

## **Kansas Association of Addiction Professionals**

800 SW Jackson, Suite 1100 Topeka, KS 66612 785-235-2400

House Health and Human Services Committee Testimony in Opposition to HB 2282 February 17, 2015

Representative Hawkins and Members of the Committee,

Good afternoon. I am Michelle Voth, Legislative Committee Member of the Kansas Association of Addiction Professionals (KAAP), the state's largest trade association devoted solely to substance use disorder treatment providers and prevention programs from across Kansas. I am appearing today to provide comments on HB 2282, Hemp Preparations for Seizure Disorders. KAAP opposes this bill.

Our KAAP 2015 Legislative Platform includes the following related to HB 2282: We oppose marijuana legalization in Kansas. Marijuana use is associated with dependence, respiratory and mental illness, poor motor performance, and impaired cognitive and immune system functioning. Studies have shown an association between chronic marijuana use and increased rates of anxiety, depression, suicidal thoughts, and schizophrenia. Additionally, social costs of other taxed substances such as alcohol and tobacco are greater than tax revenue generated.

According to the National Association of State Alcohol and Drug Abuse Directors (NASADAD)

- The THC content of marijuana has steadily increased over the past 30 years, thereby increasing its potency
- According to the 2013 National Survey on Drug Use and Health, marijuana is the most used illicit drug in the nation
- In 2013 4.2 million Americans were dependent on or abused marijuana (more than pain relievers, cocaine and heroin combined)
- In 2013 845,000 people received treatment for marijuana use the second most common substance after alcohol
- Marijuana is the most commonly used illicit drug by adolescents age 12 17
- Public Health impacts:
  - o Decline in IQ especially for youth who begin use prior to age 18
  - Lower educational achievement
  - Use of other illicit drugs
  - Increased risk of suicide
  - Driving Under the Influence After alcohol, marijuana is most commonly discovered substance in the blood of impaired drivers, fatally injured drivers and crash victims.
- Increases in the use of marijuana, lead to increases in marijuana dependence, and in turn increases the burden on the substance use disorder treatment and recovery resources, an already severely underfunded over burdened system



## **Kansas Association of Addiction Professionals**

800 SW Jackson, Suite 1100 Topeka, KS 66612 785-235-2400

Kansas Association of Addiction Professionals

Marijuana is not a safe drug. It has more impure substances in it than tobacco. In our primary adolescent substance use disorder treatment program in the state – Adolescent Center for Treatment (ACT), the majority of youth in treatment cite marijuana as either their 1st or 2nd drug of choice.

ValueOptions our management entity for the vast majority of substance use disorder treatment services delivered in the state reports in 2012:

Primary Substance	Under 21 Count of Admissions	21+ Count of Admissions	Total Admissions
Alcohol	521	4998	5519
Cocaine	35	911	946
Marijuana	2064	2040	4104
Heroin	14	125	139
Other Opiates	76	713	789
Methamphetamines	194	1898	2092
All Others	86	245	331
FY 2012 Counts	2,990	10,930	13,920

As substance abuse prevention and treatment professionals, many of whom are also parents, we appreciate the challenges of having a child or loved one with an illness that is difficult to treat. As professionals however, we are expected to use evidenced-based practices for both treatment and prevention. This bill, like every other "medical marijuana" or "hemp treatment" bill has policy implications that are much larger that accommodating the potential benefit. This bill and others like it, do not consider:

- <u>Consumer protection.</u> The bill bypasses clear protections established by the FDA on determining what is considered a medicine. The bill allows the legislative body to decide what constitutes a medicine, it allows for an Advisory Committee to be established and appointed by the Governor to determine what possible additional medical conditions may be added to the list of "qualifying" conditions.
- Standards of Care: There is no established standard of care for "recommending" hemp treatments or "medical marijuana" and yet this bill indicates the department can notify the state board of healing arts if it has "reasonable" suspicion that a physician has violated the standard of care.
- <u>Evidence-based Treatment</u> There are no current evidence-based treatment protocols for "hemp" treatment".

The America Academy of Neurology (AAN) doesn't advocate for the legalization of marijuana for medical purposes because of the lack of evidence. The AAN recommends that research to determine the benefits and safety of marijuana-based products "is of paramount importance"



## **Kansas Association of Addiction Professionals**

800 SW Jackson, Suite 1100 Topeka, KS 66612 785-235-2400

## Kansas Association of Addiction Professionals

when these products are used in patients with underlying neurologic disorders, or in children whose developing brains may be more vulnerable to the toxic effects of marijuana. The new position statement was published online December 17 in Neurology. State legislation that promotes marijuana-based products as treatment options for various neurologic disorders is not supported by high-level medical research, said the statement. There's concern not only about the safety of these products, especially for long-term use in patients with disorders of the nervous system, but also about the interaction of these compounds with prescription medications.

The American Academy of Pediatrics does not support legalization of medical marijuana or "Hemp treatments" referenced in SH 2082. The AAP has stated: "Given the data supporting the negative health and brain development effects of marijuana in children and adolescents, ages 0 through 21 years, the AAP is opposed to marijuana use in this population."

Sound policy should be based on research. This bill attempts to address some of flaws in a larger expansion of the use marijuana for medical purposes as outlined in HB 2011, but the issue remains the same. How a medicine is approved should remain with researchers and physicians and experts in the field to deliver safe medicine with standardized doses that have proven efficacy for addressing specific health issues. That is what KAAP members expect of our policy makers and what Kansans deserve.

Thank you for the opportunity to speak and I am happy to stand for questions at the appropriate time

Michelle Voth KAAP Legislative Committee Executive Director Kansas Family Partnership mvoth411@gmail.com