

Testimony on SB 155
Senate Federal and State Affairs Committee
February 20, 2017

Dear Chairman LaTurner and Members of the Committee:

I am writing in opposition to SB 155, on behalf of Kansas Family Partnership, a statewide drug prevention organization. This bill and all other attempts to legalize medical marijuana are first and foremost flawed. They allow legislative bodies to determine what should be considered a medicine without benefit of appropriate research and vetting through the Federal Drug Administration process that are required for all other “medicines”. The flaws in this policy are extensive.

1. This bill is not research-based and does not meet any type of standard of care measure required of physicians. The American Society of Addiction, American Cancer Society, American Glaucoma Foundation, National Multiple Sclerosis Society, American Academy of Pediatrics, and the American Epilepsy Society all support research but do not support smoking marijuana as a medicine.
2. The bill allows a ridiculous amount of marijuana. I urge you to read the testimony from Smart Approaches to Marijuana (SAM) that indicates this proposal would allow 360 joints per person plus an additional 12 plants. The testimony outlines that this potentially would yield enough to allow a person to legally possess 23,040 joints or “enough to keep one person high (smoked every 6 hours) for 5,760 days or over 15 years”. How does this make sense?
3. The bill assumes fees will cover the costs of this policy without any clear knowledge or assessment of what it will take in terms of expertise, staff time, and monitoring of this policy by state employees who are already strapped to do their jobs. There is no fiscal note to this bill and it assumes fees will cover many unassessed costs.
4. The timeframes to enact this policy are unreasonable. How are agencies, who are already short-staffed, going to implement a program that requires it to be self-sustaining with fees? This sounds like an experiment destined to fail.
5. The bill allow 3% THC. What is the basis for this amount? On what medical knowledge and research was this amount set?
6. The bill allows for expansion of qualifying medical conditions without basis for knowing or understanding the health impact of this expansion is sound health policy or expertise from medical entities.

Policy matters and most policies, especially this proposed one, has the potential for far reaching unintended consequences. One of the prevention organizations I also direct has been doing an assessment of marijuana use in Shawnee County and perceptions about it. What we have found is people report that they “know a lot about marijuana”. But when asked if they know the signs and symptoms of use, the causes, the consequences, the need for treatment, or the impact that marijuana has on friends and family, most respond they know very little.

I encourage you to review the information provided by Ed Klumpp about the impact of medical marijuana in Colorado and these impacts occurred prior to legalization of recreational marijuana. In summary this is what occurred in Colorado:

- Increased marijuana exposures for children ages 0-5
- Increased drug-related suspensions/expulsions
- Increase in past month usage by 12-to 17 year old in medical marijuana states
- Increased marijuana ingestion among children under 12 years of age
- Increased driving fatalities involving drivers who tested positive for marijuana
- Increased marijuana-related hospitalizations

Clinicians in Shawnee County have reported that they have seen marijuana use in children as young as 10 and the average of 12-14 in their agencies. Youth report they use marijuana for anxiety, depression and anger control. Many youth report they perceive cannabis to be safer than prescription drugs and that it is non-addicting and has no-withdrawals. These perceptions are based on what youth hear and in states where medical marijuana is allowed, perception of harm of marijuana use has gone down. Why is this important? Perceptions influence use. Do we want to encourage increased use by changing community norms about marijuana? Another unintended consequence.

Yes, there is emerging research that some components of marijuana, i.e. CBD, may be helpful in some conditions. Currently there are 171 clinical trials that have either been completed, active or are recruiting for participants in an effort to determine if marijuana and its components have the potential to provide safe, standardized medicine. It is anticipated that pharmaceutical grade CBD will be available in 2018. Don't we want safe and standardized medicines for Kansans? Don't Kansas citizens deserve that?

I urge you to not create the mess that other states have experienced. I urge you to enact policies that are based on research, have well-established approval processes, and that protects public safety. SB 155 does none of these.



Michelle Voth
Executive Director
Kansas Family Partnership
785-266-6161
mhvoth@kansasfamily.com