Date: 3-15-23

Bill number: SB135
Indicate Disposition: Proponent

Name of conferee:

Melissa S Lubbers, MA,LMAC, PCCM, KCPMT

Chairman Thompson and Members of the Committee,

I provide to you today, my testimony, independently as a Licensed Masters Addictions Counselor within the state of Kansas. I hold a master's degree in Addictions Counseling from Washburn University as well as a master's degree in Criminal Justice from Wichita State University. I have worked in the field of substance abuse and dependence since 2015. I have worked in outpatient as well as inpatient settings. I have worked at for profit and not for profit agencies and I have worked within the field of medication assisted treatment for opioid use disorders. Prior to my work in addictions services, I worked within the field of corrections, serving as a Risk Reduction program provider and as a Court Services Officer. I am also a person in recovery from alcohol for the last Thirteen years and prescription opiate abuse for twenty-seven years.

The cannabinoid receptor is the most abundant receptor in the brain. One of its key roles is to manage the stress response in the body. When the body is stressed, the endocannabinoid system is activated. Bursts of endocannabinoid is released in response to stress events to bring the body back into homeostasis. Cannabinoid receptors are relevant in the areas of the brain that control cognitions, motor coordination, memory and reward. The bodies endocannabinoid system also aids in regulation of our bodies systems to include sleep, and mood. Cannabinoid receptors are found on nearly every organ of the body. The endocannabinoid system works by finding the chemical messages that traverse back and forth through the synaptic space and helps to control the release of neurotransmitters. The endocannabinoid system thus helps to keep the bodies various systems in balance creating a systematic homeostasis. Cannabinoids from cannabis bind to our own systems endocannabinoid system which can thus aid the system in bringing about or maintaining a homeostatic state of being when such systems are not functioning correctly. Cannabis contains 400 chemicals one of which is THC. THC is a psychoactive cannabinoid. THC binds to receptors in the brain and body and when it does so, these cells respond differently.

CBD does not bind to the cannabinoid receptors directly but its presence appears to reduce the effects of THC and increases levels of Anandamide and interacts with serotonin. Because this is a natural system within our bodies, it may be common for someone to experience tolerance to cannabis, as seen with opiates. Withdrawal can occur with the use of cannabis; however withdrawal effects are similar to the effects of withdrawal from various SSRI medications used

to treat depression. While cannabis-based substances also have a propensity for withdrawal with prolonged use, these withdrawal symptoms are oftentimes milder than those experienced with opiate withdrawal. Cannabis-based products also result in substantially fewer outcomes of hospitalizations or death from increased tolerance and consumption of this substance.

There has been no direct correlation linking schizophrenia and long-term psychosis disorders to the use of marijuana contrary to the information that has previously been provided to this committee. Correlation does not mean causation and one research study does not "prove" a hypothesis as applicable results across the board. Suzanne Gage, a psychologist and epidemiologist at the University of Liverpool states that while more people are using weed worldwide, there hasn't been a corresponding rise in rates of psychosis. Further, Dr. Diana Martinez, a psychiatrist and addiction researcher at Columbia University states that "You can't say that cannabis causes psychosis, It's simply not supported by the data…In all psychotic disorders, there is this multiple hit hypothesis…Many factors influence whether and how these disorders manifest. Genetics is known to play a major role, as are a host of environmental factors." Thus, correlations found within one research event, does not mean that such results will with certainty be found within a replicated research event.

Psychosis can happen with high levels of cannabis use. We call this substance induced psychosis that resolves once a substance has been ceased. There are numerous, currently approved FDA medications, that also have the warning of possible psychosis when used as prescribed. These include benzodiazepines, antiarrhythmics, antibiotics, antihistamines, antimalarials and corticosteroids. Prozac and Paxil are just two psychotropic medications that have the potential for causing medication induced psychosis. In fact, all antidepressants possess the ability to exacerbate psychosis due to an underlying organic brain disorder in patients with a history of bi-polar disorder or schizophrenia. Thus, medication induced psychosis is not unique to just cannabis medication and prescribing of any medication should be monitored by the prescribing physician.

In a study completed by Dr. Staci Gruber and others, participants in the study reported improvements in clinical state and health related measures as well as notable decreases in prescription medication use, particularly opioid and benzodiazepines after 3 months of treatment with cannabis. (Gruber, Sagar, Dahlgren, Gonenc, Smith, Lambros, Cabrera, Lukas, 2017) Studies with veterans have shown varied outcomes which ranged from highly effective to ineffective, which can be seen with a plethora of other FDA approved medications used to treat anxiety, depression and PTSD. With informed prescribing practices medical cannabis can be a beneficial option for those who have tried other FDA approved medications with little success in symptom management.

There is evidence that cannabis use in adolescents can impact brain development and there is some evidence that there may be neonatal effects to in-utero-exposure, however the latter continues to be an evolving topic of research. hampered by laws that continue to place cannabis as a federally regulated scheduled drug which creates barriers to research. There is no debate on whether age restrictions should be placed on legislation for medical cannabis use. In fact, there are numerous FDA medications that currently have suggested age limits on the prescribing of

certain medications. Further, advocacy for medical cannabis legislation does not advocate against placing a limit on the amount of cannabis that can be prescribed monthly. The use of cannabis medicine should always be controlled and monitored by the prescribing provider. Cannabis can be safely medically ingested through non-combustible means such as vaporizing the flower component of cannabis. Research has shown that the increased concern for carcinogens is in the combustible nature of consumption as is seen in smoked cigarette nicotine/tobacco products.

In conclusion, medical cannabis gives patients alternative options for their mental and physical healthcare with medication that works in conjunction with the bodies natural system and with potentially fewer side effects than other medications that may be currently used to manage chronic conditions.