



Kansas Association of Addiction Professionals

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**800 SW Jackson, Suite 1100
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January 22, 2015

Informational Briefing on Marijuana

Senate Public Health and Welfare Committee

Senator Pilcher-Cook, and Members of the Committee,

Good afternoon. I am Kim Brown, Chair 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 behalf of KAAP regarding the issues related to marijuana.

Our KAAP 2015 Legislative Platform:

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:
 - 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.



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- 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

In Kansas –

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

The Kansas Communities That Care (CTC) survey data indicates that the perceived risk of using marijuana has gone down in recent years. The CTC student survey, taken by approximately 100,000 students annually, asks teens about their behaviors and attitudes regarding alcohol, tobacco, and other drugs. The survey also takes stock of the environmental factors that either lead to risky behaviors or encourage students to make smart decisions

According to last year's survey -

- 30 day Marijuana Use – Grades 6 – 12 – statewide data has increased since 2012. Overall 8.42 % of Kansas students in grades 6 – 12 report they have smoked marijuana at least once in the last 30 days.
- Kansas students increasingly don't think marijuana is harmful.
25.9% of Kansas students grades 6 – 12 think there is no risk of using marijuana 1-2 times and 15.5 % of students think there is no risk of regularly using marijuana
- The belief that there is no risk for regular use has increased for all ages groups since 2010 – ranging from 3.9% to 8.6% increase
- More Kansas youth smoke marijuana than tobacco.



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As an important aside, KAAP is also advocating for an exception to the student data privacy act recently passed, in order to keep the integrity of this CTC data in tact as demonstrated here, it helps drive evidenced based decisions on how to address youth substance use and other risky behavior issues by many in our state.

KAAP is not made up of researchers or doctors, but rather substance use disorder treatment and prevention professionals and therefore we are not qualified to speak to the medical impact of legalizing marijuana for medical purposes. However, we do see the substantial social impacts of marijuana in those we work with in our prevention and treatment systems, which is the focus of this testimony. Increased access will lead to increase in use and the increased perception that marijuana use is not harmful. This will lead to more need for treatment services further taxing our underfunded treatment and prevention system.

The crux of the issue perhaps is about weighing any possible benefits with the very high social costs involved. We seek to help ensure you are aware of the social costs that marijuana exacts in our state now, and could produce at a greater level if legalized.

We at KAAP are happy to answer any questions or help in anyway we can as it relates to alcohol and drugs issues in our state.

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

Kim Brown, Chair