June 2012

After 15 frustrating years of advocacy by nurses, doctors, legislators, caregivers, and especially patient patients, Connecticut joined 16 other states (plus the District of Columbia) and legalized medical marijuana. So now one-third of the population of the United States has the option to medicate with cannabis. Legally. The remaining two-thirds? They, too, have the option to continue to medicate as they already have been doing. Just illegally.

Long overdue, House Bill 5389 was signed into law on June 1, 2012. Yet the new law, Public Act 12-55, is timid in what it sanctions, in part because of the ominous dark shadow that the Feds now cast upon the 17 medicinal marijuana states. Since 2009, the hopeless and changeless Obama Administration has raided more than 180 cultivators and dispensaries primarily in California and Colorado. In light of recent events, Connecticut’s Governor and legislators crafted a bill that limits the state’s own liability (or as expressed in the vernacular, covers its ass), while still protecting the patient (in the vernacular, saves his ass).

The long road to legalizing cannabis has been agonizing and circuitous. A turning point in our nation’s failed War on Some Drugs was heralded in November 1996 when California legalized marijuana for medicinal use. California’s law was passed by public referendum placed on the ballot by public petition, but Connecticut does not allow its citizens to bypass its legislators. Instead a bill must be sponsored by a legislator, then be passed by several legislative committees, then pass in both the House and the Senate, and then signed or vetoed by the Governor.

For every bill the Governor signs into law, dozens die in committee. The most crucial committee is the Judiciary, whose members mostly are attorneys. Since 2003, the cannabis bills always began in the Judiciary Committee.

An unsung hero was the Judiciary Committee’s Co-Chair, State Representative Mike Lawlor, JD, without whose advocacy the cannabis bills might have never have survived past the Judiciary.

Since 1997, Connecticut grappled with medicinal cannabis bills a total of eight times. Sometimes only patients testified in support of passage, other times patients were joined by doctors and nurses and lawyers and caregivers. Notable among the doctors was John P. Morgan, MD, co-author of Marijuana Myths, Marijuana Facts. Among the lawyers was Kevin Zeese, JD, president of Common Sense for Drug Policy. And among the caregivers was State Representative Penny Bacchiochi, who in 2004 during House debate surprised everyone when...
CONNECTICUT HAS LEGALIZED MARIJUANA AS MEDICINE

she told the harrowing story of how years earlier she had procured cannabis for her husband dying of cancer. Since 2005, Rep. Bacchiochi usually co-sponsored the bills.

Equally harrowing testimonies came from the patients. At first, only one or two dared to confess their crimes. With each successive year, another and then another stepped forward. Here to the right is a tally of patients and the progress of each bill:

As the bill never passed whenever I testified in person, I theorized that if I stepped back from the ramparts, it then might pass. So this time I stayed home and submitted only written testimony. My strategy proved successful. The bill passed and was signed into law.

But I am not celebrating. The new law raises many bad questions, and offers few good answers.

How do you qualify to become a cannabis patient?
You must be certified by a licensed physician with whom you have maintained a long term patient-physician relationship. If you are uninsured and instead always walked into walk-in clinics, or if you have always sought advice from a more affordable alternative healthcare practitioner, or if your physician is simply unwilling to risk scrutiny by the cannabis program and so is unwilling to certify you, you are stuck.

What medical conditions make you eligible for treatment with cannabis?
Not chronic pain, the ailment which casts the widest net and thereby affects the most patients. While cannabis does not fully alleviate severe pain, in most cases it does reduce it to a tolerable level so that you need not resort to highly addictive and debilitating opiate-based pharmaceutical drugs that turn you into a zombie.

How will you procure cannabis, and how much at one time?
The State will license pharmacies to dispense cannabis with the same stringent controls as with Schedule Two prescription drugs. If you live in the sparsely populated northeast quadrant of the state you may need to travel many miles to the nearest licensed pharmacy and need to do so once a month, as one month’s supply is all that you can possess at one time. No car or driver’s license? You just might need to continue to procure your supply from where you’ve been getting it all along. From your neighbor who grows it in her backyard, or from son who gets it from his friends, of from your own friends, or from your friendly neighborhood dealer.

How much will cannabis cost?
No telling just yet, but you can be sure that the costs of all the monitoring and licensing will be passed on to the consumer. You. Thus it likely will cost just as much as black market cannabis whose prohibition creates a myriad of middlemen, of which the last is your friendly neighborhood dealer.
Who will grow the cannabis?

Not you, not legally anyway. Here comes sticker shock. The State will license a maximum of ten growers. Growers must pay a license fee of at least $25,000. Nonrefundable! And renewable at least every five years! Who the heck is going to dish out more than $25K for the honor of being raided by the Feds? Not ten growers. Not even one. But let’s pretend some. The State has not yet printed any applications. Let’s pretend applications are printed in August, distributed in September, one is filed in October, and approved in November. And let’s pretend an indoor grow facility with all the required security measures is remodeled into a fortress in December. The cost of electricity in Connecticut is the very highest in mainland USA, so no one is going to sow seeds during our coldest months of January or February. Maybe March. So the first crop might be harvested in late June and distributed in July, at the very earliest.

Yet this is only fantasy. In reality, with its promise of cannabis Connecticut will have registered hundreds of patients, but will have no cannabis. So we will procure our cannabis exactly from where we procured it all along. From our neighbors who grow it in their backyards, or our sons who get theirs from their friends, or from our own friends, or from our friendly neighborhood dealers.

Mark Mathew Braunstein’s other articles about medicinal marijuana can be downloaded from http://www.markbraunstein.org/sexanddrugs.htm

Informative websites:
Connecticut’s Department of Consumer Protection’s Medical Marijuana Program:
http://ct.gov/dcp/medicalmarijuana

This webpage is periodically updated, so should be regularly monitored by patients intending to register with the program.

An Act Concerning the Palliative Use of Marijuana (Public Act No. 12-55):
http://www.cga.ct.gov/2012/ACT/PA/2012PA-00055-R00HB-05389-PA.htm

The new law of the land in Connecticut. As insomnia is not one of the qualifying medical conditions, reading this document may provide an alternative remedy.

Testimonies submitted March 2012 to the Judiciary Committee:

Note that testimonies are listed alphabetically by first (!) name. The testimony submitted by Mark Braunstein is his article in the Spring 2009 issue of Treating Yourself: The Alternative Medicine Journal. His article is titled, “A Walk on the Wild Side: Paraplegia & Marijuana.”