

Angie Lake

From: Rep. Kevin Cotter
Sent: Thursday, December 05, 2013 9:16 AM
To: Angie Lake
Subject: FW: Testimony pertaining to the use of "medical" marijuana as pertained in HB 4271, HB 5104 and SB 660

Please add to internet for members

Neal

From: Carol Stringer [mailto:carols@saveoursociety.org]
Sent: Thursday, December 5, 2013 8:05 AM
To: Rep. Kevin Cotter; Rep. Clint Kesto (District 39); Rep. Kurt Heise; Rep. Brad Jacobsen; Rep. Joel Johnson; Rep. Andrea LaFontaine; Rep. Tom Leonard (District 93); Rep. Phil Cavanagh (District 10); Rep. Ellen Cogen Lipton (District 27); District 14; Rep. Jeff Irwin
Subject: Testimony pertaining to the use of "medical" marijuana as pertained in HB 4271, HB 5104 and SB 660



Testimony pertaining to the use of "medical" marijuana as pertained in HB 4271, HB 5104 and SB 660
Submitted on November 5, 2013
To the Michigan House Judiciary Committee

Dear Members of the House Judiciary Committee:

We respectfully request that this testimony, on behalf of Save Our Society From Drugs, a national drug policy organization with members in the state of Michigan, be included in any discussions that pertain to the following:

- Establishing marijuana "provision centers;"
- Redefining usable marijuana to include plant resin and extracts;
- Rescheduling marijuana to a Schedule II controlled substance.

Save Our Society From Drugs (S.O.S.) has over ten years of experience in monitoring and making policy recommendations on drug policy issues including those pertaining to "medical" marijuana. S.O.S. understands the need for a comprehensive approach to promote sound drug policy that includes education, prevention, abstinence-based treatment, scientific research, and community awareness. Our members include doctors, researchers, law enforcement officials, business leaders, lawyers, and parents.

With regard to HB 4271, marijuana "provision centers," more commonly known as pot shops or dispensaries have a significant negative impact on our communities. Dispensaries are easy marks for criminal activities because of valuable marijuana crops and large amounts of cash. Operators of dispensaries have been attacked and murdered by armed criminals both at their storefronts and at home. Common byproducts related to dispensaries include: drug dealing, sales to minors, loitering, diversion of marijuana from "patients" to our

youth, public marijuana consumption, increased traffic accidents and driving under the influence arrests, and the loss of other commercial businesses who don't want to be located in the vicinity of marijuana dispensaries.

City and county governments in states with medical marijuana laws have taken action to keep them out of the jurisdictions. In fact, over 200 cities and more than 14 counties in California have banned or passed a moratorium on pot shops. This number speaks volumes about what happens when communities see through the smokescreen and are enlightened as to what pot shops really bring their communities-more illegal drug use, more crimes, and more of our youth being sold marijuana (and sometimes other drugs) from a so-called medical marijuana patient.

HB 5104 would expand the definition of "usable marijuana" to include plant resin, or marijuana plant extract. Marijuana resin can be extremely potent and extraction methods are dangerous. Extraction methods include use of highly flammable, potentially explosive and dangerous to work with solvents such as butane.

The extracted resin, commonly known as dabs or dabbing, are concentrated cannabinoids, such as THC, the component that cause a high, as well as marijuana's other ingredient that when made into a resin contribute to the flavors and aromas of the plant. Dabbing can result in THC potency levels in excess of 40%, much more potent than the marijuana currently being used as a so-called medicine. The resin is then added to food products or smoked on its own.

Current law in Michigan allows one to possess up to 2.5 ounces of "medical" marijuana. If the law is changed and one is allowed to possess up to 2.5 ounces of resin it would be the equivalent of allowing them to possess 62.6 ounces of dried marijuana. According to dabbing websites it takes 25 grams of dried marijuana to make 1 gram of resin!

SB 660 seeks to reclassify marijuana from a Schedule I substance to a Schedule II. The criteria for a schedule I controlled substance is one that has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision. Both the Drug Enforcement Administration (DEA) and the Food and Drug Administration (FDA) support marijuana's placement in the Controlled Substances Act as a schedule I drug.

Marijuana is not harmless or resistant to abuse. Research increasingly shows that intensive marijuana use often meets the technical requirements for addiction or dependence. According to the 2012 National Survey on Drug Use and Health, marijuana was the illicit drug with the highest rate of past year dependence or abuse. In 2012, 5.4 million persons aged 12 or older used marijuana on a daily or almost daily basis in the past 12 months, which was an increase from the 3.1 million daily or almost daily marijuana users in 2006. The number of daily or almost daily users of marijuana in 2012 represented 17.0 percent of past year users.

Allegations have been made that smoked marijuana has medical value, however, past evaluations by several Department of Health and Human Services (HHS) agencies, including the FDA, Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA), found no sound scientific studies supported medical use of marijuana for treatment in the United States and no animal or human data supported the safety or efficacy of marijuana for general medical use. In fact, there is no scientific research on marijuana's effectiveness and risks as a medicine, dosages, interactions with other drugs, and impact on pre-existing conditions. Studies on marijuana do not exist that show the quantity of dose, frequency and duration of administration, route or method of administration of marijuana for any medical condition.

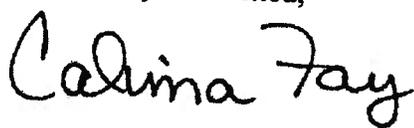
Additionally, it should be noted that the issue of controlling or reclassifying drugs comes under the authority of the DEA Administrator and rescheduling marijuana at the state level would be in conflict with the federal government where marijuana would remain a schedule I drug. If state legislators want to tread the dangerous

and irresponsible path of rescheduling marijuana, they should follow the same guidelines that have protected the public for decades in this country. Issues that must be considered in order to reschedule marijuana must include:

- the drug's actual or relative potential for abuse,
- scientific evidence of the drug's pharmacological effects,
- the state of current scientific knowledge regarding the substance,
- its history and current pattern of abuse,
- the scope, duration, and significance of abuse,
- what, if any, risk there is to the public health,
- the drug's psychic or physiological dependence liability, and
- whether the substance is an immediate precursor of a substance already controlled.

Thank you for allowing us to submit testimony on these important issues. I hope that you will carefully consider our findings and reject HB 4271, HB 5104 and SB 660.

Respectfully Submitted,



Calvina Fay
Executive Director