



Kansas Association of Chiefs of Police
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Testimony to the Senate Committee on Federal and State Affairs
In Opposition to SB560
March 16, 2022

Chairman Senator Robert Olson and Committee Members

The Kansas Association of Chiefs of Police are opposed to the legalization of medical marijuana in the State of Kansas.

The KACP is still perplexed that an industry can come into the state and propose to legalize a drug that is still illegal on the federal level. If a pharmaceutical company came to the Kansas Legislature and proposed legalizing a Schedule 1 drug at the state level because the pharmaceutical company did not want to go through the accepted standards and practices required by the Food and Drug Administration, our belief is that the members of the legislature would rightfully show the pharmaceutical company the door. But, this is not the case with the marijuana industry.

Medical marijuana, in the form proposed in this legislation, is not medicine. And it cannot be prescribed, it can't be dosed, as many proponents suggest. In the form suggested in the legislation it is simply not medicine. As proposed, it is not recommended in a specific dosage, frequency, type, and concentration as a real medication.

And, medicine is not legislated. It is researched, tested and approved by the Food and Drug Administration. Like every other medicine you have in your medicine cabinet.

Medical marijuana, as a subset of Marijuana is classified in the Controlled Substances Act as a Schedule 1 drug. The characteristics of that type of drug is that generally, they have a very high potential for addiction and abuse and have no accepted medical use. Other drugs in this category are: Ecstasy, GHB, Heroin, LSD, and Peyote. High potency marijuana is addictive. That is why substance abuse treatment programs are plentiful in areas that have approved its use.

The KACP has reviewed the SB560 and found there are a multitude of concerns important to law enforcement and that some additional consideration needs to be given to the listed sections of the bill.

Below is a listing of sections of the bill, the page number, the topic and the description of the area of concern.

Section	Page	Topic	Description
30	25	Only the following forms of medical marijuana may be dispensed under the medical marijuana regulation act	This section includes "plant material". Our organization feels strongly that this section is one of the most problematic with the bill. While the bill prohibits smoking, combustion, or vaporization, one would have to be delusional to think that with the availability of plant matter it will not be smoked. Why, when the bill allows for oils, tinctures, edibles, patches and other forms approved by the secretary of revenue would the most problematic form be included in the bill?

The KACP believes the dispensing of potent plant material and extracts must be accompanied by labeling that includes patient ID number clearly attached to the packaging. This will allow LE to effectively confirm ownership by the patient, caregiver, or to determine if a person should not be in possession of the packaged medical marijuana. Although the KACP is opposed to anything called medical marijuana, we feel the bill should include a provision that any “medical marijuana” will remain in its original packaging until use?

2	1	"Qualified medical condition"	This section includes autoimmune disorders without specifying disorders, debilitating psychiatric disorders, and chronic, debilitating or terminal conditions that are a detriment to the person’s mental or physical health if left untreated. List 23 disorders, many of which the organizations that represent the disorders, i.e. the National Glaucoma Society, warn against the use of marijuana to treat Glaucoma as it could cause more harm than good.
5	5	Medical Marijuana Advisory Committee	Creates a medical marijuana advisory committee. The advisory committee only includes one law enforcement representative. <u>The KACP feels that local, county, and state law enforcement should be represented as enforcement will fall to all levels of law enforcement.</u>
9	8	ID card number	Requires unique 24 character number and a method for dispensaries to verify ID Card validity. There is not a process in place for LE to verify the authenticity or the validity of a medical marijuana ID card described in the bill. There is also not a method in place for dispensaries to check the validity of an ID card as referenced in Section 17. This will be a built in failure of the checks and balances system and only creates the illusion of proper oversight.
10	8	Authorization to use medical marijuana	Allows registered users to possess up to a 30-day supply of medical marijuana. There is no guidance on what a 30-day supply is. Since there is no dosage limit as with a prescribed normal FDA approved medicine, law enforcement, nor anyone else will be able to determine what a 30-day supply of medical marijuana would look like.
11	8	Authorizes caregiver to possess medical marijuana	This section allows registered caregiver to possess up to a 30-day supply of medical marijuana for each registered user they are a registered caregiver for, on behalf of a registered user under the Act and to assist a registered user in the use or administration of medical marijuana. <u>The bill does not address what happens in the event the “patient” dies and there is still left over marijuana with the caregiver. What happens to the patient inventory supply of marijuana product possessed by the caregiver? What is the process for the return or destruction of the remaining supply?</u>

How will the Act keep the unused supply from entering the Black Market or be diverted to people who may not possess a medical marijuana ID card or to people who possess a medical marijuana ID card, but already has a 30-day supply?

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| 15 | 11 | Additions of disease or condition | <p>This section give the advisory committee the authorization to take petitions and add diseases or conditions to the original list in the bill.</p> <p>What Section 15 does not do is allow the advisory committee to remove any of the 23 listed disorders in the original bill, even if a disorder on the original list is not supported by scientific evidence. Section 15 only allows for the removal of any disorder added subsequent to passage of the Act.</p> |
| 18 | 12 | Physicians | <p>How will a dispensary know that a physician has met their obligations for making recommendations and is in good-standing? If there is no way to check, the dispensary could take any recommendation from any physician.</p> |
| 43 | 36 | Criminal history records checks | <p>This section calls for a state and national records checks of individuals seeding to be a cultivator, laboratory, processor, distributor, etc. The KACP feels that there be a requirement for an Interpol check added to the list. International drug cartels are already a problem in the United States. We desire to make certain that anyone who is licensed is not associated with criminal enterprises outside of the United States.</p> |
| 49 | 39 | Storage | <p>The KACP would urge that storage also include a provision that the product be stored in its original packaging to include labels and ID numbers and product identification and potency.</p> |
| 52 | 41 | Enforcement of 18 U.S.C. § 922(g)(3) | <p><u>The KACP opposes this section of SB560. A person, as a registered patient pursuant to the medical marijuana regulation act can still commit violations of federal law that should be charged. To limit law enforcement for acting on those violations will make Kansans less safe and damage the relationship Kansas law enforcement has with its federal partners.</u></p> |

In the past several years, research has been done to determine if there is an accepted medical use for marijuana. The literature we have reviewed for the preparation of this testimony indicates there has been some progress and at least four pharmaceutical grade medicines are on the market. The products; Marinol, Syndros, Cesamet, and Epidiolex are examples of medicines that produce the desired relief for medical conditions that involve suffering and debility without violating the law when taken as prescribed. Additionally, these drugs can be prescribed for; a specific dosage, frequency, type, and concentration. This is something medical marijuana cannot do with a written certification through a storefront dispensary.

Why are you considering legalizing access to drugs with minimal or no quality control when FDA approved medicines are available. The KACP opposes legalizing any scheduled 1 drug through any venue other than established Food and Drug Administration approved pharmaceutical processes.

Another concern of the KACP is that the marijuana products of today are not the marijuana products of decades past. The plants grown today are much more potent. It is more like a new designer narcotic drug than a natural marijuana plant. Decades ago high tetrahydrocannabinol (THC) marijuana had a THC concentration of about 3 to 5%. (*National Institute on Drug Abuse: A rise in Marijuana's THC Content*) Today, it is not uncommon to have plant flowers that are 40% potency. With hybridization, it will likely get higher in potency. (*National Center for Biotechnology Information: Changes in Cannabis Potency over the Last Two Decades (1995-2014) - Analysis of Current Data in the United States*) Purification processes of marijuana plant matter into oils and tinctures can produce THC concentrates in the high 90% plus potency range. This is dangerous. (*Chronic State video <https://vimeo.com/280127474>*)

Kansas Association of Chiefs of Police believe that many advocates for the legalization of medical marijuana are well intentioned. We don't question their sincerity or intentions. We believe they feel this is a good policy decision to make. But the real consequences of this policy change don't care about intentions or sincerity.

Advocates and some legislators share heartfelt stories of children with chronic diseases or health problems to convince the public that this legislation is just for them. As police chiefs our hearts go out to these children and families and those who have to deal with these major illnesses. Opposition from the KACP does not come from our lack of compassion for those who are suffering. Nothing could be further from the truth. Our hearts break for those who suffer.

Though we have great compassion for those who are suffering from debilitating illnesses we cannot endorse or even ignore the attempt to provide relief through illegal methods. We all take an oath to protect and serve all segments of society. It is our opinion that this legislation has the potential to cause far more harm than good.

But the proposed legislation doesn't stop there. It legalizes medical marijuana consumption for anyone with long list illnesses; nineteen specific maladies and four "catch-all provisions. Only a few of which there is any credible scientific evidence that the drug would positively impact the disorder. Many of the national organizations, societies, and associations for the illnesses on the list of nineteen have taken a position that medical marijuana is not useful or can be dangerous to patients suffering from the illnesses on the list.

The KACP is urging our legislators to not let those who are pulling at your heart lead you to bypass the processes and the systems that have been protecting each and every one of us from harmful substances for more than a century.

If marijuana has medicinal benefits, it should be regulated in the exact same manner as all other medicine is in the United States. Which is through the legitimate research and oversight of the Food and Drug Administration. To date, the Food and Drug Administration has found no legitimate use for raw marijuana which is allowed under this legislation. The KACP will continue to oppose medical marijuana unless and until it is approved and regulated by the Food and Drug Administration. Then and only then should marijuana be considered for medicinal purpose.

The KACP is concerned that in every state that has legalized medical marijuana there has been an increase in: Underage exposure, accidental ingestion, driving under the influence, job related accidents, drug treatment and emergency room admissions. There has also been a spike in black market sales and diversions from true patients.

There are many reasons to be concerned with medical marijuana. And, doctors cannot legally prescribe it. Doctors cannot dose it. Educated pharmacists cannot legally distribute it. It just cannot be regulated in a manner that other drugs are. That should frighten everyone. The proposed bill defines physicians as what were normally think of as our doctor. In New Sec. 8, there is an opening for abuse. "The physician who is treating the patient, or such physician's designee, shall submit the application on the patient's or caregiver's behalf in such form and manner as prescribed by the secretary of health and environment." A "physician's

designee” “A registered nurse, licensed practical nurse, respiratory therapist, emergency medical responder, paramedic, dental hygienist, pharmacy technician or pharmacy intern who has registered for access to the program database as an agent of a practitioner or pharmacist to request program data on behalf of the practitioner or pharmacist”. So, this bill allows a physician’s designee like a pharmacist, pharmacy technician, and pharmacy interns to be intimately involved in the process of submitting applications on a patient’s or caregiver’s behalf, even when a pharmacy should have no involvement in the dispensing of marijuana in a non-FDA approved form. This section appears to be a liability issue.

So, why does the Kansas Association of Chiefs of Police oppose this legislation? We have a duty to tell the citizens of our state that we don’t want them to be victims of the unintended consequences of this legislation.

The Kansas Association of Chiefs of Police opposes passage of SB560 and urges you to not vote for legalization of medical marijuana in the state of Kansas.

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