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Attn: Medical Marijuana Special Committee
PROPONENT ORAL-IN PERSON Testimony

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First, I must thank you for the opportunity to speak in front of the Medical Marijuana Special Committee.

I was able to listen to some of the opposing testimony last week and would like to address some of the opposing viewpoints.

Opposing Viewpoint: Cannabis is dangerous and legalization results in an increase of adolescent suicides.

As a Master's prepared RN who has helped create and implement public health programs, I know we can only find value in unbiased, peer-reviewed research and I cannot seem to locate any evidence that says legalizing cannabis increases suicides. Is there a correlation? Yes. Is it causation? No. Youths who attempt or die by suicide are unfortunately at-risk for many risky behaviors.

My question to the researchers of the referenced study today is, what pharmaceutical medications did these adolescents have in their system? Every year there is an increasing number of teens diagnosed with anxiety, depression, adhd, and these adolescents are being given powerful substances that change their brain and increase the risk of suicide. A black-box warning is included on many psychiatric medication drug inserts that these adolescents may also have in their system and this warning is not included on the FDA- approved cannabis pharmaceuticals.

Does this mean I support the use of cannabis by adolescents? No. mind-altering substances are exactly that, mind-altering. It is critical we have an advisory committee that addresses how to educate nurses, doctors, teens, parents and the public on the risks associated with its use.

A 2019 study published by the National Institute on Drug Abuse, showed that in states with legal cannabis, alcohol use decreased among adolescents, and there was not a significant increase in cannabis consumption among this population. I am not encouraging dangerous or illegal activity, but the best way to see which is more dangerous is to find two volunteers; one consuming alcohol, one consuming cannabis, and watch what happens for yourself.

Opposing Viewpoint: Canine officers will be rendered useless and will cost the state \$800,000.

We will still need the assistance of these efficiently trained canines and if they were to sniff out and find cannabis, couldn't the officers on-site just check and see if those in possession were a licensed operator or patient?

The potential revenue from a medical cannabis program will quickly recover the estimated \$800,000.

Opposing Viewpoint: Medical cannabis has only been proven effective for pain.

Not true, and there are too many studies to list to counter this statement. I just encourage you to read the guidelines for nurses published by the National Council of State Boards of Nursing in 2018.

It's clear that I am an advocate for cannabis and I am aware of my biases. However, first and foremost, I am an advocate for science and truth. Truth is cannabis doesn't cure everything and many conditions patients are trying to treat can also be improved with stress reduction, diet, and exercise, but some people are just too sick or disabled to make those changes and we have to give them an alternative.

This alternative has the ability to be the best medical program in the United States, but you must not forget the importance of the education surrounding the use of medical cannabis. Patients in states with established programs do not understand how to

therapeutically consume cannabis, they only know they want to heal without getting high. Only 10-20% of dispensary staff workers have medical cannabis training, yet provide specific recommendations based on their own experience (Huag, 2016). We need state-approved training programs to ensure dispensary staff workers understand the risks and their scope of practice. We need nurses who have worked with patients at the bedside, who understand the suffering and science, to be available to patients, along with pharmacists.

As you discuss this bill, I encourage you more than anything, to find a middle-ground that works for patients and potential business owners. The higher the licensing and operating costs, the less affordable it becomes for patients. Please look to Texas and Arkansas who have not found this middle-ground and will likely establish adult-use laws as a result.

Thank you.