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PROPONENT VERBAL TESTIMONY

Special Committee for Medical Marijuana

James McEntire D.O.

[docmac@thegreenpotclinic.com](mailto:docmac@thegreenpotclinic.com)

(816)213-0040

Thank you committee members for allowing my verbal testimony on Cannabis for medical use in Kansas.

My name is James McEntire, D.O., FAAP

I am licensed to practice medicine in Kansas and Missouri.

I would like to begin with the statement, "we are fearful of what we do not understand". Cannabis has been cultivated and used medicinally by humans for at least 6000 years. Current research has identified more than 400 sub components including but not limited to cannabinoids, terpenes and flavonoids. If our understanding is tainted by misinformation, generalizations and personal bias, we cannot reach a reasonable decision for the application of a substance toward the treatment of any human condition.

What should be considered for Kansas residents?

There is no one size fits all when it comes to the use of cannabis for human therapeutics. Cannabis is a natural herbal product and needs to be removed from Schedule I status in order for aggressive, reliable and in-depth evidence based research to occur in the United States of America. Cannabis continues to be cultivated and diversified biologically/genetically in order to achieve the desired effect for the consumer/patient. This diversity of bio-pharmacologic potential suggests a nearly unlimited potential in the treatment of many human conditions. We need research, NOW. Cannabis can be smoked as "flower" or concentrate, vaporized and inhaled, consumed orally in the form of gummies, tinctures, capsules or raw biomass, absorbed transdermal, or absorbed trans mucosal as a vaginal or rectal suppository. Potency, dosage, delivery method, frequency and tolerance all effect the experience of the patient (efficacy).

How safe is medical cannabis?

According to the 2020 edition of the United States DEA Resource guide, page 90, "no deaths from overdose of marijuana have been reported".

Currently 36 states in the USA have adopted some form of cannabis legalization. The US DEA and FDA have licensed Epidiolex, Syndros and Marinol as schedule V, II, and III respectively. These are cannabis products manufactured and approved for the treatment of human conditions such as chemotherapy induced nausea/vomiting, cachexia of HIV/AIDS, epilepsy and anorexia. There are many more indications for the use of medical marijuana and the decision to use cannabis therapies should be based

on experienced physician knowledge and patient preference. Whole plant therapies, including the smoking of flower should be acceptable and according to the US National Institute of Drug Abuse (NIDA) "there is NO conclusive evidence that cannabis smoke causes lung cancer". Secondly the myth of vape dangers needs to be dispelled as medical grade marijuana vaping is no more dangerous than a nebulizer device that is currently used to treat patients with asthma. According to the 2018 study from Columbia University, "cannabis use among teens has decreased (among 12-17 year olds). Medical marijuana has allowed patients to treat their conditions while reducing, simplifying and even eliminating a wide array of "prescribed" drugs and their associated side effects and adverse reactions and interactions.

Why should cannabis be legal?

Our military veterans deserve better care and options to treat the many service related conditions that they suffered while protecting our liberty and safety. Cannabis is under study by the defense department in the treatment of acute battlefield trauma and looks promising. Suicide risk is estimated to be 57% higher for veterans compared to those who have not served. In the last 20 years, more than 30,000 military personnel and veterans have died by suicide. That current rate is 20 per day! There is study data that provides preliminary epidemiological evidence that "cannabis may contribute to reducing the association between post-traumatic stress disorder and severe depressive and suicidal states". Former secretary of the US Department of Veterans Affairs, David Shulkin has stated "the department should be involved and should be open to research for anything that helps veterans improve their lives, including medical cannabis". Minorities are disproportionately detained, cited, prosecuted and incarcerated for non violent cannabis acts. Social justice reform and fair and humane policies need to be developed so this unfair focus on minority and underprivileged populations who are cannabis consumers need to end. Polypharmacy and harmful and addictive prescription drug using patients need alternative medications options. Tax revenue generation potential is substantial and can help support quality research.

In conclusion, there are opinions that have been presented both in support and opposition of medical marijuana. I challenge you to consider the greater good that cannabis has the potential to provide and suggest that a progressive and open minded approach to this subject is best. Mental health adverse reactions are limited and potentially precipitated by black market products that often are of poor quality and tainted with dangerous additives. Properly tested and packaged medical marijuana products nearly eliminated these concerns.

My professional experience in adjacent medical marijuana states for several years has clearly shown the value, efficacy and patient satisfaction that will occur when Kansas makes the appropriate step and legalizes medical marijuana for its citizens.