



April 22, 2013

Good morning, my name is Dana Pelliccio and I am a Prevention Coordinator and Licensed Professional Counselor at Guilford Youth & Family Services in Guilford, as well as a member of the Connecticut Marijuana Abuse Prevention Alliance (CT MAPA). Regarding the proposed draft regulations for the palliative use of marijuana, my concern is our youth, specifically Guilford's youth. I am part of a broad coalition of groups in Guilford trying to change the culture of teen abuse of alcohol and drugs in our town. We are working hard to change a terrible situation. In both 2010 and 2012 we conducted surveys of every student in Guilford in Grades 7-12. It appears the medical marijuana legislation enacted last year contributed to Guilford kids' belief that marijuana is not a problem. In 2010, 22% of Guilford kids in grades 7-12 believed there was no risk or slight risk from using marijuana regularly. After the medical marijuana legislation, that percentage has increased to 35%. There was no similar increase for alcohol, prescription drugs, cocaine, heroin or other illegal substances. Ultimately, the relabeling of marijuana as "medicine" seems to have contributed to a significant reduction in our youth's perception of the harms and risks of marijuana use.

In addition to our community's risky data, I believe there are some important points to consider before moving forward with the regulations, which have not been accounted for as they are written. Furthermore, we are very concerned about the wellness of our Guilford community if these regulations are approved .

First, we are concerned about marijuana's psychic or physiological dependence liability. Studies have consistently shown a very strong association between chronic marijuana use and mental illness - especially schizophrenia and psychosis, but also including increased rates of anxiety, depression, and suicidal thoughts¹. When compared with those who have never used cannabis, young adults who began using the drug at age 15 or younger are twice as likely to develop a psychotic disorder, and four times as likely to experience delusional symptoms². A number of longitudinal studies throughout the world have found that users who had tried cannabis by age 18 are significantly more likely to be diagnosed with schizophrenia than those who have not used the drug, and approximately 13 percent of cases of schizophrenia could be averted if cannabis use was prevented³. Overall, marijuana is linked to schizophrenia in that adolescent cannabis use increases the risk for adult psychosis in genetically vulnerable individuals⁴.

As a clinical mental health counselor in Guilford, I have seen first-hand the detrimental effects of marijuana on those with a genetic predisposition to anxiety. I have counseled clients who initially came into treatment as highly functioning but after using marijuana reported chronic feelings of panic and anxiety. Practitioners who are not in the counseling field or do not have a special interest or specialization in mental health or psychopharmacology often do not understand the impact of marijuana as a trigger for psychosis and anxiety. As the regulations stand, marijuana's psychic or physiological dependence liability does not seem to be addressed.

Second, marijuana's risk to the public health does not seem to be addressed in the current regulations. Marijuana use can be associated with dependence, respiratory and mental illness, poor motor performance, and impaired cognitive and immune system

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functioning, among other negative effects⁵. In addition, in one of the most comprehensive studies on marijuana to date, researchers found that persistent marijuana users who started smoking at a young age had lower IQ scores as adults. These users were also significantly more likely to have attention and memory problems in later life than their peers who abstained. Even when they stopped using marijuana for a prolonged amount of time, the effects of a lower IQ were still observed⁶.

Overall, I believe that trials need to be conducted regarding the potential side effects of each dosage, as there currently shows no dosage regulations or guidelines. I also strongly believe that if doctors don't have an extensive psychopharmacology background and are not psychologically trained, they should be required to be trained in the potential side effects and drug interactions before being able to prescribe marijuana as a medicine. Lastly, I propose that physicians be required to screen all medical marijuana candidates for a family history of anxiety or psychosis before administering a prescription.

CITATIONS

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