

To: Chairman LaTurner and Members of the Senate Federal and State Affairs Committee
Re: Cannabis Compassion and Care Act, SB 155

Although recently retired after 20 years as an administrator of substance abuse prevention and intervention programs and services, I remain involved in a host of community initiatives and boards of directors. Substance abuse prevention is still one of my chief interests and concerns.

During my years in the field of substance abuse prevention and early intervention, I learned that marijuana is the number one presenting drug of addiction for Kansas youth entering substance abuse treatment. Medical marijuana laws could directly increase use of and addiction to marijuana by young people.

Almost every year, we've witnessed attempts to get medical marijuana laws passed in Kansas. These attempts tend to drive public perception of marijuana as being less harmful than it is, as an acceptable drug for use, and an increase in availability. The weakening of medical marijuana laws, laws which violate the FDA approval process in the first place, facilitate abuse. A side effect of the medical marijuana movement is to give people, especially children and teenagers, the idea that marijuana is good for health rather than that it may relieve symptoms of some diseases, for which there are other approved medications. The overall atmosphere with the softening of marijuana laws does put young people at greater risk as a result of diminished perception of risk or harm of using marijuana.

During my 20 years at Shawnee Regional Prevention and Recovery Services, we provided thousands of youth evaluations. We saw marijuana use as well as illicit prescription drug use increase. If medical marijuana laws were passed, we would expect to see a huge upsurge in marijuana availability added to the mix of deadly illicit prescription drugs available to youth.

Current prevention science informs us that the density of alcohol and tobacco sales outlets contributes to availability and an increase in illicit use of these drugs. Reports from states that have passed medical marijuana laws also indicate that the greater the number of prescription providers and outlets, the greater the increase in the number of people using marijuana illicitly.

Marijuana users of all ages perform more poorly than non-users on cognitive tasks, especially those that require executive function. New research shows that early users (people who begin marijuana use prior to age 16) have more difficulty than late onset users. Age of onset, frequency of use and amount of use were all factors in poor cognitive performance. Onset of marijuana use during adolescence is now also linked to altered brain development leading to long-term cognitive impairment.

From both prevention and treatment perspectives, I know Kansas can ill afford the additional increases in risks to our children, youth and adults that medical marijuana would bring to our state. Please consider the costs in human lives, families, education, and health care resources that medical marijuana laws would cause.

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