

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

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

5 WHEREAS, 29 states and the District of Columbia now allow the use of marijuana
6 for certain health purposes, and

7 WHEREAS, the decision to legalize medical marijuana in those states has been
8 made by voters or legislators, and not because of a careful scientific weighing of the
9 benefits and risks of the use of marijuana: and

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

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

14 WHEREAS, adulterated and deteriorated drugs have caused great suffering
15 throughout United States history; and

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

19 WHEREAS, multiple tragedies have occurred in United States history from drugs
20 that were adulterated, impure, and ineffective; and

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

23 WHEREAS, the Elixir of Sulfanilamide disaster in October of 1937 caused over
24 100 deaths from untested solvent; and

25 WHEREAS, marijuana has vastly different strains that contain many different
26 amounts and ratios of medicinally active components; and

27 WHEREAS, the amount and concentration of ingredients is difficult to ascertain

1 from grower to grower and crop to crop; and

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

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

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

10 WHEREAS, the United States Food and Drug Administration (FDA) recently sent
11 warning letters to companies illegally selling marijuana products with unsubstantiated
12 medical claims in November of 2017; and

13 WHEREAS, the FDA hasn't found that marijuana is safe or effective for treating
14 any health problems; and

15 WHEREAS, researchers have not conducted enough large-scale clinical trials to
16 show that the benefits of the marijuana plant, when consumed as a whole plant, outweigh
17 the risks in the patients it is meant to treat;

18 WHEREAS, researchers generally consider marijuana-based medications like the
19 FDA approved dronabinol and nabilone, drugs that use purified chemicals derived from
20 or based on those in the marijuana plant, to be more promising than use of the whole
21 marijuana plant or its crude extracts; and

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

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

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

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

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

9 WHEREAS, the National Academies of Sciences, Engineering, and Medicine or
10 NASEM published a January 2017 report, summarizing the current evidence and
11 recommending that steps be taken to overcome regulatory barriers so that a
12 comprehensive understanding of marijuana's health benefits and health risks can be
13 understood; and

14 WHEREAS, the NASEM's January 2017 report noted that the National Institute on
15 Drug Abuse and the FDA needed to allow for better study of marijuana by ensuring that
16 more strains and products are researched, and that additional private entities cultivate and
17 distribute research grade cannabis; and

18 WHEREAS, further research is needed to determine whether a person whose health
19 has been compromised by disease or its treatment, such as chemotherapy, is at greater risk
20 for adverse health outcomes from marijuana use; and

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

24 WHEREAS, improvements and standardization of research methodology into
25 medical marijuana still need to occur; and

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

1 medication; and

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

4 NOW, THEREFORE,

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

7 ➔Section 1. That the General Assembly hereby recognizes the important
8 scientific and enforcement work of the FDA, the National Institute on Drug Abuse, and
9 the Drug Enforcement Administration.

10 ➔Section 2. That the General Assembly requests that the FDA, National Institute
11 on Drug Abuse, and the Drug Enforcement Administration expedite research on the
12 safety and effectiveness of the use of marijuana for certain health purposes.

13 ➔Section 3. That the General Assembly further requests that the FDA, National
14 Institute on Drug Abuse, and the Drug Enforcement Administration adopt the changes
15 recommended by the National Academies of Sciences, Engineering, and Medicine's
16 January 2017 report, if they would serve to expedite research into both the potential
17 therapeutic benefits and risks of using the cannabis plant for health purposes so that, as
18 policymakers, the General Assembly may develop evidence-based and scientifically
19 sound medical cannabis policies.

20 ➔Section 4. The Clerk of the House of Representatives is directed to forward
21 copies of this Resolution to the FDA, the National Institute on Drug Abuse, and the Drug
22 Enforcement Administration.