

## Talking Points for the Medical Hemp Issue

**The only way we can defeat the medical hemp initiative is through you individually speaking to your local senators and representatives about why this bill should not pass. The legislature is dangerously close to approving medical marijuana (hemp) in Kansas. We cannot predict how quickly the conference committee could put together a bill, but it could certainly happen during the next week-and-a-half. That conference committee bill will most likely be something in between the horrible house version and the very bad Senate version. We cannot wait until that is done to act. We must start talking to the legislators now, even if you spoke to them before. Also speak to your prosecutor and others in your community that can voice concern to your local legislators. Include medical professionals who may be opposed.**

The main supporter in the House is Rep. Wilson from Douglas County. The main supporter in the Senate is Sen. O'Donnell from Sedgwick County, also the chair of the Senate Public Health and Welfare Committee.

The conference committee members will be: Senators Mike O'Donnell (Sedgwick County), Elaine Bowers (Cloud, Jewell, Lincoln, Marshall, Mitchell, Osborne, Ottawa, Phillips, Republic, Rooks, Russell, Smith and Washington Counties), and Laura Kelly (Shawnee); and Representatives Dan Hawkins (Sedgwick County), Willie Dove (Johnson County), and Jim Ward (Wyandotte County).

But the contact need is not limited to the conference committee members, you must approach each representative and senator from your area.

You can see my [comparison of the Senate and House positions at this link](#).

More information is available at: <http://www.kslawenforcementinfo.com/marijuana-legalization.html>

### Talking Points:

#### A. Why do we need this bill?:

1. GW Pharmaceuticals is in the final stages of testing for a pharmacy grade CBD oil treatment. This will likely be available through existing medical and pharmacy channels in 2017. "A pharmaceutical grade marijuana extract of purified cannabidiol, Epidiolex is being rigorously tested in several types of epilepsy in FDA authorized trials that are ongoing at dozens of US epilepsy centers. Many have already been completed or at least finished enrollment. Because the trials enrolled so quickly it is possible that an FDA approved product could be on the market sometime in 2017." From [AES Letter to Kansas Senate Committee](#).
2. One proponent in the Senate hearings explained how she legally obtains CBD oil for her child through other means.
3. The DEA has relaxed restrictions on research. [DEA release of December 23, 2015](#).

B. Is it medically wise?:

1. The American Epilepsy Society (AES) sent a letter to the Senate Committee stating why legalizing medical hemp should not be done. [AES Letter](#). “Despite the pressure of anecdotal evidence prevalent in the popular press and social media, for the past two years the American Epilepsy Society has been opposed to the expanded use of medical marijuana and its derivative, cannabidiol or CBD, in the treatment of children with severe epilepsy. At this time there is no evidence from controlled trials that strongly supports the use of marijuana for treatment of epilepsy. Our position is informed by the lack of available research and supported by the position statements from the American Academy of Neurology, the American Academy of Pediatrics, and the American Medical Association.”
2. The American Epilepsy Society summarizes the negative results of CBD therapy on many children with seizures as found in research. [Summary document](#). “Adverse effects occurred in 47% of patients, with increased seizures or new seizures in 21%. . .”
3. The [AES position](#) “. . . scientific evidence for the use of marijuana is lacking. . . we do not know if marijuana is a safe and effective treatment for epilepsy, which is why it should be studied using the well-founded research methods that all other effective treatments for epilepsy have undergone. Such safety concerns coupled with a lack of evidence of efficacy in controlled studies result in a risk/benefit ratio that does not support use of marijuana for treatment of seizures at this time. Healthcare professionals, patients, and caregivers are reminded that use of marijuana for epilepsy may not be advisable due to this lack of information on safety and efficacy.”
4. [Statement from Robert Wechsler](#), MD, Idaho Comprehensive Epilepsy Center: “. . .the emotions surrounding these terrible circumstances should not be allowed to cloud our thinking regarding good clinical care. As physicians, one of the first things we are taught in medical school is that physicians should not treat themselves or their immediate family members because good judgement can be clouded under such emotional circumstances. This is of particular concern when parents of desperately ill children are enticed by unproven therapies.” “I would urge everyone to keep in mind that pharmaceutical medications and unapproved supplements are all chemical agents. The difference is that the pharmaceutical medications are chemicals that have been carefully tested whereas supplements are chemicals that have not been carefully tested.” “My fear is that, if CBD is made widely available in an uncontrolled way, families will run to it because of the hype, often using it to replace rather than augment current therapy. Some children might benefit. But it will not work for everyone and, if it is used as a stand alone therapy in children for whom it does not work, then some of those children will die. These children need to be protected from uncontrolled seizures but they also need to be protected from unproven therapies. Sadly, the good intentions of their desperate, loving parents have the potential to put some of these children in harm’s way.”

C. This bill is a gateway bill to expanded legalization of marijuana.

1. Proponents have even spoken in committee about the expansion. In the House committee in 2015 one parent of a child with epilepsy stated her intent was full legalization of

marijuana. Others in both the House and the Senate have also eluded to that desire. The original House bill was written to allow broader legalization by KDHE regulation without further legislative authorization.

2. The Senate version has included many diseases other than epilepsy (Alzheimer's disease, cancer, multiple sclerosis, post-traumatic stress disorder) for which there is even less evidence that CBD is helpful. For many of these it is the THC effect that people are seeking, and much of that is unsupported by scientific evidence.

#### D. THC Content

1. HB2049 and SB489 prior to amendments, both had a maximum THC level of 3%. This is about what typical marijuana THC content was in the 60's. All but 5 states authorizing "weak marijuana" use restrict THC levels to less than 1%. The amendments to SB489 addressed this. There is no evidence THC helps the medical conditions.

#### E. Cannabidiol (CBD) Content

1. CBD is the compound in marijuana thought to have medical value.
2. Neither the House version or SB489 prior to amendments required any CBD. Another indicator the goal of the proponents was marijuana legalization for the THC content, not a medical purpose requiring CBD content. The amendments made to SB489 did set a minimum at 15% CBD.

#### F. Quality Control

1. Neither the House version or the amended Senate version addresses the variable content of CBD in what is available outside of prescription grade medications. Each batch can be different and each manufacturer or preparer could be different. Even the amended SB489 only includes a minimum of CBD.
2. From [Everything You Need to Know About CBD](#) by SAM (Smart Approached to Marijuana):
  - a. "Recent internet comments by parents complain that batches of "artisanal" CBD products do not have a consistent or anticipated effect and/or they are horrified that their children become "high". This is a problem because medicines should be standardized and consistent among batches."
  - b. "Finally, in many cases, the "high CBD" products may be contaminated by pesticides, synthetic fertilizers, and dangerous microbes. Pesticides are neurotoxic, which could be quite dangerous to children with epilepsy. A number of physicians are reporting instances of bacterial infections, allegedly resulting from the use of these products."
3. There is no guarantee products available through either the House proposal or the original Senate proposal would have any CBD content, nor what the maximum content would be. The FDA has issued many letters to manufacturers of products claiming to have CBD oils not consistent with their labeling. See the list of warning letters here: [2015](#) [2016](#)

## G. Quantity control

1. The “prescription” provisions do not require the physician to specify strength of the preparation or dosage units. Imagine a doctor giving a patient a prescription for a medication, such as a blood pressure medicine, with no direction to the pharmacist on the strength of the medication, or direction to the patient on how much of the medication or how frequently it should be administered. That is what this law will do regarding use of marijuana products.
2. Both the House and Senate versions allow possession of a limited quantity at any one time, but neither limits how frequently that quantity could be purchased or used.

## H. What other states have done in lieu of our Senate/House models:

1. Alabama passed a very simple law in 2014 saying it is a defense to possession of low level THC marijuana if a physician has prescribed CBD for epilepsy. It does not allow for sales nor manufacturing in the state. While not ideal, if Kansas, did this it would be better than either House or Senate proposal. Since the pharmaceutical answer appears to be coming next year, a sunset provision to end this in 2018 would seem prudent if the Kansas legislature went down this path. [See the Alabama law here.](#)
2. Idaho passed a medical hemp bill in 2015 which the Governor vetoed then set up access to experimental CBD treatment through their university medical hospital.
3. [According to the National Council of Legislators](#), 18 states have passed low THC marijuana laws. Of those:
  - a. Seven only allow it through their university medical centers or other research controlled processes. (Alabama, Georgia, Idaho, Kentucky, Louisiana, Mississippi, N. Carolina, and Tennessee.)
  - b. Two additional states focus on university research but allow possession with no sales or production in state outside of the university programs. (S. Carolina and Wisconsin)
  - c. **Only 3 states allow production and privatized sales points. (Florida, Missouri, Texas) The House version and the original Senate version allow this.**

## I. Why include diseases other than epilepsy?:

1. From [Dr. Bertha Madras, Harvard Medical School](#):
  - a. **MS: The document makes no mention of CBD and studies were based on THC consumption.** “This randomized, double-blind, placebo-controlled, twofold crossover study was conducted in 16 patients with MS for four weeks. Both drugs were safe, but adverse events were more common with plant-extract treatment, compared with THC. Compared with placebo, THC or plant-extract did not reduce spasticity. Both THC and plant-extract treatment worsened the participant's global impression.” The document makes no mention of CBD and studies were based on THC consumption.

- b. **Alzheimer's: These studies are also centered on THC not on CBD.** "Four RCTs [Randomized Controlled Trials] are reported with isolated cannabinoids, but little is known about safety in this population, especially as long term exposure to cannabinoids increases the risk of psychiatric disorders and dysfunction (e.g., cognitive abnormalities, psychotic, mood disorders)."
  - c. **Cancer: These studies are also centered on THC not on CBD.** "There have been only three small clinical trials on the use of cannabis in cancer patients. All three studies assessed antiemetic activity, with different patient populations and chemotherapy regimens. One study demonstrated no effect, the second study showed a positive effect versus placebo. The report of the third study did not provide enough information to characterize the overall outcome as positive or neutral. There are no published data on the use of cannabis for other cancer-related or cancer treatment-related symptoms."
  - d. **Post-Traumatic Stress Disorder: These studies are also centered on THC not on CBD.** "There are no large scale RCTs with cannabis to alleviate PTSD symptoms. On the contrary, **cannabis use may impede the effectiveness of treatment for PTSD, and is associated with poorer clinical outcomes with PTSD.**"
- J. Impacts on law enforcement operations:
- 1. Once any legalization in any form takes place it limits law enforcement ability to act on the presence of marijuana in any setting.
    - a. A "hit" by a drug dog will be questioned until we replace/retrain dogs to not hit on marijuana.
    - b. When any THC content or CBD content is allowed, laboratory testing for all criminal cases increases substantially. Currently we only have to show the THC presence, but if this law passes we will have to show the percentage of THC, not just the presence. The KBI has told us this increases the direct expense for each test and each test takes significantly longer (up to 6 times) to complete.

#### Additional Legislative Information:

The House position passed last year by only 5 votes in the House as a floor amendment. The vote was 67-49, It takes 63 votes to pass something in the House. [Click here to see how your legislator voted.](#) Most House members had no idea of the negative side of voting in favor of that amendment. Many voiced concern after the vote.