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Dear Honorable Senators of the Public Health and Welfare Committee, Chairman Suellentrop, and Ranking Minority Member Bollier,

On behalf of Kansas NORML, the state chapter of NORML, the “National Organization for the Reform of Marijuana Laws,” this testimony is submitted. Today, we urge you all to please put the needs of patients first when considering any and all current medical cannabis proposals. In today’s hearing that means specifically SB113, the “Veterans First Medical Cannabis Act.”

Furthermore, in order to best address Kansas’ patient population, we believe that regulatory fees should remain low, ease-of-access should be a priority, and physicians should be given wide latitude with regard to which patients they believe may most benefit from cannabis therapy.

Data from other states finds that the enactment of medical marijuana access is associated with lower rates of opioid abuse and mortality, and does not negatively impact workplace safety, teen use, or motor vehicle safety. Thirty three states and the District of Columbia already offer similar patient access programs. Kansans deserve similar protections.

I serve as the Executive Director of Kansas NORML, however, I am also an honorably discharged veteran of the United States Navy, and a long time member of the American Legion, with current membership at American Legion LeRoy Hill Post 19. That said, in my testimony today I am leaning heavily on the efforts and support of both the American Legion and the Veterans of Foreign Wars. These veteran service organizations with millions of members are in favor of medical cannabis research and its removal from the list of schedule I narcotics. This would include its reclassification into a category that, at a minimum, will recognize that cannabis is a drug with potential medical value.

To that end, I reference an American Legion commissioned survey, by Five Corners Strategies that was conducted nationwide and includes veterans and veteran caregivers. There were 802 respondents. The information in the findings, which I present in bullet point form below come from the national PulsePoint IVR survey conducted from October 8th - October 10th, 2017.¹

These findings show:

- Support for medical cannabis, and research on medical cannabis is high among veterans and caregivers without respect to age, gender, political leaning, or geography.
 - 92% of all respondents support medical research.
 - 82% of all respondents support legalizing medical cannabis.

¹ https://www.legion.org/documents/legion/pdf/medical_cannabis_study.pdf



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- Veterans and Caregivers both overwhelmingly support the federal legalization of cannabis to treat a mental or physical condition.
 - 81% of veterans support federally-legal treatment.
 - 83% of caregivers support federally-legal treatment.
- Both groups also support research at extremely high levels.
 - 92% of veterans support research into medical cannabis.
 - 93% of caregivers support research into medical cannabis.
- The support for research and legalization is spread across the country, in states where medical cannabis is currently legal and in states where it is not.
 - 60% of respondents do not live in states where medical cannabis is legal.
 - 40% of respondents live in states where medical cannabis is legal.
- This is also a bipartisan issue.
 - 88% of self-identified conservative respondents support federally legalized medical cannabis.
 - 90% of self-identified liberal respondents support federally legalized medical cannabis.
 - 70% of self-identified non-partisan respondents support federally legalized medical cannabis.
- Support for legalizing medical cannabis crosses all age ranges as well.
 - 100% of respondents aged 18-30 support federally legalized medical cannabis.
 - 96% of respondents aged 31-45 support federally legalized medical cannabis.
 - 87% of respondents aged 46-59 support federally legalized medical cannabis.
 - 79% of respondents aged 60+ support federally legalized medical cannabis.
- Usage is also an important factor.
 - 1 in 5 veterans uses marijuana to alleviate a medical or physical condition.
 - Approximately 40% of caregivers know a veteran that was using marijuana to alleviate a medical or physical condition.
 - The majority of veterans surveyed that are using cannabis are over the age of 60.
- Here are a few Kansas specific results among those responding:
 - Political leanings: Conservative - 54% | Liberal - 19% | Non-Partisan - 27%
 - AgeRange: 18-30 - 0% | 31-45 - 23% | 46-59 - 31% | 60+ - 46%
 - Do you support research into medical cannabis?: Yes - 100%
 - Would you want to have cannabis as a federally-legal treatment?:
 - Yes - 93% | No - 7%
 - Do you know a veteran who is using cannabis to treat a condition?:
 - Yes - 67% | No - 33%
 - Do you use cannabis to treat a mental or physical condition?:
 - Yes - 57% | No - 43%
- Attached on page 3 you will find a one-page, quick reference graphic sheet



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In addition, you will find on page 4, information from the United States Census Bureau that shows there are more than 211,000 veterans in Kansas. The largest percentage of which are 65 years or older and the largest percentage of veterans listed are of the Vietnam (combat) era.

Also included on page 4-5 is "Resolution No. 11: for Medical Marijuana Research" from the 98th National Convention of the American Legion. Also, on page 7, "Resolution No. 627 for Research on Medical Treatments" from the 118th National Convention of the Veterans of Foreign Wars.

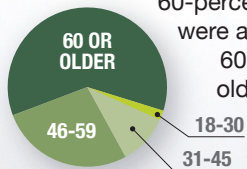
Veterans favor use of medical cannabis

The American Legion shared the results of a survey of veteran households conducted by an independent public opinion research company regarding the use of cannabis as a treatment for mental and physical conditions. 513 respondents identified as veterans, while 289 identified as family members or caregivers of veterans. Both groups showed overwhelming support for medical cannabis.

About the respondents

Most respondents were more than 45 years old.

60-percent were age 60 or older.



78%

Veteran respondents **not** currently using cannabis to treat a medical condition.

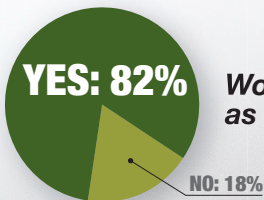
61%

Total respondents who **do not** currently know a veteran using cannabis to treat a medical condition.



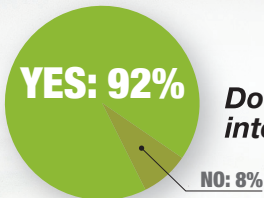
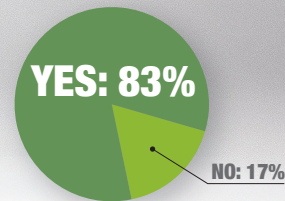
Growing support for treatment

While most respondents do not use cannabis to treat medical conditions or know a veteran who does, most support its use to treat mental or physical conditions.



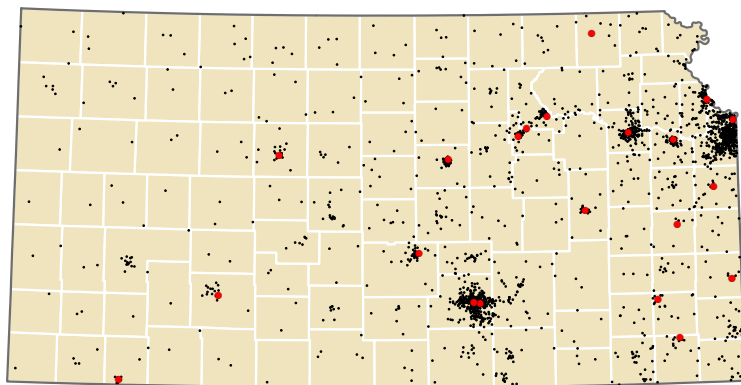
Would you want to have cannabis as a federally-legal treatment?

Do you believe the federal government should legalize medical cannabis?



Do you support research into medical cannabis?

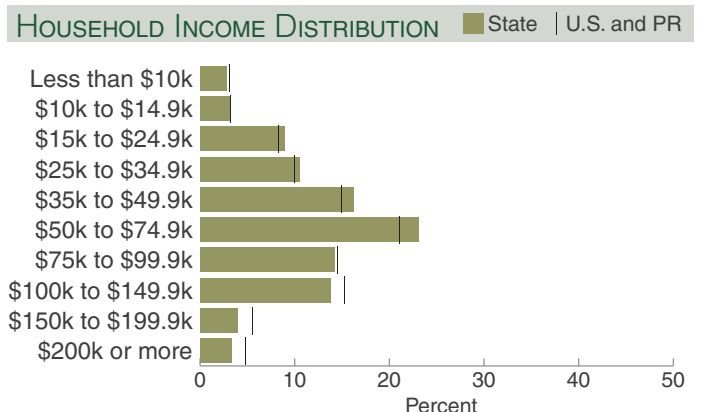
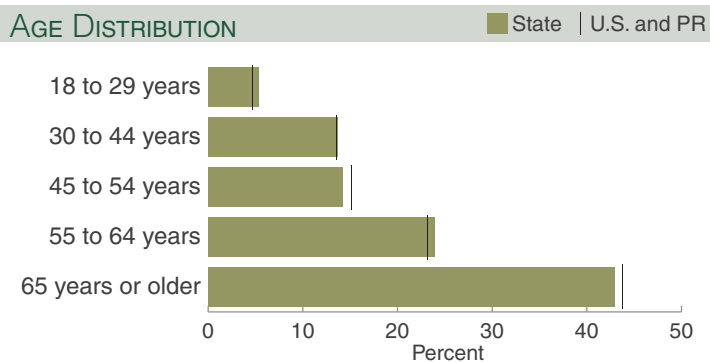
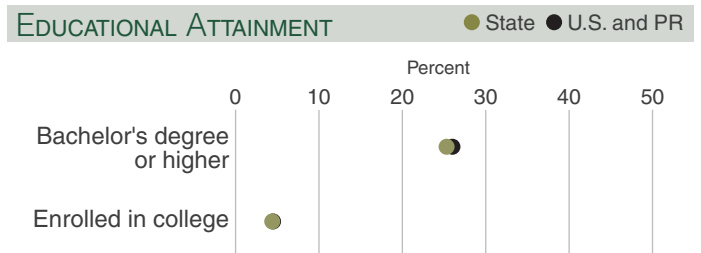
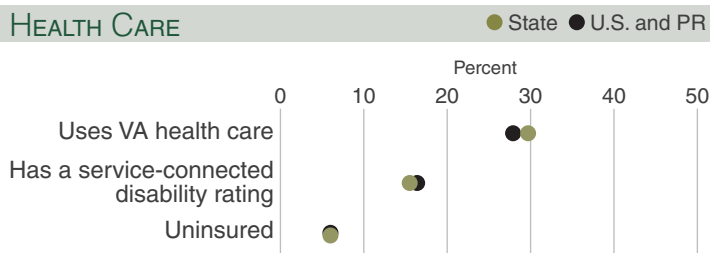
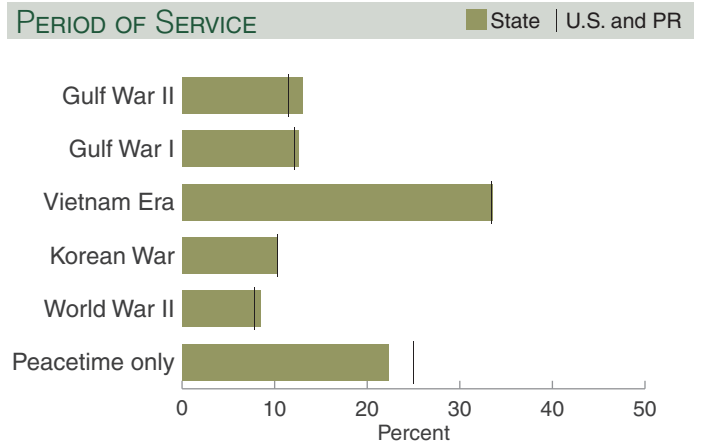
Veteran Statistics | Kansas



1 Dot = 100 Veterans
 ● = Veterans Health Administration Facility

	Kansas	United States
Veteran Population	211,113	21,369,602
Percent female	7.0	7.3
Unemployment rate for veterans	6.8	5.3
Number of homeless veterans	393	49,865
Median household income (In 2014 inflation-adjusted dollars)	\$57,754	\$61,884
Number of VA* facilities	22	1,356
Number of veteran-owned businesses	21,797	2,540,706

* VA = Department of Veterans Affairs



**NINETY-EIGHTH NATIONAL CONVENTION
OF
THE AMERICAN LEGION
Cincinnati, Ohio
August 30, 31, September 1, 2016**

Resolution No. 11: Medical Marijuana Research

Origin: Louisiana

Submitted by: Convention Committee on Veterans Affairs & Rehabilitation

WHEREAS, Over the past several years, post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) have been thrust into the forefront of the consciousness of the medical community and the general public in large part due to recent combat operations and subsequent recognition of these potentially ‘silent injuries’; and

WHEREAS, Our foundation of knowledge guiding current diagnostics and interventions of PTSD and TBI has gained through decades of study in the academic medical world; and

WHEREAS, PTSD and TBI produce a complex constellation of medical consequences including physical, emotional, behavioral, and cognitive deficits; and

WHEREAS, The impact is heterogeneous given the varied types of injury (closed, penetrating, blast), severity, comorbid conditions, and premorbid characteristics; and

WHEREAS, The Department of Defense (DoD) and the Department of Veteran Affairs (VA) (May 2007), by consensus, have defined traumatic brain injury as any traumatically induced structural injury and/or physiological disruption of brain function as a result of an external force that is indicted by new onset or worsening of at least one of the following clinical signs, immediately following the event:

1. Any period of loss of or a decreased level of consciousness;
2. Any loss of memory for events immediately before or after the injury;
3. Any alteration in mental state at the time of the injury (e.g., confusion, disorientation, slowed thinking);
4. Neurological deficits (e.g., weakness, balance disturbance, praxis, paresis/plegia, change in vision, other sensory alterations, aphasia) that may or may not be transient;
5. Intracranial lesions; and

WHEREAS, TBI is a leading cause of death and disability in the United States where one and a half million Americans incur a traumatic brain injury each year (CDC, 2007); and

WHEREAS, These figures likely underestimate the true incidence of military injuries and those with mild injuries may not seek health care; and

WHEREAS, Direct costs for hospital care, extended care, and other medical care and services, coupled with indirect costs such as lost productivity were estimated at \$60 billion annually in 2000 (CDC 2007; Finkelstein et al., 2006); and

WHEREAS, These figures do not include the physical, emotional, and social costs to the injured persons and their family from TBI-related disability; and

WHEREAS, For fiscal year 2009, there were 1,313 veterans who received VA inpatient hospital care for TBI; and

WHEREAS, The Department of Veteran Affairs defines PTSD as a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape; and

WHEREAS, From April 2007 through fiscal year 2009, thousands of veterans were identified as possibly having PTSD or a TBI through outpatient screening of individuals presenting to the VA for health care following deployment in Operation Enduring Freedom or Operation Iraqi Freedom; and

WHEREAS, About 20 years ago, scientists discovered a system in the brain called the endocannabinoid system that responds to 60 chemicals in marijuana, also known as cannabis; and

WHEREAS, This system plays a role in many of the body's functions, such as in the heart, along with the digestive, endocrine, immune, nervous, and reproductive systems; and

WHEREAS, This discovery sparked interest in finding specific chemicals made from marijuana that could be targeted for specific conditions; and

WHEREAS, Marijuana is classified as schedule I drug and drugs such as cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin are classified as schedule II drugs; and

WHEREAS, In April 2016, the Drug Enforcement Agency gave its approval to a study on the effect of medical marijuana on post-traumatic stress disorder, the first randomized, controlled research in the U.S. for PTSD that will use the actual plant instead of oils or synthesized cannabis; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Cincinnati, Ohio, August 30, 31, September 1, 2016, That The American Legion urge the Drug Enforcement Agency to license privately-funded medical marijuana production operations in the United States to enable safe and efficient cannabis drug development research; and, be it finally

RESOLVED, That The American Legion urge Congress to amend legislation to remove Marijuana from schedule I and reclassify it in a category that, at a minimum, will recognize cannabis as a drug with potential medical value.

Resolution No. 627

RESEARCH ON MEDICAL CANNABIS TREATMENTS

WHEREAS, over the past several years, Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) have been thrust into the forefront of the medical community and general public in large part due to suicides and over medication of veterans; and

WHEREAS, medical cannabis is legal in 29 states and the District of Columbia, with more states pending legalization legislation; and

WHEREAS, Department of Veterans Affairs cannot legally prescribe cannabis products as long as the federal government continues to categorize it as a Schedule 1 drug; and

WHEREAS, states that have legalized medical cannabis have seen a 15-35 percent decrease in opioid overdose and abuse; and

WHEREAS, the U.S. Senate and House of Representatives have recently introduced legislation which would allow VA doctors to discuss the use of medical cannabis with veteran patients to treat service-connected disabilities; and

WHEREAS, there is substantial evidence from a comprehensive study by the National Academy of Sciences and the National Academic Press that concludes cannabinoids are effective for treating chronic pain, chemotherapy induced nausea and vomiting, sleep disturbances related to obstructive sleep apnea, multiple sclerosis spasticity symptoms, and fibromyalgia; and

WHEREAS, multiple states that have legalized marijuana have used state funding to research the effective use of medicinal marijuana for PTSD and other health care issues; and

WHEREAS, in April 2016, the Drug Enforcement Agency gave its approval to a study on the effect of medical marijuana on post-traumatic stress disorder, the first federally funded, randomized, controlled research in the U.S. for PTSD; therefore

BE IT RESOLVED, by the Veterans of Foreign Wars of the United States that we support federally funded research of Medical Cannabis for veterans being treated by Department of Veterans Affairs.

Submitted by Department of Wisconsin
To Committee on VETERANS SERVICE RESOLUTIONS

APPROVED AS AMENDED by the 118th National Convention of the Veterans of Foreign Wars of the United States.