

Health and Human Services Committee  
HB 2152 Hearing  
Wednesday, March 15, 2017

Chairman Hawkins and Committee Members,

Thank you for hearing the Kansas people on an issue so important to them, and to their loved ones. Kansas have made their voice on this issue loud and clear in recent months via polls conducted by Kansas news agencies. In a recent email to the members of this committee, I shared those numbers, as well as research data collected on American opinion conducted by Pew Research..

80% of Americans support safe access to medical cannabis.  
<http://www.pewresearch.org/fact-tank/2016/10/12/support-for-marijuana-legalization-continues-to-rise/>  
(PEW Research)

80% of law enforcement officers support safe access to medical cannabis.  
<http://www.pewsocialtrends.org/2017/01/11/behind-the-badge/> (PEW Research)

If it were up to the people of Kansas, patient's suffering would have ended already. We know this, not only from overwhelming polls, (Docking Institute via Kansas Speaks 2015, KAKE and KSNT) but also by our personal, one on one interaction with Kansans. The last two media polls conducted by KAKE and KSNT polls had over 60,000 positive responses combined. The KSNT poll alone closed with 42,138 Kansas in support, and only 2,147 Kansans opposed.

Kansans are more educated on this issue than many in the Kansas legislature are aware. They have watched 29 states move forward, as Kansas continues to remain in the less than twelve states with no law acknowledging patient rights at all.

This year, we have heard a new argument from many here in Topeka. The issue of Federal/State Supremacy has been raised. Instead of me answering this objection, I will allow the words of Congressman Kevin Yoder to answer these objections. In a recent response letter, Congressman Yoder has this to say of the issue of Federal/State Supremacy, "Even if the federal government cannot mandate that the states adopt laws banning marijuana, the constitutional doctrine of preemption generally prevents states from enacting laws that are inconsistent with federal law. Under the Supremacy Clause, if a state law that conflicts with a federal law the state law is preempted and therefore void. Courts, however, have not viewed the relationship between state and federal marijuana laws in such a manner, nor did Congress intend that the CSA displace all state laws associated with controlled substances.

Instead, the relationship between the federal ban on marijuana and state medical marijuana exemptions must be considered in the context of two distinct sovereigns, each enacting

separate and independent criminal regimes with separate and independent enforcement mechanisms, in which certain conduct may be prohibited under one sovereign and not the other. Although state and federal marijuana laws may be "logically inconsistent," a decision not to criminalize—or even to expressly decriminalize—conduct for purposes of the law within one sphere does nothing to alter the legality of that same conduct in the other sphere.”

Congressman Yoder’s response is inline with the response we have given to lawmakers this session. We do not ask Kansas lawmakers to act on a federal level. We ask the Kansas lawmakers act on existing Kansas law.

As to the issue of restricting Kansas patient’s access to a singular component of cannabis, I would like to make all aware that the prohibition of this medicine was never based in science. Any short venture into published history will reveal this truth. Prohibition resulted from converging streams. Prohibition resulted from a time in our culture, specifically the 1910s, of a marked high tide of prohibitionist sentiment in America. In 1914 and 1916, alcohol prohibition initiatives would make the state ballot. Meanwhile, legislatures were tackling perceived moral issues such as prostitution, racetrack gambling, prizefighting, liquor, and oral sex. Amidst this profusion of perceived vices, cannabis was but a minor afterthought. States banned cannabis via laws that were passed not due to any widespread use, nor concern about cannabis from a scientific view, but only as part of this prohibitionist extremism. Another stream that led to prohibition was simply greed via monopolies. The final stream was the manipulation and use of racism to further the agenda of prohibitionists and monopolies. .

"Up to World War I, pharmaceutical supplies of cannabis indica were entirely imported from India (and occasionally Madagascar), in accordance with the U.S. Pharmacopoeia, which specified that it come from flowering tops of the Indian variety...

Finally, in 1913, the U.S. Department of Agriculture Bureau of Plant Industry announced it had succeeded in growing domestic cannabis of equal quality to the Indian. When foreign supplies were interrupted by World War I, the United States became self-sufficient in cannabis. By 1918, some 60,000 pounds were being produced annually, all from pharmaceutical farms east of the Mississippi." The Cannabis Problem: A Note on the Problem and the History of International Action," UNODC website, Jan. 1, 1962

The final stream was the manipulation, and use of racism to further the agenda of prohibitionists and monopolies who sought to feed their individual coffers. Part of that agenda was to take away the very name of this plant, the scientific name that had been used for a hundred years in the American pharmacopoeia, and replace it with a racially charged slang term. Unfortunately, one that still persists to this day.

"The currency of the word [marijuana] increased greatly in the United States in the 1930s in the context of the debate over the use of the drug, the term being preferred as a more exotic alternative to the familiar words hemp and cannabis...

Influence of a folk etymology from the Spanish personal name María-Juana or its familiar form Mari-Juana has frequently been suggested; if so this would appear to have occurred within English." Oxford English Dictionary (OED) "Marijuana" (accessed Dec. 16, 2011)

"In 1930, Congress consolidated the drug control effort in the Federal Bureau of Narcotics, led by the endlessly resourceful commissioner, Harry Jacob Anslinger, who became the architect of national prohibition. His case rested on two fantastical assertions: that the drug caused insanity; that it pushed people toward horrendous acts of criminality." "The Federal Marijuana Ban Is Rooted in Myth and Xenophobia," New York Times, July 29, 2014

Another stream that led to prohibition was simply greed via monopolies. Hearst and DuPont played vital roles in the propaganda war against cannabis, and its cousin hemp, which was in direct competition with logging, paper manufacturing, and the development of petrochemical based plastics.

"[I]n 1933, marijuana became the target of government control. Sensationalistic stories linked violent acts to cannabis consumption... Many of the most outlandish stories appeared in newspapers published by William Randolph Hearst. Hearst reportedly had financial interests in the lumber and paper industries. He may have sought to eliminate competition from hemp." Mitchell Earleywine, PhD Understanding Marijuana: A New Look at the Scientific Evidence, 2005

"The first laws against cannabis in the United States were passed in border towns with Mexico... William Randolph Hearst was an up-and-coming newspaper tycoon, owning twenty-eight newspapers by the mid-1920s... Hearst then dropped the words cannabis and hemp from his newspapers and began a propaganda campaign against 'marijuana,' (following in Anslinger's footsteps)..."

Julie Holland, MD The Pot Book: A Complete Guide to Cannabis: Its Role in Medicine, Politics, Science, and Culture, 2010

"Hearings on the proposed taxation of marihuana were held before the Committee on Ways and Means between 27 April and 4 May 1937.

The last witness to be heard was Dr. William C. Woodward, legislative counsel of the American Medical Association (AMA). He announced his opposition to the bill... [and] sought to dispel any impression that either the AMA or enlightened medical opinion sponsored this legislation. Marihuana, he argued, was largely an unknown quantity, but might have important uses in medicine and psychology."

Michael Schaller, PhD "The Federal Prohibition of Marihuana," Journal of Social History, Autumn 1970

"There is nothing in the medicinal use of Cannabis that has any relation to Cannabis addiction. I

use the word 'Cannabis' in preference to the word 'marihuana', because Cannabis is the correct term for describing the plant and its products. The term 'marihuana' is a mongrel word that has crept into this country over the Mexican border and has no general meaning, except as it relates to the use of Cannabis preparations for smoking...

To say, however, as has been proposed here, that the use of the drug should be prevented by a prohibitive tax, loses sight of the fact that future investigation may show that there are substantial medical uses for Cannabis."

William C. Woodward, MD Statement to the US House of Representatives Committee on Ways and Means (260 KB), May 4, 1937

So, in this very brief historical overview, you can see that science, and medicine had nothing to do with the rulings that led to prohibition, and they have nothing to offer to the continuation of prohibition in Kansas now. To ban anyone part of this plant, is to only to propagate further erroneous misinformation, and stigma from a bygone era.

THC is an important medicine in treating many forms of aggressive cancers such as gliomas, and adenocarcinomas, as well Alzheimer's, ALS, MS, Parkinson's, seizures, and many more illnesses. Some may not like that it has psychoaffective side effects. These side effects are easily mitigated by the plant itself, by dosing a high CBD strain alongside a high THC strain, or they can be mitigated by over the counter choline, and even black pepper. If we were to exclude medicines due to unwanted side effects, we should start with FDA approved, manufactured pharmaceuticals, including over the counter medications. Humira, a FDA approved drug, has lymphoma as a possible side effect, as an example. Research is needed, and is funded via the Kansas Safe Access Act. Some patients should be excluded from use, just as they would be for any other medication, by family history, pre-existing conditions, or by possible medication interaction.

We can approach this scientifically, and logically. I ask that you please not continue the propagation of misinformation, and propaganda. THC is medicine, and Kansas patients deserve access to this cannabinoid when recommended by their medical provider. This body must not stand in the medical provider's shoes, nor assume to make those medical decisions. This body must instead do its due diligence to fulfill its mandated duty to enact all laws as will benefit the welfare of the people.

Thank you for your time. Please contact me with any questions.

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