

Opinion: Medical marijuana in Connecticut has problems; legalizing adult recreational use can fix them

Mark Braunstein Feb. 5, 2021 Updated: Feb. 5, 2021
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Marijuana plants seized in a Bridgeport police raid in 2016.

Ned Gerard / Hearst Connecticut Media

Connecticut has gotten right most parts of its medical marijuana program, but some parts are broken. Legalizing adult recreational use of cannabis

can fix what's broken and can prevent from breaking what's fixed.

What's working? Its ballooning rosters of patients, physicians and dispensaries are hallmarks of a successful program. So let's look at those numbers.

Medical marijuana, or MMJ, was legalized here in 2012. By 2015, 4,914 patients had registered. In 2017, that mushroomed fourfold to 22,279. In June 2020, that nearly doubled to 41,292. That means one of every 90 Connecticut residents was registered as a patient.

In 2012, 13 conditions qualified a patient. By 2016, the list expanded to 17. In 2020, it went to 38, when chronic pain became a qualifying condition, albeit "pain of at least six months' duration." Long term or short, chronic pain has opened the floodgates.

The commissioner who oversees the MMJ program predicted the June 2020 figure will quickly double to over 80,000. At this twofold rate, by 2023 every darn one of us Nutmeggers could be enrolled. So let's save ourselves the piles of paperwork. Let's legalize cannabis for adults.

The roll call of physicians who sponsor patients also has steadily increased. In 2017, it was 801. In 2018, the tally was up to 1,010. As of this past June, it was at 1,270 total doctors.

In 2018, searching for a new sponsor, I learned that hospitals here typically prohibit their hundreds of affiliated physicians from sponsoring MMJ. Their institutional bias emerged during my in-person appointments with specialists within Yale New Haven Health, at Gaylord Hospital in Wallingford, and at Mount Sinai Hospital in Hartford. My medical records state that my sole medication is MMJ, so cannabis does stand out. Without my asking, they volunteered the information that they do not sponsor MMJ patients.

End of discussion.

I hit the same brick wall within Hartford HealthCare, but with an added twist. While supportive of my use of MMJ for my past 28 years, the physician referred me to his go-to "pot doc." Doctors even outside the umbrella of hospital networks dread dealing with government red tape or risking being branded as pot docs. That's why a cavalry of pot docs has come to the rescue to meet patient demand.

Search the internet for "Connecticut medical marijuana doctors." You'll discover dozens of doctors with multiple offices and multiple websites each with dozens of doctors. Even "Connecticut pot docs" will get you there.

Few pot docs qualify with medical insurers, so their patients pay out of pocket, on the spot, and through the nose. The rock-bottom rates blared on the internet are \$175 for initial appointments and \$150 for annual renewals. Those who don't publicize their prices charge up to \$300 a pop.

The wording of our MMJ law was intended to prevent reenactment of the Wild West of California where shyster doctors in shady clinics used to grant "weed cards" to anyone who shelled out the cash. Yet our legislators messed up when they specified "a bona fide physician-patient relationship." "Bona fide" is a nebulous quality, and qualities elude quantifying. "Long term" or "one year" would be clearer. How to banish pot docs from Connecticut? The same way that California shut them down. By legalizing recreational.

Our MMJ law sought to boost the state's economy by requiring that cannabis be grown within our borders. Initially, three of our four cultivation labs were Connecticut companies. Likewise, our six startup dispensaries were run like mom-and-pop stores because most of them were owned by mom and pops.

In just eight years, six dispensaries grew to 18, while two of the four grow labs were acquired by larger corporations. Thanks to the state's puzzling choices in granting new licenses, our nation's largest cannabis corporation that initially grew only cannabis here now also owns four dispensaries here. CEOs call that vertical integration. Regulators call that monopolizing. Aptly, that behemoth's newest dispensary sits diagonally across the street from a Walmart.

Years ago, we patients rhapsodized in online forums and political rallies about our MMJ community. Presently, grow labs and dispensaries tabulate in spreadsheets and annual reports their MMJ industry. Community has been lost to industry. Has anything been gained?

Perhaps cannabis now costs less. But not enough to compensate for our annual license fees and, for patients forced to resort to them, pot docs' renewal fees. Patients would save more if we could legally grow our own, same as patients have been doing next door in Rhode Island since 2006 and in Massachusetts since 2012.

In Massachusetts, recreational cannabis is heavily taxed, while MMJ is not. Connecticut could collect its fair share of revenue by taxing recreational consumption. Then, patients who chose to retain their permits sponsored by "bona fide" doctors would avoid paying both recreational taxes and pot doc fees.

A huge billboard advertising a Massachusetts pot shop greets drivers on I-95 in Providence. That's Massachusetts' way of tacitly thumbing its nose at Rhode Island. While our legislators dally, another billboard might yet be posted to greet drivers on I-84 or I-91 in Hartford. And Massachusetts will duly be taunting Connecticut, unless legislators stop fiddling while MMJ burns and they act to legalize recreational cannabis.

gave in-person testimony in support of Connecticut's medical marijuana bills at seven of the eight public hearings held from 1997 until its passage into law in 2012.