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Senate Judiciary Committee Testimony

Chairman Coleman and distinguished members of the Senate Judiciary Committee, it is an honor and privilege to speak with you today. I am Dr. Alan Shackelford. I trained at major teaching hospitals of the Harvard Medical School in internal medicine and did fellowship-level subspecialty training in nutritional and behavioral medicine, including a Harvard research fellowship.

I have followed the debate in Connecticut about medical marijuana with great interest, and felt it was important for me to fly to Hartford from Colorado to speak with you today from a physician's perspective about the many compelling reasons why the passage of this legislation is so important for the people of this state. I would be happy to answer any questions you may have after my remarks.

I have had the privilege of advising several State Senators and Representatives during deliberations in the Colorado legislature in 2010 as well as since on establishing a system regulating Colorado's medical marijuana industry, and serve on the medical marijuana advisory work group established by the Colorado Department of Revenue which now oversees and regulates the industry in Colorado. In that capacity, I have assisted with the drafting of rules governing safety and health-related aspects of the cultivation, labeling, and dispensing of medical cannabis, and am honored to have been designated to perform similar tasks for the City and County of Denver.

Above all, and most rewardingly, however, in the past several years I have been privileged to care for hundreds of patients who use medical marijuana to treat a wide variety of medical conditions and symptoms, and have observed first-hand the many impressive benefits they have realized from its use.

In many instances, patients have been able to significantly reduce or even eliminate their use of prescription medications, including opiates for pain. Many have been able to resume productive work and to provide for their families. And many others saw the pain and suffering of their final illnesses reduced to tolerable levels, allowing their lives to end in relative peace and dignity.

The average age of the medical marijuana patients in Colorado is 44. My patients are generally older, with our oldest now 102. Medical marijuana has made it possible for this very vital and energetic woman to stop taking the stultifying narcotic pain medicines she was prescribed and to again interact with her children, her grandchildren and her many great grandchildren and to live an active, fulfilling life.

And hers is no isolated experience. We have seen similar benefits in the vast majority of our patients. Indeed, an AARP poll of Americans over the age of 45 conducted in

2004 revealed that 72% of respondents thought that adults should be able to use marijuana for medical purposes if a physician recommended it (1).

During these hearings you may hear that marijuana is addictive, and while an estimated 9% of heavy, chronic users may experience some kind of withdrawal symptoms, including disrupted sleep, decreased appetite and irritability, these are generally mild and resolve rapidly without long lasting negative effects for most people (2). Compare that to the withdrawal symptoms caused by stopping caffeine, the most widely-used psychoactive substance in the United States. Those symptoms include headaches, muscle and joint pain, nausea and diarrhea that can be severe in many cases. Which explains why there is a coffee shop on nearly every corner.

You may also hear that marijuana causes schizophrenia or other mental illnesses. If that were true, the number of schizophrenia cases would rise along with increasing cannabis use. In fact, exactly the opposite is the case, with the number of cases of schizophrenia and other psychoses dropping even as cannabis use increases, as has been observed in Britain (3). Most people diagnosed with schizophrenia also use large amounts of tobacco, yet no one has postulated a causative relationship for tobacco.

Some may tell you that marijuana is dangerous because it is not regulated by the FDA. There are many reasons why it is not regulated, but marijuana is not dangerous. There have been no verified deaths from a marijuana overdose in its nearly 5,000 years of recorded human use. That cannot be said of many prescription medications that have been approved by the FDA. The truth is that almost 38,000 people died in the United States in 2009 from unintentional prescription medication overdoses or drug interactions, according to the Centers for Disease Control, and unintentional prescription drug overdoses now cause more deaths than traffic accidents (4).

In addition, the World Health Organization estimates that 2.5 million people die each year worldwide from alcohol (5), which is considered by many medical scientists to be more dangerous than heroin or cocaine. Any potential dangers marijuana might pose pale to insignificance in comparison.

Some maintain that marijuana suppresses the immune system and might pose a danger to HIV and AIDS patients. In fact, recent studies have shown that cannabis has no negative effects on HIV viral load, CD4 cell counts, or on the efficacy of medications used to treat HIV infection and may in fact improve those measures (6). A 2011 animal study showed that THC may in fact reduce the number of immunosuppressant viruses and improve immune function (7).

Nor is marijuana a gateway drug. There is no credible research evidence that marijuana use leads to the use of other drugs (2). The gateway is the back alley and the dealer who also has other products available for sale. A regulated medical cannabis industry with state oversight removes the back-alley dealer and the gateway from the equation entirely.

Some say smoked marijuana is not medicine and that it damages the lungs. Recent research has shown that smoking marijuana is not harmful to the respiratory system (8). Other studies suggest that it may actually prevent the development of head and neck cancers (9,10). The problem with smoked marijuana is that the temperature of combustion degrades many of the 108 beneficial compounds, which makes smoked marijuana a less effective treatment than alternative dosing forms such as vaporized or ingested cannabis preparations.

In short, allowing physicians to add medical marijuana to the treatment options available to them to help their patients will improve the quality of life for a great many people in Connecticut for whom currently available treatments are not adequate.

The foresight and compassion you and this body are showing in considering the adoption of this legislation establishing a regulated program for the provision and use of medical cannabis is exemplary, and I commend and applaud you for making those same benefits now being seen by patients in 16 other states and Washington D.C. available to the people of Connecticut.

Thank you for your kind attention. I would be happy to answer any questions you may have.

References

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