Written Testimony of Judith Ann Donovan

Senate Federal and State Affairs Committee

Consideration of SB 155 regarding medicinal use of marijuana

I returned to Kansas in September after working in the District of Columbia (DC) area for 16 years in substance abuse disorders/public health/behavioral health prevention. My professional background also includes 20 years in Kansas. In the DC area I directed a federal contract that encompassed 50 States, jurisdictions/territories and the Red Lake Nation; served four years on a special expert contract for Substance Abuse and Mental Health Services/ Health and Human Services that involved the White House Office of National Drug Control Policy; and 7 ½ years as Chief of Prevention/Addiction Prevention and Recovery Administration in the DC Department of Health and then with the new Department of Behavioral Health. During my tenure, the DC Council passed legalization of medical marijuana use legislation and then legalized personal use and home cultivation of marijuana ("home and recreational use"). Those policy decisions and comparable ones made by other State Legislatures have resulted in significant "real world", "on the ground" challenges worthy of additional discussion and review.

My concerns about SB 155 are in three broad areas.

1. **Science is Not Clear**: SB 155 references a 1999 National Academy of Science's Institute of Medicine Report and "other studies" as scientific evidence and need in Kansas. *Facing Addiction in America: the Surgeon General's Report on Alcohol, Drugs and Health* from the Department of Health and Human Services, released in November 2016, provides a baseline for policy and program decision-makers. The Introduction addresses "Marijuana: A Changing Legal and Research Environment" and notes that " evidence collected so far in the clinical investigations of the marijuana plant is still insufficient FDA standards for a finding of safety and efficacy for any therapeutic indications." The report recommends "research is needed on the impact of different models of legislation and how to minimize harm based on what has been learned from legal substances subject to misuse such as alcohol and tobacco. Continued assessment of barriers to research and surveillance will help build the best scientific foundation to support good public policy while also protecting the public health."

2. **Approach and Content of SB 155** including:

- General statements about new statewide infrastructure that transfers authority for healthcare, pain management and drug-taking decisions to a Compassion Board, Compassion Centers and Compassion Center staffers. The concept as presented raises even more concerns about critical care needed for vulnerable populations especially those experiencing health inequalities and a history of addiction.

- Designated caregivers with a potential history of felonies and/or no specialized skills have legal access to and administration of the drug and drug paraphernalia. "Qualifying patients" are allowed 6 ounces and 12 plants which equates on average to 60 joints. Individuals have a minimum of three mandatory follow-up visits to the Compassion Center with no discussion about ongoing care and coordination with a primary physician or broader network of healthcare specialists.

- A broad definition of a "qualifying patient" provides access to legal drug-taking and opens the Compassion Center doors to those visiting but not residing in Kansas;

- Assumes decision-making for Kansas business and industry who will not be allowed to enforce Drug-Free Workplace laws;

- No discussion about the fiscal impact in an era of financial angst and critical decisions facing the Kansas Legislature.

3. **Real Purpose of SB 155:** while the bill is framed with words such as "compassion", it is generally regarded as the first step toward broad legalization and subsequent social, health, mental health and addiction problems for Kansans. Illustrative of that, Kansas data already documents marijuana use is a primary drug for those suffering from or at risk from addiction; on average, Kansas youth begin to use marijuana between ages 12-13 with reports of youth age 10 and under seeking treatment; and perceptions of risk and harm about use has dropped significantly among youth. Perceptions about risk among peers, families and communities are closely tied to adolescent use and other areas of risk such as delinquency, violence, school problems, teen pregnancy, anxiety and depression. Of great concern is the prevention science about drug-taking on youth brain development.

As a former and now current resident of Kansas, I have been proud of the strong and independent decisions the Kansas Legislature has made regarding marijuana and other drug use. Compassion is a value that I have always seen as part of the Kansas character and have been proud to associate with in my public service career. From my professional experiences, SB 155 is not a step toward compassion therefore, I respectfully request that you oppose this legislation.

Thank you for your consideration.

Judith Ann Donovan

Topeka, Kansas resident