



TESTIMONY OPPOSING **HB 2184**

February 25, 2021

Chairman and Members of the House Federal and State Committee,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 400 practicing pediatricians in the state. The KAAP has the fundamental goal that all children and adolescents in Kansas have the opportunity to grow safe and strong. It is with this goal in mind that we want to communicate our strong opposition to House Bill 2184 regarding legalizing medical marijuana.

Marijuana is classified a Schedule I drug by the US Drug Enforcement Agency (DEA), signifying the drug has a high potential for abuse, there is a lack of accepted safety for use of the drug or substance under medical supervision, and it is also not regulated, except for dronabinol, nabilone, and cannabidiol (CBD). Dronabinol and nabilone are synthetic cannabinoids (SCs). CBD is a plant-derived product approved in 2018 for use in children as a second-line treatment of seizures associated with two rare forms of epilepsy, Lennox-Gastaut syndrome and Dravet syndrome.

We have specific concerns for the potential use of any form of marijuana in adolescents. The adverse effects of cannabis use are well known and include distorted perception, poor concentration, psychosis, excessive vomiting, and addiction. Connections in the brain are maturing during adolescence to regulate attention, executive functioning, and memory, and studies have demonstrated that cannabis impairs neurocognitive functioning. Marijuana use has been associated with declines in neural connections over time, especially in adolescents. In addition to psychiatric abnormalities, other adverse effects include heart, bleeding, kidney, and other neurologic problems. While marijuana is often used for excessive nausea or vomiting, chronic use can have a paradoxical effect.

Over the past several decades, selective breeding of marijuana species has resulted in higher concentrations of cannabinoids in the plant, resulting in a more potent psychotropic effect and possible increased risk of adverse effects. Patients and families may be unaware of the risks associated with medical marijuana use, of applicable federal and state laws, and of differences in psychoactive potential between different products.

KAAP opposes all forms of “medical marijuana” outside the regulatory process of the US Federal Drug Administration (FDA). Because marijuana is not regulated by the FDA and the purity and THC content cannot be consistently verified, the risk-benefit cannot be determined. For this reason, the AAP strongly supports research and development of pharmaceutical cannabinoids and supports a review of policies promoting research on the medical use of these



compounds. We support lowering marijuana from schedule I to schedule II designation by the DEA to facilitate this research.

In states where marijuana is sold, either for medical or recreational purposes, regulations should be enacted to ensure that marijuana in all forms is distributed in childproof packaging to prevent unintentional ingestion. No drug should ever be administered through smoking. Smoking marijuana has a well-documented negative effect on lung function, and children should be protected from second- and third-hand marijuana smoke.

Thank you for your time and attention. We welcome any questions you might have and are happy to serve as your resource on all pediatric issues.

Respectfully submitted,

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References:

Dharmapuri S, Miller K, Klein JD. "[Marijuana and the Pediatric Population.](#)" Pediatrics. 2020; 146 (2);e20192629.

American Lung Association-Marijuana and Lung Effects <http://www.lung.org/stop-smoking/smoking-facts/marijuana-and-lung-health.html>

National Institute on Drug Abuse (NIDA) www.drugabuse.gov