7287 misinforms the public and has the potential to misdirect patients, adding to the burden of this disease. CSMS asks that the Committee continue to accept the decisions of the Board of Physicians and continue to work collaboratively to address and combat debilitating diseases.



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Connecticut State Medical Society
Comment to the Department of Consumer Protection Board of Physicians for the Use of
Medical Marijuana
March 29, 2018

Commissioner Seagull and members of the Department of Consumer Protection Board of Physicians. On behalf of the physicians and physicians in training we thank you for the opportunity to present these comments as you consider adding the medical condition of Opioid Use Disorder to the twentytwo currently allowed indications eligible as conditions that would benefit from Medical Marijuana. This indication has been brought up in other states and has not been approved in any. Research presented in "The America Journal of Psychiatry" (AJP) and a recent editorial in "Addiction", cast doubt on validity of this proposal as well.

Although there is some evidence that cannabis, or cannabinoids (CBD), can be effective for chronic pain there is little to support the position that people with chronic pain would substitute cannabinoids for opioid analgesics. The AJP study concludes "Cannabis use appears to increase rather than decrease the risk of developing nonmedical prescription opioid use and opioid use disorder. More importantly, an Opioid Use Disorder (OUD) is not chronic pain and suggesting that marijuana is treatment for OUD, without evidence, would lead people away from the proven efficacy of medication assisted therapy (MAT). An ill-informed healthcare provider recommending substitution of medical marijuana to replace a Food and Drug Administration (FDA) approved treatment for OUD

(methadone, buprenorphine/naloxone (i.e. Suboxone) could be disastrous leading to relapse, overdose and death.

The editorial in "Addiction" concludes "Given these limitations of the evidence, it is premature to recommend the expansion of access to medical cannabis as a policy to reduce opioid overdose risks in the United States and Canada. The premature adoption of this could displace policies for which there is far better evidence of effectiveness in reducing opioid overdose deaths; namely, increasing access to methadone- and buprenorphine-assisted treatment for opioid dependence; reducing rates of imprisonment for opioid possession and low-level dealing; and distributing naloxone to users and family members to reverse opioid overdoses".

Thank you for the opportunity to provide these comments to you. We welcome any opportunities for further input or discussion.

1. -Wayne Hall, Robert West, John Marsden, Keith Humphreys, Jo Neale, Nancy Petry. **It is premature to expand access to medicinal cannabis in hopes of solving the US opioid crisis.** *Addiction*, 2018; DOI: [10.1111/add.1413](https://doi.org/10.1111/add.1413)
2. -[Mark Olfson](#), M.D., M.P.H., [Melanie M. Wall](#), Ph.D., [Shang-Min Liu](#), M.S., [Carlos Blanco](#), M.D., Ph.D. **Cannabis**

Use and Risk of Prescription Opioid Use Disorder in the United States, *the American Journal of Psychiatry*, Volume 175, Issue 1, January 01, 2018, pp. 47-53