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Testimony from the National Organization for the Reform of Marijuana Laws

In Regard to:

HB 2152

Passage of HB 2152 Provides Necessary Access to Patients

I wish to thank members of the Committee in advance for considering this written testimony.

I am the Deputy Director of NORML, the National Organization for the Reform of Marijuana Laws – a Washington, DC advocacy organization that lobbies in favor of marijuana law reform. I also serve as a faculty member at Oakland University in Oakland, where I lecture on the science pertaining to the relative safety and efficacy of cannabis therapy for specific clinical conditions. My writing and research on marijuana, health, and public policy have appeared in over 750 publications, scholarly and/or peer-reviewed journals, as well as in more than a dozen textbooks and anthologies. I am also the author of several books on marijuana policy, including a review¹ of over 250 recent clinical/pre-clinical trials specific to the therapeutic use of cannabis or its constituents.

My testimony today is specific to House Bill 2152, which I believe ought to be passed by this Committee.

House Bill 2152 seeks to permit patients with Alzheimer's disease, cancer, multiple sclerosis, post-traumatic stress disorder or a condition causing seizures, including those characteristic of epilepsy, to possess marijuana or extracts containing no more than three percent THC. The measure also seeks to establish rules governing the

¹ <http://norml.org/library/recent-research-on-medical-marijuana>

state-licensed cultivation of low-THC marijuana strains and the preparation of products derived from such strains.

At present, **Kansas is one of only six states² that do not permit patients with access to either marijuana or cannabidiol-dominant products.** Like those patients in the majority of states, patients in Kansas ought to have the option to pursue cannabis-related therapies when a physician believes this is the best alternative available.

Gold-standard FDA-approved, placebo-controlled clinical trials acknowledge that marijuana possesses therapeutic efficacy for select patients. A recent review of several of these clinical trials, published in *The Open Neurology Journal* concludes, **“Based on evidence currently available the Schedule I classification (for cannabis) is not tenable; it is not accurate that cannabis has no medical value, or that information on safety is lacking.”**³ In particular, a recent review⁴ of the literature by the National Academies of Sciences, Medicine, and Engineering acknowledged the efficacy of THC for treating symptoms of multiple sclerosis, while several recent clinical trials report that CBD administration mitigates refractory seizures⁵ and that it is promising⁶ in the treatment of trauma.

It is critical that HB 2152 permit patients to have the option to access to cannabis that possesses some percentage of THC and other organic constituents in the plant. This is because experts in the field believe that cannabinoids like THC and CBD act synergistically with one another. This scientific theory, which argues that exposure to the full array of the plant’s constituents is more beneficial than exposure to isolated cannabinoids, is known as ‘entourage effect.’ As explained by noted neuroscientist Dr. Sanjay Gupta: “All these components of the cannabis plant likely exert some therapeutic effect, more than any single compound alone. **Unlike other drugs that may work well as single compounds, synthesized in a lab, cannabis may offer its most profound benefit as a whole plant, if we let the entourage effect flower.”**⁷

² <http://norml.org/legal/medical-marijuana-2>

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3358713/>

⁴ <http://nationalacademies.org/hmd/reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/26800377>

⁶ <https://www.ncbi.nlm.nih.gov/pubmed/28268256>

⁷ <http://www.cnn.com/2014/03/11/health/gupta-marijuana-entourage/index.html>

Data from other states finds that **the enactment of medical marijuana access is associated with lower rates of prescription drug spending⁸, opioid abuse⁹ and mortality¹⁰, and that it does not negatively impact workforce participation¹¹, teen use rates¹², marijuana-related hospitalizations¹³, or motor vehicle safety¹⁴.**

Patients and veterans deserve the option to legally access a botanical product that is objectively safer than the litany of pharmaceutical drugs it could replace. I urge the members of this Committee to vote 'yes' for HB 2152.

⁸ <http://content.healthaffairs.org/content/35/7/1230.abstract>

⁹ <http://www.nber.org/papers/w21345>

¹⁰ <http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1898878>

¹¹ <http://onlinelibrary.wiley.com/enhanced/doi/10.1002/hec.3390>

¹² [http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(15\)00217-5.pdf](http://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(15)00217-5.pdf)

¹³ <https://www.ncbi.nlm.nih.gov/pubmed/28259087>

¹⁴

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2016.303577?journalCode=ajph>