

Public Health and Human Services Committee

Written Testimony on HB 2282

Eric A. Voth, M.D., FACP

February 17, 2015

Chairman Hawkins and Committee Members,

I am sorry I am unable to provide oral testimony today as I am out of the state today. This written testimony is in opposition to HB 2282. For background purposes, I currently serve as the Chairman of the Institute on Global Drug Policy, an international drug policy think-tank that contains some of the top world experts on marijuana and drug policy. I have personally worked over thirty-five years for healthy drug policy that, among other things, advocates against the legalization or normalization of marijuana. I have spent ten years as the medical director of a chemical dependence unit, and have spent thirty years in practice as an Internal Medicine, Addiction Medicine, and Pain Medicine physician. I have served as an advisor on alcohol and drug abuse issues to the Kansas State Board of Healing Arts, am a former member of the National Advisory Committee for the Center for Substance Abuse Treatment of HHS, and am a Clinical Associate Professor of Internal Medicine at the University of Kansas School of Medicine.

I have also advised the Reagan, Clinton, both Bush, and Obama administrations, and have advised or testified for numerous Congressional offices on drug related issues. Additionally I have lectured internationally and have appeared on or consulted to, numerous other radio media, and have been quoted by numerous international print media.

Along with representing the Institute on Global Drug Policy, I have been asked to represent the views of the Kansas Medical Society on HB 2282.

To fully understand the implications of passing any legislation that involves the use of marijuana or hemp, as this bill does, it is critical to have a full understanding of marijuana. Marijuana itself is not a benign recreational drug as it is often portrayed to be. It contains over 500 substances of which 66 resemble the main active ingredient, Delta-9-THC. Instead of being a stable and predictable compound like we would demand with true medication, the THC content of marijuana varies from an average of 12% to around 30% and even as high as 80% with hash oil variants. This is at least five to ten times as powerful as the marijuana of the 1960's and 70's. It is so powerful, in fact, that it is often hallucinogenic and toxic. It is true that marijuana has generally not caused overdose

deaths because of the specific areas of the brain that it affects. Overdose deaths do, however, appear in the literature.

Marijuana has serious toxic and long term effects. It creates problems with memory, concentration, cognitive function, executive functioning, school performance, and intellectual skills. Recent research has demonstrated numerous structural brain changes as well as actual reductions in IQ of between 6-9% over twenty years of use. As a smoked drug, it damages the lungs. Its use is associated with violence and spousal/domestic/dating abuse. More recent research has demonstrated that one of its espoused medical applications, PTSD, is actually worsened with increased violent behavior. Its use is associated with birth and developmental abnormalities. Marijuana is now also associated with acute psychotic episodes, initiation of bipolar illness, depression, and anxiety.

The states allowing medicinal or legal recreational marijuana have experienced huge rises in marijuana use, doubling of marijuana-related traffic fatalities, increases in crime, and most importantly increases in adolescent marijuana use. Adolescent marijuana use in the states that allow medicinal use is consistently higher than in other states. Just since the passage of marijuana legalization but prior to its implementation in Colorado, marijuana use in adolescents is 72% higher than the national average. Colorado, having legalized marijuana for recreational and medicinal use, has experienced massive increases in homeless marijuana users moving into the state, and has seen drastic increases in child poisonings from edible forms of marijuana.

I am strongly opposed to the medicinal or recreational uses of marijuana. Making marijuana available as a medicine to the public by a legislative vote, bypasses the Food and Drug Administration requirements that demand careful research on the effectiveness of a drug as well as effective and toxic doses. This position is shared by the Kansas Medical Society, numerous national medical groups, and other state medical and law enforcement groups.

The support for marijuana as medicine is largely driven by emotional anecdotes and unscientific individual observations that are not borne out in research. In fact, current research suggests its medical effects are marginal if not actually negative. Some specifics will appear in my PowerPoint presentation.

To date, there is no evidence of any medical disorder or group of suffering patients for which marijuana is the only alternative or is superior to the available medicines. Investigational New Drug Trials (INDs) already exist through the FDA to study marijuana and its derivatives in closely supervised research environments. Currently there are approximately 20 physician-sponsored INDs involving over 400 patients and

another five states that are in various stages of opening state-initiated INDs. (Investigative New Drug Trials).

The current state of marijuana for medicinal purposes (hemp treatments, etc.) does not include predictable dosing like you would have with a normal medication trial. It is not hemp. It is marijuana. Currently individual marijuana-like substances can be identified, isolated, or synthesized and developed for medical uses. THC is already available as a prescription medicine (Marinol), and there are other medicines based on marijuana being developed (Sativex and Epidiolex). New Drug Trials have the potential to provide the research needed to provide patients reliable, standardized doses of cannabidiols, not “hemp treatments” is a safe, standardized method based on evidence through these trials.

This bill is a complete smokescreen under the guise of a "hemp" bill, but instead they are trying to approve of a specific variant of marijuana. This bill puts tremendous responsibility for the proof of that substance on the state. Furthermore, it is extremely important to understand that this still bypasses the FDA.

There are at least 20 different clinical trials under way to identify and study CBD and variants of CBD containing oil. These studies are necessary to identify correct therapeutic dose ranges, as well as to validate that it even really works. Preliminary studies have suggested only about one third of patients respond somewhat to CBD treatments.

This bill is really a way for the marijuana advocates to again get their nose under the tent, and then broaden the wording and indications to allow use of marijuana. Let there be no mistake, this bill is about marijuana not hemp. HB 2282 is a medical marijuana bill with all of the short comings of allowing “hemp treatments” for epilepsy disorders with a relatively easy process to expand the “qualifying conditions” that also will not be based on research and not go through a formal process to provide safe, standardized medicine that the public expects for any other medicine.

In summary, please oppose legislation that would in any way legalize marijuana or make it available to be used as medicine. Such a move would jeopardize the public and create **medicine by popular vote** which is a dangerous medical precedent.

Thank you for your consideration and I will be happy to provide additional information to any committee members at their request.

Eric A. Voth, M.D. F.A.C.P
eavmdtop@gmail.com