



STATE OF KANSAS
Tenth Judicial District

OFFICE OF DISTRICT ATTORNEY
STEPHEN M. HOWE, DISTRICT ATTORNEY

February 27, 2023

Senate Committee on Federal and State Affairs
Attention: Chairman Thompson,
State Capitol, Room 144S
Topeka, Kansas 66612

Re: Informational Hearing: "Multi-State Impact Data on the Legalization of Marijuana"

Dear Chairman Thompson and members of the Senate Federal and State Affairs Committee,

Thank you for the opportunity to submit my written testimony in opposition of efforts to pass legislation to create a medical marijuana law and eventually legalize marijuana in Kansas.

When making your decision on medical marijuana or outright legalization you should make decisions on this important public safety and health issue based on facts - not fiction. I will set forth in this testimony the facts that should be compelling evidence in opposition of medical marijuana or outright legalization.

Let's start with the position of the medical community on medical marijuana and outright legalization of this schedule I drug.

American Medical Association (AMA)

The American Medical Association has been clear about their stance on legalizing marijuana and the protentional harm it has on people. Specifically, they have signaled a warning to the community about the harm of marijuana to teenagers and young adults.

In August of 2019 they released the following statement:

"The American Medical Association commended the Surgeon General for issuing an advisory today on the harmful health effects of cannabis use by pregnant women and youth. We strongly support this effort as the AMA has long discouraged cannabis use by "youth", pregnant women, and women who are breastfeeding and has called for research to determine the consequences of long-term cannabis use in these populations.

The AMA has urged legislatures to delay legalizing cannabis until further research is completed on the public health, medical, economic, and social consequences of its use. In states that have already legalized cannabis, the AMA has urged jurisdictions to take steps to regulate the product effectively to protect the health and safety of high risk populations and the public.

The AMA believes that scientifically valid and well-controlled clinical trials conducted under federal investigational new drug applications are necessary to assess the safety and effectiveness of all new drugs, As physicians, we rely on clinical experience, combined with evidence from clinical trials and biomedical research, to guide us during the diagnostic and treatment process—and cannabis should be no different.

American Academy of Pediatrics (AAP)

In March of 2021 the American Academy of Pediatrics (AAP) reaffirmed its opposition to legalizing marijuana, citing the potential harms to children and adolescents. Seth Ammerman, member of the AAP committee on Substance Abuse and author of the policy statement noted;

“For adolescents, marijuana can impair memory and concentration, interfering with learning, and is linked to lower odds of completing high school or obtaining a college degree. It can alter motor control, coordination, and judgment, which may contribute to unintentional deaths and injuries. Regular use is also linked to psychological problems, poorer lung health, and a higher likelihood of drug dependence in adulthood.”

The AAP opposes medical marijuana outside usual process by the Food and Drug Administration to approve pharmaceutical products. Only limited research has been conducted on medical marijuana for adults, and there have been no published studies of cannabinoids - either in the form of marijuana or other preparations - that involve children.

William P. Adelman, MD, FAAP, a member of the AAP Committee on Adolescence and an author of the policy stated, *“We need further research to determine the efficacy and correct dosing for cannabinoids, and we need to formulate cannabinoids safely as we do for any other medication.”*

American Academy of Child and Adolescent Psychiatry (AACAP)

The American Academy of Child and Adolescent Psychiatry also made a policy statement on marijuana legalization in 2017, noting that adolescents are especially vulnerable to marijuana’s many known adverse effects. The report stated, *“One in six adolescent marijuana users develops cannabis use disorder, a well-characterized syndrome involving tolerance, withdrawal, and continued use despite significant associated impairments.”* According to National Institute of Drug Abuse (NIDA), students who use marijuana before age 18 are four to seven times as likely to develop a marijuana use disorder than adults who begin using marijuana.

Furthermore, NIDA reports that marijuana potency has steadily increased over the past 30 years, further increasing the risk of marijuana addiction. In the early 1990s, the average THC content in confiscated marijuana samples was roughly 3.8 percent. By 2020, the THC content had

risen dramatically, to an average of more than 15 percent and, in some vaping products, as high as 80 percent.

Researchers note the following data and urge caution in approving medical marijuana or outright legalization.

- A review study published in September 2020 found that cannabis use in adolescents is associated with an increased likelihood of suicidal thoughts and attempts. The researchers analyzed 12 studies and concluded that “cannabis is an independent predictor of suicide.” The review found that how frequently a teen uses marijuana is directly correlated with increased suicide attempts.
- People who use marijuana prior to the age of 12 are more likely to experience a serious mental illness, including anxiety, depression, and schizophrenia, compared to those who first use marijuana at age 18 or older, according to SAMHSA.
- The American Association of Colleges of Pharmacy (AACCP) report noted that heavy teenage marijuana use is associated with a higher risk of psychotic, mood, anxiety, and substance use disorders.

The medical community has been absolutely clear on their position on medical marijuana or legalization. They are opposed because of the demonstrated negative affects it has on the human body. They also recognize that there are no legitimate studies supporting the use of marijuana for medical purposes.

We should follow their recommendations and treat marijuana like every other drug we take for illnesses, have it vetted through the FDA to insure it is safe. Why should we treat marijuana any different than the thousands of other drugs, which were required to go through rigorous studies and testing before being released to the public?

United States Agencies

In 2022 the U.S. Department of Health and Human Services has echoed those same concerns noting the negative consequences in brain health, mental health, athletic performance, driving and infant health and development.

The U.S. Department of Health and Human Services has also noted that over the past few decades, *the amount of THC in marijuana has steadily climbed; today's marijuana has three times the concentration of THC compared to 25 years ago.* The higher the THC amount, the stronger the effects on the brain—likely contributing to increased rates of marijuana-related emergency room visits. While there is no research yet on how higher potency affects the long-term risks of marijuana use, greater THC use is likely to lead to higher rates of dependency and addiction. People also smoke or eat different forms of marijuana extracts, which deliver a large amount of THC and can be potentially more dangerous.

Realities of Reported Medicinal Purposes

There have been decades of public campaigns against smoking tobacco. Somehow, we have lost sight of this when discussing medical marijuana or outright legalization. Unfiltered marijuana cigarettes, and vaping THC products cause citizens to inhale smoke into their lungs, with many of the same negative health consequences as cigarettes. Why does this happen? The big money industries seek to profit off the back of the health of the people of Kansas and this country.

There have been many proponents who have professed the positive medicinal purposes of marijuana. As noted above there are no true studies that validate these statements. One of the purposes cited by proponents is the use of medical marijuana to treat seizures. However, the “medical marijuana” used for those purposes does not contain THC, it’s the other properties within the plant that are used to combat seizures. In other words, people don’t get high taking it.

Another area cited by proponents is helping those who suffer from PTSD. They use veterans as a rallying cry for their efforts. As a District Attorney who helps run a veterans treatment court, in which there are veterans dealing with serious PTSD, the medical and mental health members of the team in no way support the use of marijuana to treat PTSD. The medical evidence actually shows that using marijuana could be dangerous to their mental health. This again is a false narrative used to gather sympathy for their cause. However, the mental health and medical communities do not support veterans getting “high” to deal with their mental health issues.

Are there potential uses for pain management? While this may eventually be determined as a method to manage pain or for palliative care, the medical community is requesting further studies through the FDA to validate use as a safe and effective treatment option. We all count on the FDA to validate drugs before putting them into the market. This is done to keep our community safe. Why are proponents opposed to waiting until clinical trials are completed through the FDA? Why should we treat this differently than any other drug? Contrary to the comments of the proponents, there are other safe and tested drugs available to treat pain management and palliative care.

Negative Effects on Communities in Neighboring States

You must look to our neighboring states like Colorado and most recently Oklahoma for data on the negative effects medical marijuana and outright legalization has had on their communities. Those impacts have been spelled out by other opponents you have heard from this week.

Missouri has had medical marijuana for several years and just this year legalized it. This is another example of medical marijuana being a trojan horse for legalizing the drug. In Missouri where they had medical marijuana, it is permitted for a long list of ailments. There are no real limits on the type of ailments approved for medical marijuana. Even though the AMA has stated there is no legitimate studies noting that marijuana is truly effective in treating illnesses. We used to complain about pill doctors, who would give out oxycodone to anyone

who asked, who caused or facilitated addictions. Are we not creating the same thing for a different drug? Now we have THC doctors who have created this same situation we tried to eliminate with opiates. Is that the road we want to travel down?

I find it outrageous that states that legalize marijuana allow the supplier to sell THC products that are targeting children and teenagers. Gummy bears and other candies target those who are at risk for negative health consequences as stated by the AMA and the U.S. Department of Health.

Effect on Crime

Proponents argue that violence and illegal drug trade will be diminished by legalizing marijuana. This has not played out in Colorado, Oklahoma, and other states. The HIDTA report released in 2021 found that violence has not gone down, and illegal drug trade remains strong. The negative effects (noted above) on the community and public safety continue.

Have we seen a drop in violence in KCMO since medical marijuana passed? NO. Will we see a drop in violence associated with drug trade now that its legal? NO. Colorado and the other states who have legalized marijuana give us plenty of data showing otherwise.

All the drug related murders in my county are teenagers and young adults killing each other for marijuana. The data from the other states, who have legalized this drug, demonstrates that legalization or medical marijuana will not curb this violence. It also fails to slow down the impact the Mexican Cartels have on selling this drug in our communities. This has occurred in Colorado and Oklahoma. The black markets for marijuana will still occur and we would only empower the Cartels to sell marijuana to Kansans by adopting the proponent's goals.

The proponents have constantly cited that legalization is an effort to help avoid needless incarceration of individuals for possession of marijuana. That assertion is false! Prosecutors across this state are not incarcerating large amounts of individuals for possession of marijuana. Instead, the prosecutors and courts are focusing on treatment for those individuals addicted to drugs like marijuana. You have passed laws providing funding to support treatment. Diversion and other pretrial conviction options is the norm, not incarceration.

Conclusion

The proponents have not established a clear public benefit to medical marijuana or the outright legalization of this drug. What public need is so at risk that we need to pass this law? As a prosecutor I am used to dealing with and making decisions based on evidence and facts, not antidotal stories, or speculation. The overwhelming evidence has demonstrated that allowing for medical use or legalizing the use of marijuana is ill advised and contrary to the safety and health of the public. From those who are in the best position to know the effects of marijuana, the medical community, have come out strongly in opposition of passage of medical marijuana or legalization.

This is not about the public health, raising taxes or helping those in need. Let's be honest about what the proponents want. They want people to "get high" and a small number of people get rich, which will include the drug cartels. I would instead ask you to follow the evidence and do the right thing for the people of the State of Kansas and oppose passage of medical marijuana and legalization legislation efforts.

I thank you for your time and would be happy to answer any questions you may have regarding this important public safety and health issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen M. Howe", written over a horizontal line.

Stephen M. Howe
Johnson County District Attorney
P.O. Box 728
Olathe, KS 66051