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**Testimony to the Senate Federal and State Affairs Committee
Opposing SB155 – Cannabis Compassion And Care Act
February 20, 2017**

Chairman LaTurner and Committee Members,

Our associations oppose SB155. Our associations recognize the difficult policy decision a legislative body faces in determining the appropriateness of legalizing a controlled substance such as marijuana for pseudo-medical use. This decision requires consideration of all constituents, those that support legalization and commercialization and those that don't. As law enforcement officers, we are not experts on the evaluation of legitimate medical needs, and we know others with that expertise will be testifying before your committee. We do believe the first and foremost consideration of unintended consequences in making this policy decision should be public safety, including the safety of our children. This is followed closely by the safety of those choosing to use the drug. It should not be based on projected tax revenues, nor on the numbers of people that come to these legislative hearings. It should be based on facts and it should be based on the proper balance between benefits, risks and costs including public safety and the safety of those choosing to use the drug.

Our members are concerned about legalizing marijuana in any form, especially in a manner making a mockery of the physician/pharmaceutical system in place for the legitimate use of other controlled substances for medical purposes. We do not oppose allowing for a proven application of components of the marijuana plant for legitimate scientifically supported medical treatment approved through the same processes applicable to any other drug treatment. If the true intent of allowing medical use of marijuana is at the core of this issue, then the use of existing proven methods in place through our pharmacies for the distribution of approved drugs should be the supply method. We do not need to set up an alternative medical dispensing process with a false front of head shops to support the use of a drug with alternative methods of physician "approval" which are questionable at best for the vast majority of those receiving them.

Last week, at the request of our associations, I have attended numerous conferences focused on lessons learned where both medical and recreational marijuana use has been legalized. These have included presentations of an enormous amount of statistical data, discussions of challenges, presentations of what has worked and what hasn't, and were balanced with presentations by people in the marijuana commercialization industry. One thing I learned is that this is a complex topic and we all have a great deal to learn before making a decision on whether legalization is right for Kansas, and if the path of legalization is chosen, what precautions should be taken to minimize unintended consequences.

We should look closely at the reality of the need for medical marijuana including how many people it really effects for legitimate medical treatment and the balance between such an identified need and the unintended consequences. If a real need is identified, what disease processes should trigger the authorization for medical use. The most problematic situation seems to be when it is used for “pain relief” instead of for specified medical diagnosis. This single aspect seems to be the factor that makes a mockery of legalization under the guise of medical need. These decisions should follow the science and strong consideration should be given to using the same methods of medical and pharmacy supervision of this controlled substance the same as we utilize for other drugs. In our opinion, the risk of unintended consequences to public safety relating to self-medication using marijuana are real. Those risks expose not only the intended user of the drugs, but also unintended ingestion or consumption and involving increased access to of this drug to our children.

We also know that new studies are being undertaken by the Veterans Administration studying the pros and cons of marijuana for treatment of PTSD. Studies to this point have been very mixed and either side can find data to support their position. The VA stated this recognition when they announced last year they were undertaking comprehensive studies. We would be wise to see what that study reveals before moving forward.

We also know there are currently pharmaceutical drugs available for THC administration. There will soon be one for pharmaceutical CBD oil.

LAW ENFORCEMENT OPERATIONAL CONSIDERATIONS

The legalization of marijuana in any form has tremendous implications for law enforcement.

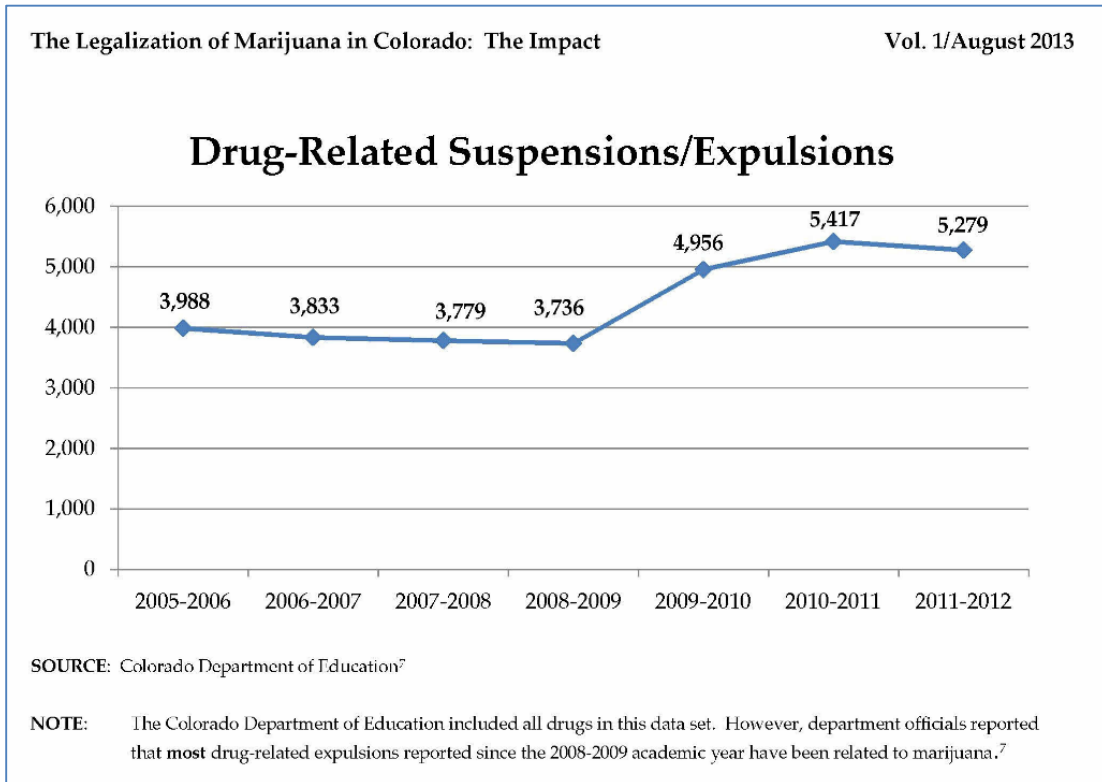
1. Law enforcement must retrain, develop new policy and formulate new investigative techniques to enforce remaining laws relating to marijuana. State legalization creates a conflict between state and federal laws on marijuana. But enforcement must continue on violations that do not fall under the new legalized parameters. These investigations are complicated as some possession become legal while others do not.
2. Probable cause for searches and arrests become clouded requiring error on the side of caution by not arresting or not searching unless clarity of criminal activity exists. New standards and procedures must be developed by law enforcement leaders, district and city attorneys and policymakers clarifying the criteria for determining an illegal marijuana operation and providing guidance for acceptable criteria for marijuana based search warrants
3. Once marijuana is seized, if later investigation reveals the possession did not violate state law, a dilemma is created for law enforcement in returning the property to the person from whom it was seized which would still violate federal law.
4. Drug dogs have to be retrained or replaced. Drug dogs are trained to “hit” on various drugs. Unfortunately, they can’t tell us what drug they smell. So dogs that have been trained to detect drugs including marijuana are rendered useless since the mere detection of marijuana may not indicate a criminal violation. This will result in not only an expense, but also a degradation of our ability to locate and seize other illegal drugs.
5. Enforcement of marijuana violations under the newly created laws and regulations will require a multi-team approach involving law enforcement, prosecutors, zoning professionals, fire inspectors, building inspectors, food inspectors, code compliance inspectors, medical professionals and others.

PUBLIC SAFETY CONSIDERATIONS

In the following discussion, keep in mind Colorado commercialized medical marijuana (dispensaries started opening) in 2010 and legalized commercialization of marijuana (recreational use) beginning January 1, 2014. **The following data reflects only the changes Colorado experienced through medical marijuana legalization.**

1. How will legalization for either medical or recreational use effect our children?

Colorado data indicates an increase in drug use over the same years marijuana was legal only for medical purposes.



Comments:

“Drug violations shot up dramatically in Colorado schools during the 2009-2010 school year, reversing a decade of steady decline...”⁹

Rebecca Jones, reporter, EdNews Colorado

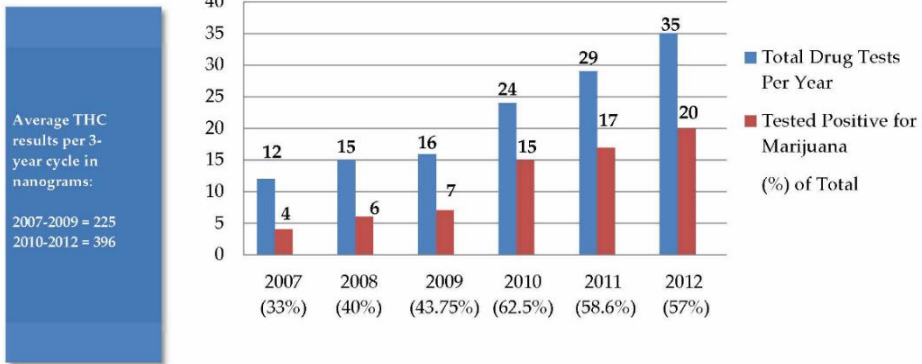
“If Denver Public High Schools were considered a state, that state would have the highest past month marijuana use rate in the United States, behind New Hampshire. Denver has more marijuana dispensaries than liquor stores or licensed pharmacies.”

Christian Thurstone, M.D., attending physician, Denver Health Medical Center

“A typical kid (*is*) between 50 and 100 nanograms. Now we’re seeing these (*test results in nanograms*) up in the over 500, 700, 800 and climbing.”⁸

Jo McGuire, director, Compliance and Corporate Training, Conspire!

Conspire! Drug Testing Summary

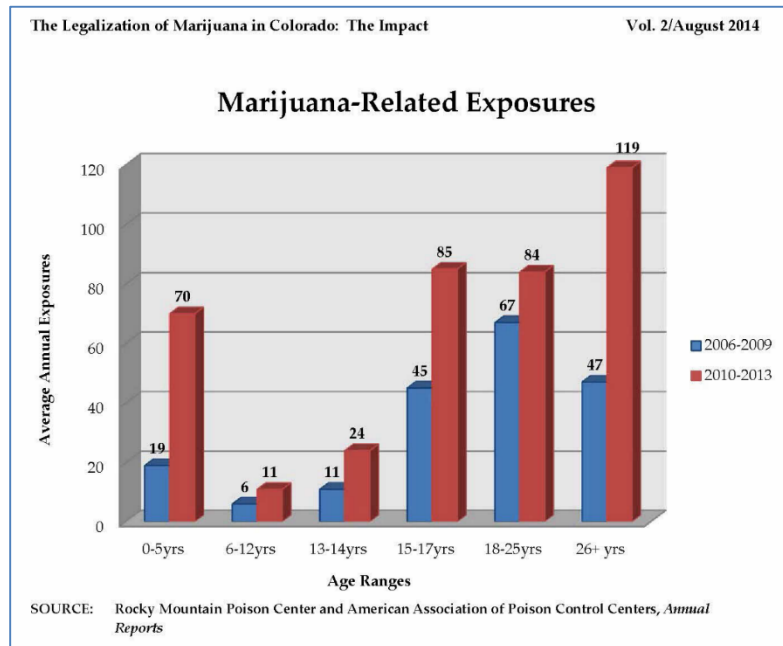


SOURCE: Conspire! Colorado Springs Drug Testing Summary

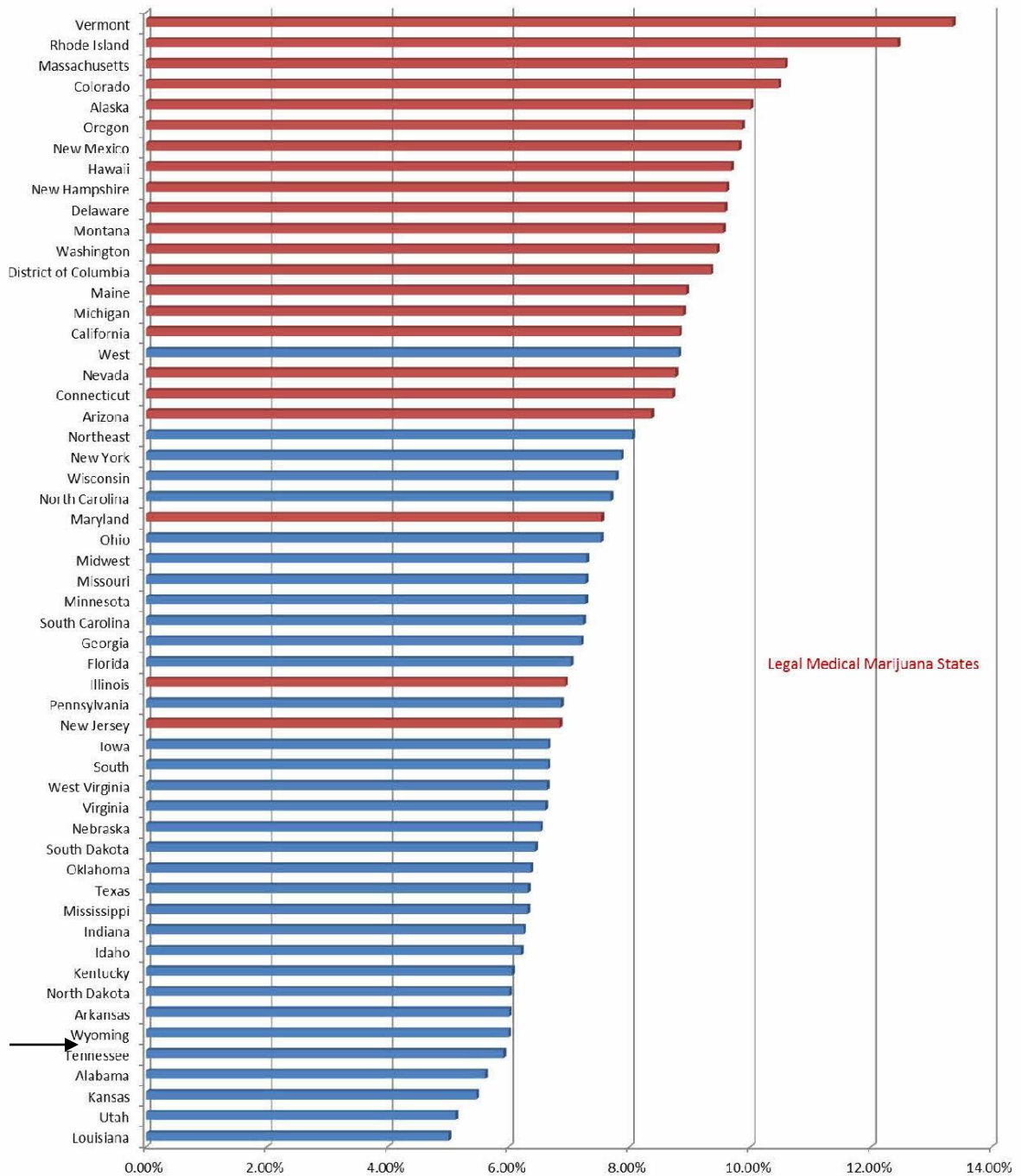
NOTE: The majority of the data was collected from high school students in the Colorado Springs, CO area sent for drug testing due to behavior issues.

2. Does legalization create more unintentional drug poisoning?

Colorado Marijuana-Related Exposure Cases: From 2005 through 2008, the yearly average number of marijuana-related exposures for children ages 0 to 5 years was 4. For 2009 through 2012, that number increased 200 percent to an average of 12 per year.

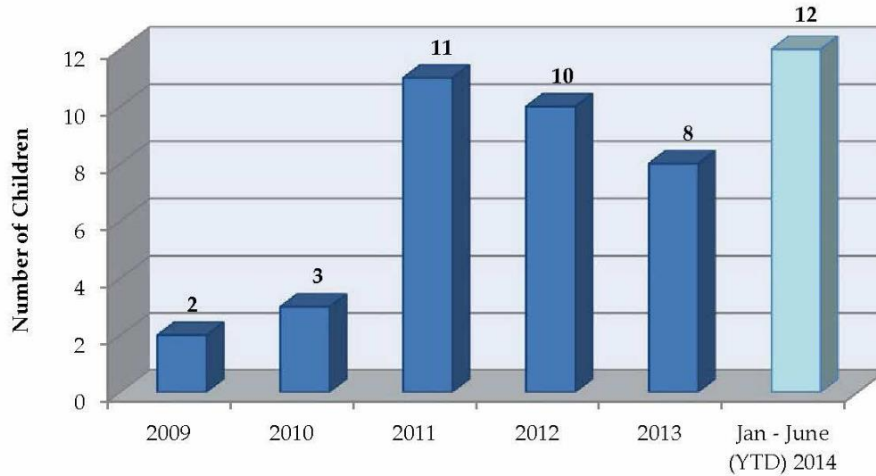


Past Month Usage by 12 to 17-Year-Olds in Medical Marijuana States, 2012



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health, 2013

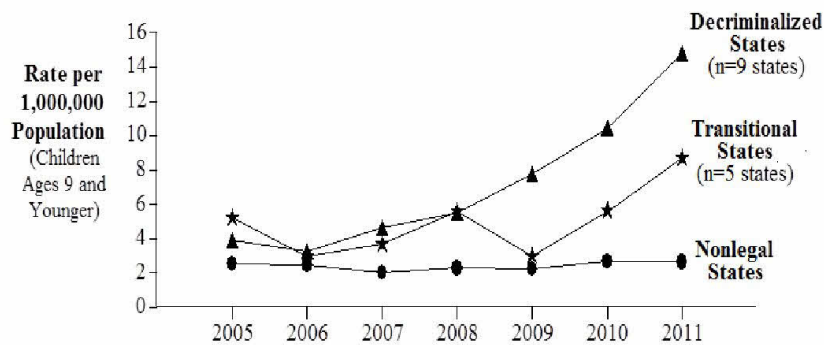
Marijuana Ingestion Among Children Under 12 Years-of-Age



SOURCE: Dr. George Sam Wang, pediatric emergency physician, Children’s Hospital Colorado, July 8, 2014

Rate (per 1,000,000 population) of Unintentional Pediatric Marijuana Exposure Poison Center Calls, by Marijuana Legalization States*, 2005-2011²

(n=985 single substance, unintentional exposures in children ages 9 and younger)



* *Decriminalized States*: Passed marijuana decriminalization legislation (for medical and/or recreational purposes) before 2005 (AK, CA, CO, HI, ME, NV, OR, VT, and WA).

* *Transitional States*: Enacted legislation between 2005 and 2011 (AZ, MI, MT, NM, RI). *Nonlegal States*: Had not passed legislation as of December 31, 2011.²

3. How will it affect highway safety? Advocates often site the decrease in fatalities in Colorado since legalization for medical purposes and again in 2014 with commercial recreational legalization. What they don't usually reveal is that traffic fatalities have been dropping in most states even those that haven't legalized commercialization of marijuana. They also usually don't mention that while the number of total fatalities is dropping, the number of drug related fatalities is increasing.

Colorado Driving Fatalities: From 2006 to 2011, traffic fatalities decreased in Colorado 16 percent, but fatalities involving drivers testing positive for marijuana increased 114 percent.

Definitions in Reviewing Fatality Data:

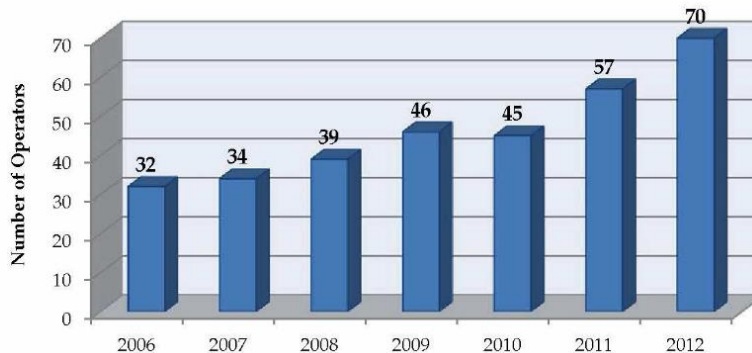
- **Marijuana:** Also called "marijuana mentions," is any time marijuana shows up in the toxicology report. It could be marijuana only or marijuana with other drugs and/or alcohol.
- **Fatalities:** A fatal injury resulting from a traffic crash involving a motor vehicle.
- **Operators:** Anyone in control of their movements such as a driver, pedestrian or bicyclist.

Fatalities Involving Operators Testing Positive for Marijuana

Crash Year	Total Statewide Fatalities	Fatalities with Operators Testing Positive for Cannabis	Percentage Total Fatalities (Cannabis)
2006	535	37	6.92%
2007	554	39	7.04%
2008	548	43	7.85%
2009	465	47	10.1%
2010	450	49	10.89%
2011	447	63	14.09%
2012	472	78	16.53%

SOURCE: National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and RMHIDTA 2012 (See NOTE on page 8)

Operators Involved in Fatalities Testing Positive for Marijuana

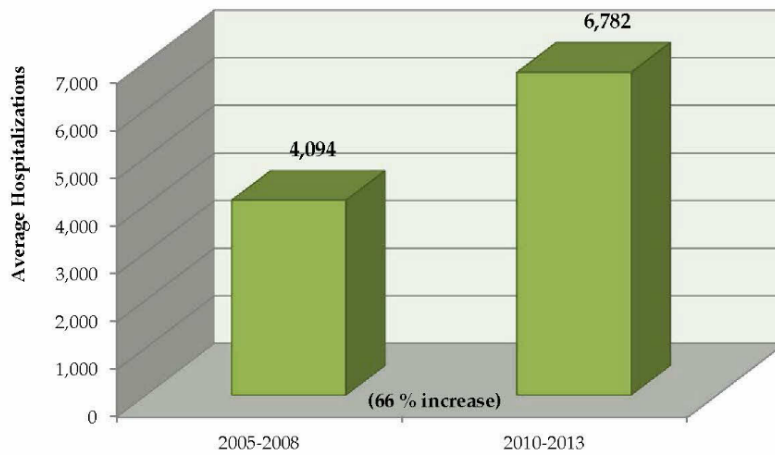


SOURCE: National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and RMHIDTA 2012 (See NOTE on page 8)

4. Does marijuana legalization create more health emergencies?

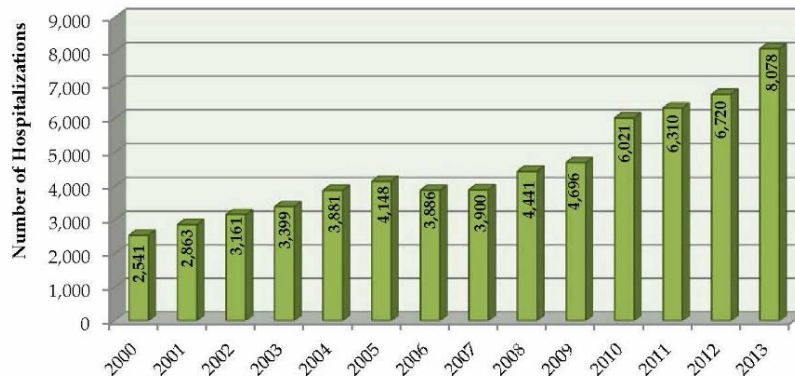
Colorado Emergency Room – Marijuana Admissions: From 2005 through 2008 there was an average of 741 visits per year to the emergency room in Colorado for marijuana-related incidents involving youth. That number increased to 800 visits per year between 2009 and 2011.

Average Marijuana-Related Hospitalizations Pre- and Post-Medical Marijuana Commercialization Year (2009)



SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (CDPHE)

Hospitalizations Related to Marijuana



SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (CDPHE)