

Federal and State Affairs Committee

Topic: HB: 2184

Hearing Date: February, 24, 2021

From: Kansas NORML

My name is George Hanna, Co-Director of Kansas NORML. I first would like to take this time to thank you for your serious consideration in passage of a responsible medical cannabis bill. Since its founding in 1970, NORML has provided a voice in the public policy debate for those Americans who oppose marijuana prohibition and favor an end to the practice of arresting marijuana consumers. A nonprofit public-interest advocacy group, NORML represents the interests of the tens of millions of Americans who use marijuana responsibly, provide care, activists, and business owners. I think the vast majority of all of us can now agree that there are some medical benefits to cannabis. Sure, we may disagree to what extent, since there is a benefit, why would someone be in opposition to an appropriate, business/patient equitable bill for access for those that would benefit?

For me it all began in late 1989 after sustaining a serious injury to my left knee while training at the submarine base in Groton Connecticut. My foot became stuck in my armpit, and as you can imagine, your knee just isn't built to bend 180deg sideways. But what I really want to speak to you about is how you can serve those that have already served our country and sadly relive horrors every day. This demographic is seeking a safe way to function at the high level they once did, and frankly, need your help. Veterans of all ages and ideologies are in favor of medical cannabis more than any other demographic. Every veteran's organization, representing every generation and political perspective, has overwhelmingly come out in support of a safe access. I personally have had several physicians, within the VA itself, privately support medical cannabis. Please allow me to share a couple of facts with you now.

On two occasions I have driven to an abandoned field, pulled out my S&W .40cal, fully intending on ending the demoralizing pain. Under no circumstances should a person in their early 40's need to have their spouse help them off the toilet. You see, since 1990 I have had over 20 surgeries, most orthopedic after sustaining a training injury while serving active duty in the Submarine force and then again after a near fatal motorcycle accident. I live in fear of dependency on opioids, after witnessing as a child the destruction from Methamphetamines, Opioids or Alcohol can do to a family, and will push through enormous pain before taking my prescribed Tramadol or OxyContin. There is no reason someone should have to live in fear and balance one's own mental health with constant pain. I have lost 3 friends in the last 10 years to suicide, all three because of depression (two with service connected PTSD) two cried out to a medical system that was unable to help either because of no insurance or unwillingness to prescribe opioids. I ask you to imagine yourself in the same shoes, what would you choose if cannabis was legal for medicinal purposes, a gun, opioids or cannabis in another state?

There is concern that changes in marijuana-related policy and public opinion may lead to increased access to marijuana among young people in the United States.

The following is a study called, Trends in Perceived Access to Marijuana Among Adolescents in the United States: 2002-2015

Method: Using population-based data collected between 2002 and 2015 as part of the National Survey on Drug Use and Health, we examined trends in perceived marijuana access among non-Hispanic White, African American, and Hispanic adolescents (ages 12-17, n = 221,412). Following the trend analysis method outlined by the Centers for Disease Control and Prevention, we conducted logistic regression analyses to test for secular trends.

Results: Between 2002 and 2015, we observed a 27% overall reduction in the relative proportion of adolescents ages 12-17-and a 42% reduction among those ages 12-14-reporting that it would be "very easy" to obtain marijuana. This pattern was uniformly observed among youth in all sociodemographic subgroups (i.e., across age, gender, race/ethnicity, household income) and among youth reporting involvement/no involvement in most measures of substance use (alcohol, marijuana) and delinquency (handgun carrying, attacks). However, perceived very easy access remained stable among youth reporting tobacco use and criminal justice system involvement.

Conclusions: Despite the legalization of recreational and medical marijuana in some states, our findings suggest that, with the notable exception of adolescent tobacco users and juvenile offenders, perceptions that marijuana would be very easy to obtain are on the decline among American youth.

As we all aware, perception is a powerful tool. By increasing the regulation and focus of marijuana, through additional public and business policing, Kansas will undoubtedly bring the issue out of the shadows and detour many of the illegal users young and old. Regulation allows for ID confirmation of who is using cannabis, ensuring a tested safe product while educating the patient as to what medicine strength is being consumed, all while providing a stable source of revenue and job market for the State of Kansas. Today we all have been dealing with the economic struggle related to COVID19. I am sure I don't need to remind everyone on this committee about our looming budget shortfall estimate. HB 2184, if drafted with a sustainable plan supporting both patients and Kansas owned small businesses, can generate revenue for the state of \$98M it the first two years. This revenue is expected by the nearly 78% of Kansas voters, according to the latest Fort Hays University survey.

I respectfully advise the reconsideration of Sec.17 Aspects of this section is destructive to Veterans and anyone coming from any of the other 47 states where access to cannabis is legal. Kansas consistently ranks low in net population growth, with a current growth rate of .5%, ranking 31<sup>st</sup>. Per Kansas statute, new residents have 90 days to establish new address and licenses. This poses the question; does a new resident have the ability to use a current out of state medical card once Kansas residency is established? Newly medically retired Veterans, who do not have a private sector primary care physician, are expected maintain a 12 month relationship before seeking cannabis to treat the very issue that medically retired them in the first place? Given that all Kansas physicians are required to receive a certificate from Kansas Board of Healing Arts (Sec. 17, a), demonstrating ethics and responsibility in prescribing cannabis to qualifying patients, why the barrier to prescribe at that doctors discretion? It should be moved that Sec 17, C-2 be removed from the bill.

In 2009, New Mexico became the first state to authorize the use of medical cannabis for people with PTSD. Soon after the New Mexico PTSD regulation went into effect, one of the authors began receiving unsolicited phone calls from people asking to be evaluated as part of their application to the New Mexico Medical Cannabis Program. Therefore, the purpose of the study was to analyze data on PTSD symptoms collected during 80 psychiatric evaluations of patients applying. The research, which took place from 2009 through 2011, involved patients who were prescreened via telephone interviews. To be eligible for the study, participants must have met the following: the experience of and emotional response to a trauma that met the DSM-IV Criterion A for PTSD; the presence of several of the major

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symptoms in re-experiencing, avoidance, and hyperarousal of PTSD when not using cannabis; significant relief of several major PTSD symptoms when using cannabis; and lack of any harm or problems in functioning resulting from cannabis use. Participants were measured using a CAPS method approach. CAPS is an instrument in PTSD research that asks questions about the presence of traumatic experiences and the immediate emotional response to them, then establishes a rating of the frequency and intensity of symptoms on a scale of 0 to 4. Totals were then calculated. The results indicated that patients in the sample reported an average of 75 percent reduction in all three areas of PTSD symptoms while using cannabis, yet further research is still called for by the researchers. "Many PTSD patients report symptom reduction with cannabis, and a clinical trial needs to be done to see what proportion and what kind of PTSD patients benefit, with either cannabis or the main active ingredients of cannabis," said Dr. George Greer, one of the researchers.

For me it is simple, EVERYONE should have the right to have a healthy discussion with their licensed doctor and at their doctors discretion be prescribed an option to decide what the best for their quality of life. The fact that there is a natural, safe option, yet it remains out of reach for millions, saddens me deeply.

Respectfully,

George Hanna

Former Chair, KDP Veterans & Military Families Caucus

Co- Director, Kansas NORML

Salas-Wright CP, Oh S, Goings TC, Vaughn MG. Trends in Perceived Access to Marijuana Among Adolescents in the United States: 2002-2015. *J Stud Alcohol Drugs*. 2017 Sep;78(5):771-780. doi: 10.15288/jsad.2017.78.771. PMID: 28930065; PMCID: PMC5675428.

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