

Testimony to the Appropriations Committee

Public Hearing held March 2, 2021

Re: HB 6439 – AAC THE STATE BUDGET / DMHAS Budget Hearing

Senator Osten, Representative Walker and distinguished members of the Appropriations Committee:

I am a Norwalk resident who has worked in leadership positions in behavioral health for the past 8 years. I am writing as a private citizen to share a few brief comments regarding the proposed state budget related to mental health and substance use.

- Please support the CT Nonprofit Alliance's proposal to **restore funding to community nonprofits over the next 5 years**. Nonprofits serving those with mental illness, addiction, and homelessness have been struggling with increased demand and flat funding for years; the pandemic has only worsened the need for mental health and substance use services. **The nonprofit I work at, as just one example, has seen growth of 575% in the past 3 years with no increase in state funding.** Referrals have increased dramatically during the pandemic (doubling just since the start of the current school year), and the acuity of those in need has increased as well--especially suicidal ideation.
- I strongly support the proposal to use surplus DMHAS funding to **create peer respite options** in the state for those experiencing mental health crises. Peer respites are an effective, less traumatic, more cost-efficient alternative to hospitalization. The state has been funding peer support options for addiction in the form of Recovery Coaches who are on call at emergency departments across the state, but has not created similar supports for those experiencing suicidal ideation or acute mental health crises--although the state has paid to train more than 1000 Recovery Support Specialists, most of whom are unemployed. With suicidal ideation increasing over the past few years, it's time to provide meaningful solutions.
- I am extremely concerned about the minimal funding to DMHAS provided in the governor's bill (SB888) to legalize marijuana. If marijuana is legalized, there will be a significant impact on mental health and addiction, yet the bill would allocate only a tiny amount to cover all prevention and education efforts, and would allocate nothing at all to treatment--even though the state is already seeing an increase in marijuana-induced psychosis as just one example. Funding to address these issues should not be limited to DMHAS but should support mental health and substance use prevention and treatment work throughout the state.

To explain the behavioral health issues that will be created by legalizing marijuana and the related Budget issues, below I am including most of my testimony on SB888 (the governor's marijuana bill). I have highlighted in yellow the areas related specifically to the Budget for prevention and treatment.

1. **The bill's proposed legal age of 21 does not reflect current science.** The human brain [continues to develop until a person is 24](#). And during that developmental period, [marijuana use is associated with many risks: IQ loss, brain changes, psychosis, increased likelihood of schizophrenia, and increased risk of addiction.](#)

2. **The bill does not cap the THC potency of cannabis products**, with the exception of a 10 mg limit on *edible* products. However, the marijuana concentrates and extracts that have recently become common (e.g., wax, dabs, shatter, oil), especially for vaping, can be almost pure THC (70-90%). [Higher-potency THC is associated with paranoia, psychosis, hallucinations, and hyperemesis](#), but research into the very high THC levels in current use is limited. For example, a [JAMA Psychiatry study last year](#) reported that users of “higher-potency” THC had significantly higher risk of anxiety and addiction compared with users of low-potency THC after controlling for pre-existing mental health. The study defined higher-potency THC as >10%. But our teens & young adults who vape/dab cannabis are consuming **70%, 80%, 90%** THC! In December 2020, the national [Monitoring the Future study](#) reported that 12% of high school seniors vaped marijuana--implying use of high-potency concentrates. Young adults are vaping marijuana at higher rates than teens. It would be safer to ban all concentrated forms entirely--or set a limit of 10%. Instead, the bill would allow concentrates to be used in drinks and details at length how marijuana can be made available in food and beverages, even though [edibles are particularly risky for young people and older adults](#), and there have been [multiple reports of children and pets](#) being hospitalized from consuming edibles in other states.

3. **The bill would increase access to marijuana among youth:** If online sales and all forms of delivery are not specifically banned, it will be easy for underage youth to purchase marijuana. In addition, the mere fact of legalization will further decrease the perception of harm among youth and adults and increase access and consumption. School surveys and focus groups in towns throughout CT show that teens already perceive marijuana to be much less risky than alcohol, and parents are also less aware of its risks to their children and less likely to talk about it with their children.

4. **The pandemic is no time to expand availability of an addictive and risky substance to a population struggling with mental health, in particular our youth.** Teens are experiencing depression, anxiety and suicidality more than ever; 24% of CT youth seen at the CT Children’s Medical Center emergency room in December 2020 positive for suicidality. [DMHAS just published a report](#) on focus groups with youth across CT during November and December. The authors found that *“youth reported increased use of marijuana among themselves and their peers as a coping mechanism to combat increased stress and anxiety experienced during COVID. Many perceive marijuana use to be a safe, commonly used means to reduce stress among both youth and adults.”* Teens who turn to marijuana to cope with their stress are increasing their [risk of addiction](#) and mental health problems. Recent research shows an association between [cannabis use and suicide in teens](#); and between [cannabis and self-harm, mortality, overdose death and homicide in teens with mood disorders](#). Why would we want to normalize marijuana--and thereby increase access--at a time of such vulnerability?

5. **The funding allocated in the bill for awareness, education & prevention is pitiful:** Prevention is underfunded in CT, largely left to volunteer-based local prevention councils that are provided with a few thousand dollars per year per town. As a result, prevention efforts reach only a small fraction of the population. Most adults aren’t aware of how different today’s marijuana is from what they may have been familiar with back in their high school or college days. They don’t know how it’s been bred to be more potent or about the potential for addiction, the risks to the teen brain, or the

incredibly high THC levels of marijuana vapes and other concentrates or extracts--so they don't talk to their kids about it. Meanwhile, kids get their messages from videos and social media (which is where most marijuana advertising happens, due to federal regulations), and base their beliefs on the fact that if it's a plant it's "natural" and if it's "medical" then it's safe. Children, teens, and young adults are at highest risk from marijuana use, so if marijuana is legalized, **it will be essential to have ongoing, professionally-developed, comprehensive, multi-media awareness campaigns aimed at parents, along with evidence-based prevention education for children integrated into the school health curriculum from elementary school through high school.** But this bill only provides \$280K in year 1 and \$1M in year 2, and that money is intended to cover multiple areas: "minor decoy programs, awareness campaigns, and prevention/education." Compare that money to the massive influx of advertising on social media that the marijuana industry will be able to invest! Meanwhile, the governor's office projects a \$20M profit in year 2.

6. **The bill does not provide any funding for behavioral health treatment:** As mentioned above, marijuana is associated with increased addiction, psychosis, and schizophrenia and with anxiety and depression. These are costly behavioral health conditions, yet there is NO funding allocated for mental health treatment or addiction. CT DPH recently reported dramatic increases in hospital admissions related to marijuana intoxication, likely due to the high potency of today's marijuana:
- Between 2016 to 2019, admissions for marijuana intoxication increased **491%** for youth up to age 18 and **391%** for people ages 19 and older. The total number in 2019 was 937 people. Imagine what that number (and cost!) will look like when marijuana is legal.
 - During the same period, psychosis increased **300%** in hospital admissions for mental illness with marijuana use.

→ *If* the state does proceed with legalizing marijuana, the revenue should be allocated on a percentage basis (not in dollars) to prevention, treatment, public safety, and research/monitoring--maybe 20% to each of these areas. Much of it would be used to counteract the social ills marijuana will cause, but it could also be used to shore up the behavioral health system which has been flat funded for so long. **Maybe this revenue could help to finally fund an expanded First Episode Psychosis program in the state.**

7. **In addition, the bill would have a negative effect on social justice:** The bill expresses an intent to allow urban communities and BIPOC communities to work in the marijuana industry as growers, vendors or delivery people to support employment. However, that will also increase the availability of marijuana in those communities. Research by Smart Approaches to Marijuana (SAM) provides [examples from other states that have legalized marijuana](#) showing that "where there are issues of systemic injustice and racism, legalization does not address the root of these issues and instead only **exacerbates these problems by promoting increased drug use and the accompanying negative social consequences in disadvantaged communities.**"

Relatedly, please note that the bill creates a Cannabis Equity Commission to monitor equity and social justice. However, the Commission would be composed almost entirely of governor's appointees, and it would not include any representatives from public health, despite the health disparities that are the probable result.

I have mainly concentrated on what I see as the public health issues with this bill, but I believe it also deemphasizes public safety and other concerns. It's clear that the intention is to create revenue, which is obviously an important need. But this is a reckless way to do it--and the [experience of other states](#) shows that it's not an effective way to fill gaps in the budget.

Respectfully,

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Norwalk