July 8, 2016

Chairman Schickel
Chairman Keene
2016 Interim Joint Committee on Licensing and Occupations
Capital Annex
Frankfort, KY 40601

Chairman Schickel, Chairman Keene, and the members of the committee, my name is Micky Hatmaker. I am the President of the Kentucky Narcotics Officers Association. I would like to thank you for the opportunity to express our concerns surrounding the legalization of cannabis for "medical" purposes in our Commonwealth. Seated with me is Tommy Loving, our Executive Director, who is the Commander of the Bowling Green – Warren County Drug Task Force. We represent approximately 400 narcotics officers from virtually every law enforcement agency in the Commonwealth.

Our men and woman are on the front lines of the drug epidemic that has plagued our Commonwealth, and they see firsthand the destruction that illicit drugs have caused in our communities, the citizens we are sworn to protect, and yes, even our families and friends. We are in the midst of a drug problem that continues to claim the lives of Kentuckians every week. I feel comfortable that we can all agree that our Commonwealth is facing serious issues surrounding these problems. We, in law enforcement, along with our partners in prevention and treatment, are struggling to keep pace. We are underfunded and overworked, but are earnestly committed to making our communities as safe and as drug free as possible.

With that being said, this committee has convened to hear testimony as to whether Kentucky should expand its access to cannabis for "medical" purposes. Twenty-five other states have done this, either by ballot referendum or legislative intent, and contrary to the process by which all other drugs have been tested and approved. All drugs intended for human consumption are required to have been tested and approved by the Food and Drug Administration.

The concept of cannabis as "medicine" began in California in 1996 when they allowed access to crude cannabis, either smoked or ingested, to treat terminally ill patients and those who suffered from debilitating diseases. California soon found out that less than 3 percent of the Compassionate Card holders actually fit the criteria of Prop 215. Each subsequent state that has sought to legalize marijuana for "medical" purposes has stated that they should have done a better job regulating access to cannabis by

429½ East 10th Avenue, Suite 1 • Bowling Green, KY 42101-2211 • www.kynarc.org
Phone (270) 843-5343 • Fax (270) 843-5347

limiting it only to those patients who suffer from debilitating diseases and illnesses.

If we look at the latest Substance Abuse and Mental Health Services Administration's (SAMHSA) 2013-2014 National Survey on Drug Use and Health (attached), it is very clear that in the states where cannabis has been legalized for medical purposes, marijuana use by 12 to 17 year olds is the highest. In fact, 23 of the top 25 states are states that have legalized cannabis, and in many instances these statistics are nearly double the national average. This in and of itself is alarming, but when you look at usage rates for 18 to 25 years of age, and 26 and above, the same holds true.

Our children and young adults are using cannabis at alarming rates. They now have access to marijuana with THC concentrations exceeding 30%, as well as infused edibles and concentrates with THC in excess of 90%, all of which are readily available in states which have medicalized cannabis. This will have detrimental consequences that we are not able to yet ascertain. All research on the harms of THC to the developing brain has been conducted utilizing THC concentrations between 12 and 15%. So, we have no idea what today's cannabis potency levels are doing to our children and young adults.

As a retired State Trooper with over 20 years of drug law enforcement experience, I have arrested numerous murderers, rapists, burglars and drug traffickers. Almost every offender I arrested was under the influence of drugs at the time of the crime. The vast majority stated that they their initial encounter with drugs was experimenting with marijuana in high school. Ask our colleagues in the prevention and treatment arena and they will tell you the same. Outside of alcohol and tobacco, this is the gateway drug that leads our children and young adults down the road to illicit drug use and addiction.

I, along with the leadership of the KNOA, sympathize with those who are suffering debilitating diseases and those who are terminally ill. We do feel that there may be some cannabinoids contained within cannabis that may possess medical value. GW Pharmaceuticals has two products that are direct compounds from the cannabis plants (Sativex and Epidolex) both of which are in FDA Phase 4 clinical trial, and are showing promise.

The KNOA is encouraged by the introduction of the Marijuana Effective Drug Studies (MEDS) Act 2016. This Bi-Partisan legislation for legitimate medical marijuana research introduced last month will make it easier for research on the medical effectiveness and safety of marijuana's components.

The KNOA joins the American Medical Association, the American Academy of Pediatrics, the American Cancer Society, American Society of Addiction Medicine, American Prevention Medical Association, American Pain Society, American Society of Anesthesiologist and the American Academy of Pain Medicine in support of the MEDS Act.

In spite of the best intentions of these 25 states, raw marijuana either smoked or ingested is not medicine and has never been passed through the rigorous FDA approval process to insure the health and safety of patients. The KNOA believes that medications, including marijuana-based

drugs, should go through the scientific process, and should be accessed through legitimate physicians.

Thank you for the opportunity to express our grave reservations about expanded access to cannabis under the guise of medicine, because ultimately, it will be our children who suffer.

Sincerely,

Micky Hatmaker, President
KNOA

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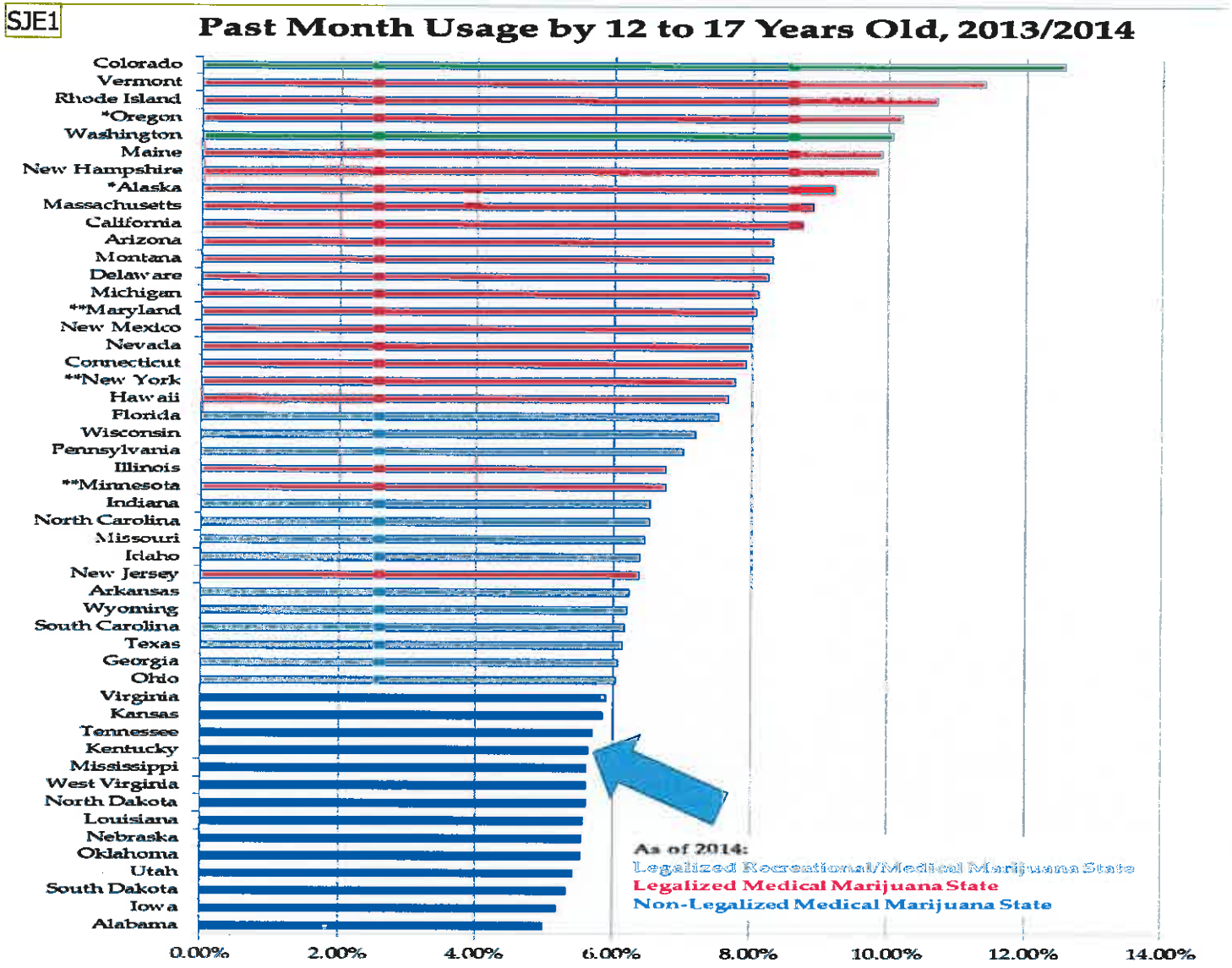


SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

States with Legal Marijuana have Higher Past Month Marijuana Use for College Age Adults (18-25 Years Old) in 2013/2014

States with Medical and/or Recreational

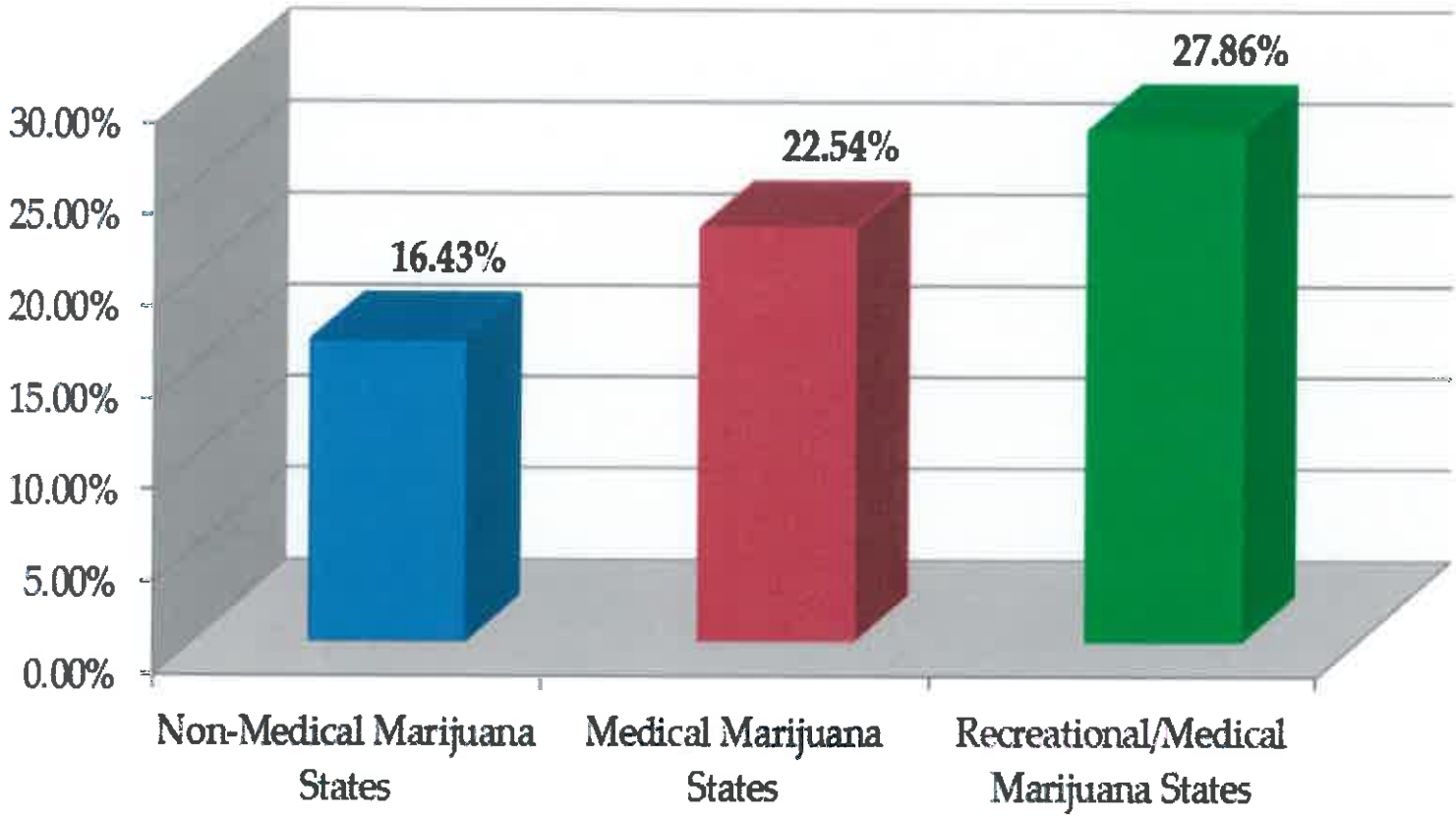
1. Colorado – 31.24%
2. Vermont – 30.60%
3. New Hampshire – 30.09%
4. Rhode Island – 28.90%
5. Massachusetts – 28.74%
6. Maine – 28.38%
7. Oregon – 24.85%
8. Washington – 24.47%
9. Maryland – 23.42%
10. Michigan – 23.17%

States without Medical or Recreational

41. Oklahoma – 15.76%
42. Kansas – 15.11%
43. Texas – 15.06%
44. Alabama – 15.04%
45. Tennessee – 14.72%
46. Idaho – 14.28%
47. North Dakota – 14.05%
48. Iowa – 14.01%
49. South Dakota –13.02%
50. Utah-11.55%

SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Average Past Month Use by 18 to 25 Years Old, 2013/2014



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

States with Legal Marijuana have Higher Past Month Marijuana Use in Adults Ages 26+ for 2013/2014

States with Medical and/or Recreational

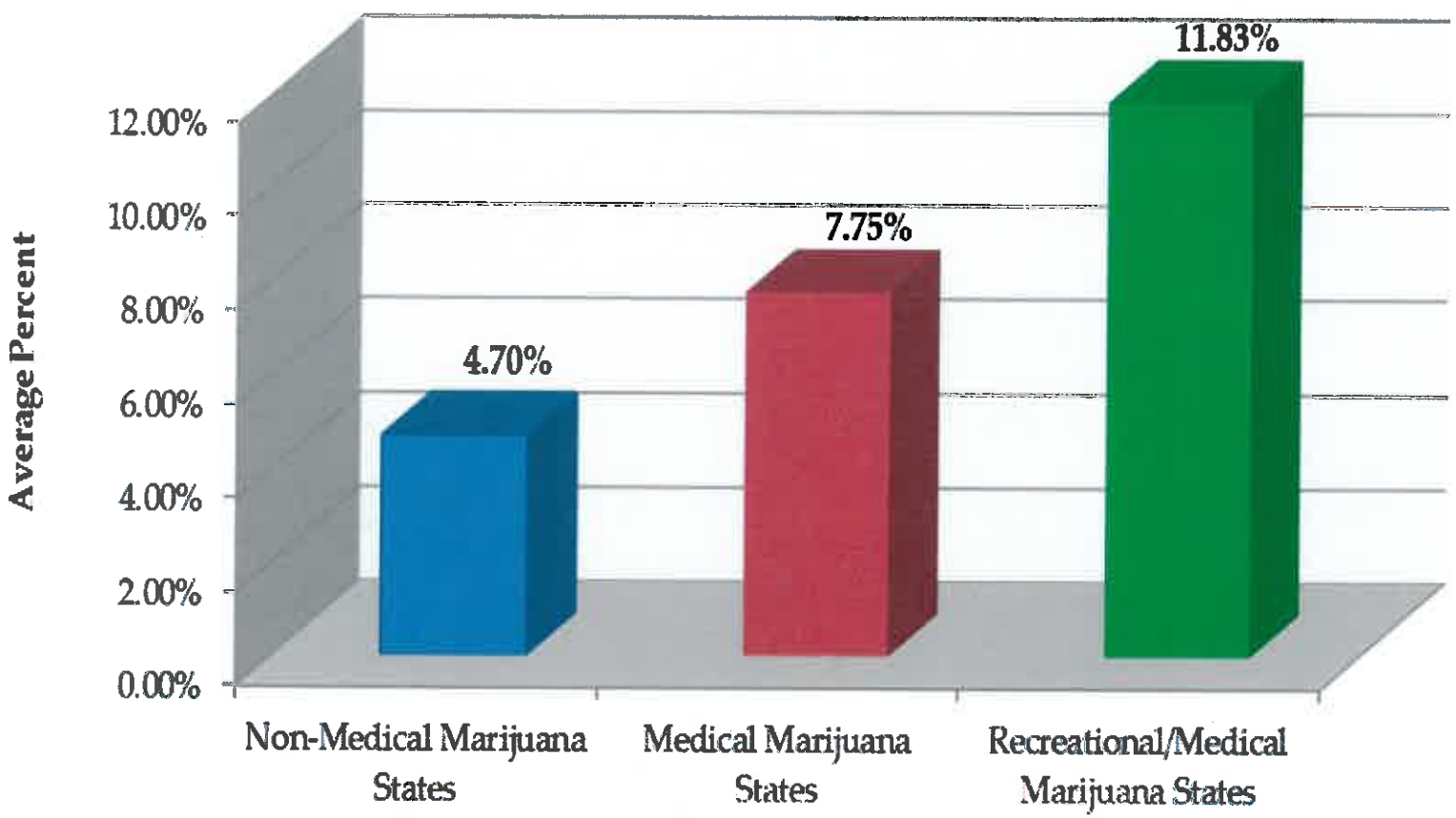
1. Colorado – 12.45%
2. Washington – 11.21%
3. Maine – 10.77%
4. Oregon – 10.68%
5. Alaska – 10.42%
6. Vermont – 10.42%
7. Rhode Island – 9.92%
8. Massachusetts – 9.08%
9. New Hampshire – 8.78%
10. Montana – 8.49%

States without Medical or Recreational

41. Louisiana – 4.42%
42. Utah – 4.25%
43. Texas – 4.21%
44. Alabama – 4.03%
45. Tennessee – 4.01%
46. Nebraska – 3.97%
47. North Dakota – 3.95%
48. Mississippi – 3.95%
49. Iowa – 3.40%
50. South Dakota – 3.30%

SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Average Past Month Use by 26+ Years Old, 2013/2014



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014