

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, 31 states, the District of Columbia, Guam, and Puerto Rico now allow
6 the use of marijuana for certain medical purposes, and additional states and territories
7 may soon approve the use of marijuana for medical purposes; and

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

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

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

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

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

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

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

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

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

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

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

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

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

12 WHEREAS, the FDA has not found that marijuana is safe or effective in treating
13 any medical condition; and

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

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

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

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

27 WHEREAS, marijuana can be addictive, and recent data suggests that 30 percent of

1 those who use marijuana may have some degree of marijuana-use disorder; and

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

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

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

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

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

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

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

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

26 NOW, THEREFORE,

27 ***Be it resolved by the House of Representatives of the General Assembly of the***

1 ***Commonwealth of Kentucky, the Senate concurring therein:***

2 ➔Section 1. The Kentucky General Assembly hereby recognizes the important
3 scientific and enforcement work of the FDA, the National Institute on Drug Abuse, and
4 the Drug Enforcement Administration (DEA).

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

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

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