



Drug & Alcohol Service Providers Organization of Pennsylvania

**PA HOUSE HEALTH COMMITTEE
AND
PA HOUSE JUDICIARY COMMITTEE**

PUBLIC HEARING ON MEDICAL CANNABIS

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Good morning Representative Marsico, Representative Baker, Representative Fabrizio, Representative Petrarca, members and staff of the Committees and guests.

Thank you for the opportunity to participate in this hearing on Medical Cannabis.

My name is Deb Beck, President of the Drug and Alcohol Service Providers Organization of Pennsylvania. DASPOP is a statewide coalition of drug and alcohol abuse prevention, education and addiction treatment programs, drug and alcohol associations, practitioners, employee assistance programs, student assistance professionals, prevention specialists, counselors, addiction professionals and others throughout the state.

Over the years, there has been a great deal of research done on the issue of young people, drugs and alcohol and the perception of risk.

This research has found that when the perception that a substance may be risky to use – use declines. Conversely, when the perception of risk declines, use of the substance increases.

We are concerned that the national discussion and debate over medical marijuana and also legalization have, not surprisingly, lowered the perception of risk of use of marijuana by our young people. In fact, the research has found exactly that. (*Monitoring the Future National Survey Results on Drug Use, 1975-2013: Volume 1, Secondary School Students. Ann Arbor: Institute for Social Research, The University of Michigan, 2014.*)

Major advocates for medical marijuana note that about 10% of the population will develop a dependency on marijuana and also express concern specifically over the use of marijuana by young people.

According to Dr. Sanjay Gupta, a major advocate for medical marijuana, “Young, developing brains are likely more susceptible to harm than marijuana than adult brains. Some recent studies suggest that regular use in teenage years leads to a permanent decrease in I.Q. Other research hints at a possible heightened risk of developing psychosis.” (*Dr. Gupta, Why I Changed My Mind on Weed – CNN.com*)

Dr. Gupta is a medical marijuana advocate.

With concerns about young people in mind, as the debate moves forward here and nationally, we must bolster the basic alcohol and drug abuse prevention and addiction treatment system. Our concerns are both prevention and the potential increase need in treatment.

We currently have a number of laws on the books that should be revisited and refurbished in light of this debate.

- 1) Student Assistance Programs. Student Assistance Programs are vital early warning and intervention systems that work effectively with parents, teachers and others to identify and assist troubled young people. With the elimination of the federal Safe and Drug Free Schools and Communities: State Grants Program, funding for Student Assistance Programs has withered and with it, this important school resource for families.

- 2) K-12th Grade Prevention and Education. K-12th grade prevention and education programs are required as a matter of state law to provide education and prevention programs on alcohol and other drug abuse and teacher in-service training in the schools. The curriculum is in need of updating and revision.

- 3) Drug and Alcohol Addiction Treatment. Over the last 10 years, the addiction treatment effort in the state has been reduced by over \$11.5 million. These dollars should be restored and placed in the budget of the Department of Drug and Alcohol Programs.

- 4) Addiction Treatment Laws. There are three major intertwined addiction treatment laws in the state that must be enforced to ensure the provision of needed addiction treatment services. These are: PA's group insurance law (Act 106 of 1989), PA's Medicaid law (Act 152 of 1988), the Federal Mental Health Parity & Addiction Equity Act of 2008, the Federal Health Exchanges and the Affordable Care Act. Each of these laws requires coverage of treatment for alcohol and drug addiction. Each is in need of a muscular plan of enforcement.

The American Society of Addiction Medicine, an organization comprised of doctors with additional specialty training in addiction medicine, urge caution. According to a document published by ASAM, “. . . one must consider the drug approval process in the context of public health, not just for medical marijuana but also for all medicines and especially for controlled substances. Controlled substances are drugs that have recognized abuse potential. Marijuana is high on that list because it is widely abused and a major cause of drug dependence in the United States and around the world. When physicians recommend use of scheduled substances, they must exercise great care. The current pattern of ‘medical marijuana’ use in the United States is far from that standard.”

ASAM concludes – “All cannabis-based and cannabinoid medications should be subjected to the rigorous scrutiny of the Federal Food and Drug Administration (FDA) regulatory process. This process provides important protections for patients, making medications available only when they: 1) are standardized by identify, purity, potency and quality; 2) are accompanied by adequate directions for use in the approved medical indication; and 3) have risk/benefit profiles that have been defined in well-controlled clinical trials.”

(The Role of the Physician in “Medical” Marijuana, 9/2010, American Society of Addiction Medicine.)

In closing, we are not medical researchers but we too are concerned about increased access to drugs of abuse and dependency, particularly for our young people. We certainly support research efforts on medical marijuana and think this effort should be continued and in fact, increased.

If the General Assembly were to move a medical cannabis bill, the legislation should be narrowly constructed and limited to prescribing by physicians and only for a few conditions.