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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, 33 states, the District of Columbia, Guam, Puerto Rico, and the U.S.
6	Virgin Islands now allow the use of marijuana for certain medical purposes, and
7	additional states and territories may soon approve the use of marijuana for medical
8	purposes; and
9	WHEREAS, the decisions to legalize medical marijuana in those states and
10	territories have been made by voters or legislators, and not because of a careful scientific
11	evaluation of the benefits and risks of the use of marijuana; and
12	WHEREAS, an advanced society must have well-considered laws and regulations
13	to move forward; and
14	WHEREAS, drugs and pharmaceuticals must meet many safety and efficacy
15	standards to ensure that the public, health professionals, and industry are protected; 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 over the course of United States
20	history as the result of adulterated, deteriorated, impure, and ineffective drugs; 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 1937 caused over 100
24	deaths from an untested solvent; and
25	WHEREAS, marijuana has vastly different strains that each contain varying
26	amounts and ratios of medicinally active compounds; and
27	WHEREAS, the amount and concentration of ingredients is difficult to ascertain

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from grower to grower or 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 of marijuana and then finds that the product 4 that he or she was 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 the patient's health or in his or 7 her treatment for other conditions; and

8 WHEREAS, the bioavailability and bioactivity of cannabis depends on whether it is 9 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

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1	plant, to be more promising than the use of the whole marijuana plant or its crude
2	extracts; and
3	WHEREAS, several other marijuana-based medications have also been approved or
4	are undergoing clinical trials; and
5	WHEREAS, up to 80 percent of people who request medical marijuana want to ease
6	pain, and more than 33 percent cite post-traumatic stress disorder as the primary reason
7	for their request; and
8	WHEREAS, two relevant reviews published in the journal Annals of Internal
9	Medicine in August 2017, found little evidence to support either marijuana's effectiveness
10	or safety in treating chronic pain or post-traumatic stress disorder; and
11	WHEREAS, marijuana can be addictive, and recent data suggests that 30 percent of
12	those who use marijuana may have some degree of marijuana-use disorder; and
13	WHEREAS, marijuana impairs short-term memory and judgment and distorts
14	perception; and
15	WHEREAS, evidence suggests that the risks of marijuana use include poorer
16	educational performance, adverse consequences in the workplace, respiratory problems,
17	increased risk for psychiatric disorders, increased risk for heart attack during the first hour
18	after use, suicidal thoughts and attempted suicide among teens, and harm to unborn
19	babies; and
20	WHEREAS, the United States Surgeon General issued an advisory on November
21	12, 2019, "emphasizing the importance of protecting our nation from the health risks of
22	marijuana use in adolescence and during pregnancy" and noting that "recent increases in
23	access to marijuana and in its potency, along with misperceptions of safety of marijuana,
24	endanger our most precious resources, our nation's youth"; and
25	WHEREAS, the National Academies of Sciences, Engineering, and Medicine
26	(NASEM) published a report in January 2017 that summarizes the current evidence and
27	recommends that steps be taken to overcome regulatory barriers so that the health benefits
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1	and health risks of marijuana could be more fully understood; and
2	WHEREAS, further research is needed to determine whether or not a person whose
3	health has been compromised by disease or the treatment of a disease, such as with
4	chemotherapy, is at greater risk for adverse health outcomes from marijuana use; and
5	WHEREAS, a comprehensive research agenda focused on the potential benefits and
6	adverse impacts of marijuana has not occurred and cannot occur under current federal
7	law; and
8	WHEREAS, improvements and standardization of research methodologies for
9	medical marijuana still need to occur; and
10	WHEREAS, the FDA requires carefully conducted studies, called clinical trials, in
11	hundreds to thousands of human subjects to determine the benefits and risks of a possible
12	medication; and
13	WHEREAS, the Kentucky General Assembly seeks to develop evidence-based
14	policies regarding medical marijuana;
11	I Star Grand Jan 1
15	NOW, THEREFORE,
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- purposes so that, as policymakers, the General Assembly may develop evidence-based
   and scientifically sound medical marijuana policies.
- 3 → Section 4. The Clerk of the House of Representatives is directed to forward a
- 4 copy of this Resolution to the FDA, the National Institute on Drug Abuse, and the DEA.