

I am Jeffery Brandau and I am the Special-Agent-in-Charge of the Topeka Regional Special Operations Division of the Kansas Bureau of Investigation. I have been in law enforcement since 1982, and I have been the State of Kansas marijuana eradication coordinator since 1995. In 26 years of law enforcement I have seen first hand the damage that marijuana causes to individuals lives and families. It is the most abused illegal drug in the United States and in Kansas.

I am here today representing the Kansas Bureau of Investigation and the Kansas Narcotics Officers Association and voicing our strong opposition to SB 556. Marijuana is derived from the hemp plant Cannabis Sativa. By drying the flowers and leaves of the plant and then shredding them, this makes up what we know as marijuana. Marijuana is most often ingested by smoking but can be used as in ingredient in cooking or in a brewed tea. There are hundreds of variety of Cannabis Sativa each with differing compounds and potency of the main psychoactive (mind altering) ingredient delta-9-tetrahydrocannabinol or THC. In fact over 400 different chemical compounds are found in Cannabis Sativa.

Marijuana's impact on users is influenced by the potency of the THC that the marijuana contains. Higher THC can make psychotic and other reactions to marijuana such as: anxiety, agitation, delusions, amnesia, confusion and hallucinations more likely. Higher THC also increases the users risk for becoming dependent on the drug. THC content is affected by the strain of the plant and the method used to grow the plant; either indoors or outdoor growing.

Smoked marijuana enters the bloodstream in the lungs and reaches the brain in seconds, producing a powerful rush of pleasure. This intense high can fade within a few minutes taking the user down to more normal levels. Scientists believe that abuse is created when individuals attempt to repeat the drugs use to recreate this rush of pleasure. Use of marijuana has many dangers, not only addiction, but in change in heart rates by increasing the rate 20 to 100%, coordination needed for safe driving of machinery and vehicles, the ability of the mind to think clearly and comprehend, and a greater likelihood of anxiety and panic attacks. The National Highway Traffic Safety Administration (NHTSA) reports marijuana is the second most found drug in crash involved drivers, only alcohol is involved in more accidents.

The Comprehensive Drug Abuse Prevention and Control Act of 1970 in Title II is the Controlled Substances Act or CSA. The CSA placed substances into one of 5 categories depending on the substances potential for abuse and medical use. Schedule I drugs are those that have the highest potential for abuse and have **no currently accepted medical use in the United State.**

The Food and Drug Administration (FDA) approves drugs for over the counter or prescription. Currently the FDA has one approved cannabis-based drug approved for use and is called Marinol the trade name for a synthetic THC known as dronabinol. First approved as a schedule II drug it has since been moved to schedule III to make it more available to patients.

There have been attempts to reschedule marijuana but all have failed. In order for a drug within the CSA to meet the current accepted medical use it must meet 5 factors:

- 1) The drug's chemistry must be known and reproducible
- 2) There must be adequate safety studies
- 3) There must be adequate and well controlled studies to prove efficacy
- 4) The drug must be accepted by qualified experts and
- 5) The scientific evidence must be widely available

According to the Drug Enforcement Administration botanical marijuana meets none of these requirements.

The last attempt to reschedule marijuana was in 1995 and the investigation lasted until 2001. The Department of Health and Human Services (HHS) conducted the investigation and concluded that marijuana has a high potential for abuse and no currently accepted medical use.

In 1976 the FDA began to use marijuana in the Compassionate Use Program for seriously ill patients. Marijuana was provided to patients when marijuana was alleged to have a positive effect. Patients received government grown marijuana to treat a variety of symptoms. This ceased in 1991 when the National Institute of Health (NIH) concluded that marijuana was not the best treatment for any of the patients that were receiving it.

The most damage from passage of a SB 556 would be to tell our young people that marijuana is not dangerous and lower their perception of risk of using the drug. Of the 12 States with medical marijuana programs, 5 states (Alaska, Maine, Vermont, Montana, and Rhode Island) are represented in the top 10 states with the lowest perception of risk in using marijuana among individuals 12-17 years of age.

I have attached a lengthy study by the KBI on this issue of marijuana and medical use. Kansas has a compassionate and caring population. There is not one person in this room today that wouldn't do what they could to help alleviate the pain and suffering, many in our population endure from terrible diseases, that this bill would hope to help. The bottom line is that extensive studies have not proven the claim it helps in any way and the harm it would do to the society as a whole, makes this bill not in the best interest of the State.

THANK YOU and I would be happy to answer any questions you may have.