**CHAPTER 6**

**( HCR 5 )**

A CONCURRENT RESOLUTION calling for the expediting of research regarding the safety and efficacy of the use of marijuana for medical purposes.

WHEREAS, people have used marijuana, also called cannabis, for a variety of health conditions for at least 3,000 years; and

WHEREAS, 33 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands now allow the use of marijuana for certain medical purposes, and additional states and territories may soon approve the use of marijuana for medical purposes; and

WHEREAS, the decisions to legalize medical marijuana in those states and territories have been made by voters or legislators, and not because of a careful scientific evaluation of the benefits and risks of the use of marijuana; and

WHEREAS, an advanced society must have well-considered laws and regulations to move forward; and

WHEREAS, drugs and pharmaceuticals must meet many safety and efficacy standards to ensure that the public, health professionals, and industry are protected; and

WHEREAS, for over 80 years, federal law has directed that biological products directed for human use must meet established standards for purity, safety, and potency; and

WHEREAS, multiple tragedies have occurred over the course of United States history as the result of adulterated, deteriorated, impure, and ineffective drugs; and

WHEREAS, the thalidomide tragedy was fully understood by 1962 and remains a stark reminder that all drugs should be carefully and fully tested; and

WHEREAS, the Elixir of Sulfanilamide disaster in October 1937 caused over 100 deaths from an untested solvent; and

WHEREAS, marijuana has vastly different strains that each contain varying amounts and ratios of medicinally active compounds; and

WHEREAS, the amount and concentration of ingredients is difficult to ascertain from grower to grower or crop to crop; and

WHEREAS, a patient may risk complicating his or her treatment if the patient stabilizes on a certain strain or preparation of marijuana and then finds that the product that he or she was using is no longer available from a dispensary or grower; and

WHEREAS, different products may have different pharmacokinetic and drug interaction profiles, causing unforeseen complications in the patient's health or in his or her treatment for other conditions; and

WHEREAS, the bioavailability and bioactivity of cannabis depends on whether it is consumed as an edible, oil, vaporized, or smoked; and

WHEREAS, the United States Food and Drug Administration (FDA) sent warning letters to companies that illegally sell marijuana products with unsubstantiated medical claims in November 2017; and

WHEREAS, researchers have not conducted sufficient, large-scale clinical trials to show that the benefits of marijuana, when consumed as a whole plant, outweigh the risks for the patient that it is meant to treat; and

WHEREAS, on May 7, 2019, 30 members of Congress, representing 14 states and the District of Columbia, sent a bipartisan letter to United States Attorney General William Barr and the Acting Administrator of the Drug Enforcement Agency (DEA), Uttam Dhillon, urging them to "do whatever you can to speed up and improve the research application process"; and

WHEREAS, 27 of those bipartisan members of Congress represent 11 states and the District of Columbia which have already legalized medical marijuana, yet recognize that "we need more research" to bring "safe and effective medical treatments to those who are suffering as quickly as possible"; and

WHEREAS, researchers generally consider marijuana-based medications, like FDA-approved dronabinol (Marinol), nabilone (Cesamet), and Epidiolex, all of which are drugs that use purified chemicals derived from or based on those found in the marijuana plant, to be more promising than the use of the whole marijuana plant or its crude extracts; and

WHEREAS, several other marijuana-based medications have also been approved or are undergoing clinical trials; and

WHEREAS, up to 80 percent of people who request medical marijuana want to ease pain, and more than 33 percent cite post-traumatic stress disorder as the primary reason for their request; and

WHEREAS, two relevant reviews published in the journal *Annals of Internal Medicine* in August 2017, found little evidence to support either marijuana's effectiveness or safety in treating chronic pain or post-traumatic stress disorder; and

WHEREAS, marijuana can be addictive, and recent data suggests that 30 percent of those who use marijuana may have some degree of marijuana-use disorder; and

WHEREAS, marijuana impairs short-term memory and judgment and distorts perception; and

WHEREAS, evidence suggests that the risks of marijuana use include poorer educational performance, adverse consequences in the workplace, respiratory problems, increased risk for psychiatric disorders, increased risk for heart attack during the first hour after use, suicidal thoughts and attempted suicide among teens, and harm to unborn babies; and

WHEREAS, the United States Surgeon General issued an advisory on November 12, 2019, "emphasizing the importance of protecting our nation from the health risks of marijuana use in adolescence and during pregnancy" and noting that "recent increases in access to marijuana and in its potency, along with misperceptions of safety of marijuana, endanger our most precious resources, our nation's youth"; and

WHEREAS, the National Academies of Sciences, Engineering, and Medicine (NASEM) published a report in January 2017 that summarizes the current evidence and recommends that steps be taken to overcome regulatory barriers so that the health benefits and health risks of marijuana could be more fully understood; and

WHEREAS, further research is needed to determine whether or not a person whose health has been compromised by disease or the treatment of a disease, such as with chemotherapy, is at greater risk for adverse health outcomes from marijuana use; and

WHEREAS, a comprehensive research agenda focused on the potential benefits and adverse impacts of marijuana has not occurred and cannot occur under current federal law; and

WHEREAS, improvements and standardization of research methodologies for medical marijuana still need to occur; and

WHEREAS, the FDA requires carefully conducted studies, called clinical trials, in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication; and

WHEREAS, the Kentucky General Assembly seeks to develop evidence-based policies regarding medical marijuana;

NOW, THEREFORE,

Be it resolved by the House of Representatives of the General Assembly of the Commonwealth of Kentucky, the Senate concurring therein:

➔Section 1. The Kentucky General Assembly hereby recognizes the important scientific and enforcement work of the FDA, the National Institute on Drug Abuse, and the DEA.

➔Section 2. The Kentucky General Assembly hereby requests that the FDA, the National Institute on Drug Abuse, and the DEA expedite research on the safety and effectiveness of the use of marijuana for certain health purposes.

➔Section 3. The Kentucky General Assembly hereby further requests that the FDA, the National Institute on Drug Abuse, and the DEA adopt the changes recommended in NASEM's January 2017 report, if they would serve to expedite research into both the potential therapeutic benefits and risks of using marijuana for health purposes so that, as policymakers, the General Assembly may develop evidence-based and scientifically sound medical marijuana policies.

➔Section 4. The Clerk of the House of Representatives is directed to forward a copy of this Resolution to the FDA, the National Institute on Drug Abuse, and the DEA.

**Signed by Governor March 9, 2020.**