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SB 47: Legalization of Medical Marijuana Policy Backgrounder

SB 47 has been introduced in the Kentucky Senate to legalize medical marijuana for qualified patients who have obtained approval from his or her doctor.

How does Medical Marijuana differ from recreational marijuana?

Medical marijuana is simply marijuana, or cannabis, that is used to treat medical problems, primarily pain. Recreational marijuana is marijuana used for the purpose of altering the mind, or what is colloquially called “getting high.” There is no qualitative difference between medical and recreational marijuana. Though, often times medical marijuana has more CBD (cannabidiol) and less THC in medical marijuana. Whereas recreational marijuana has more THC and less CBD. CBD, also contained in hemp, can be extracted to produce CBD oil and has been approved to use in a few medicines. Its primary use currently is treatment of neurological-related disorders. It has not been confirmed if it helps other medical issues. THC is the ingredient that produces a high.

Lawmakers have touted multiple reasons for legalizing medical marijuana in Kentucky:

Claim: The government should not prevent people from getting the drugs they need.

A few legislators in Kentucky’s General Assembly seem to believe that medical marijuana will be the cure for pain and other ailments for many Kentuckians. House Majority Whip Jason Nemes (R-Louisville) called legalizing medical marijuana “the right thing to do.” One of his constituents received medical marijuana for her cancer and it supposedly “allowed her to live.” Nemes exclaimed, “Who the hell do we think we are to get in the way of that woman living at the end of her life.”¹ Rep. Al Gentry (D-Louisville) says he knows “real people that had their lives turned around by these products.” “Please, let’s pass this and allow some people to move on and live a happy life.”²

Response: Rather than basing their claims on science, legalization advocates base it on anecdotes. Public policy should not be grounded in anecdotes, but supported by scientific facts.

¹ <https://apnews.com/article/abortion-marijuana-kentucky-47dbd1484857acbf5094c34b09eedb69>

² <https://apnews.com/article/health-marijuana-kentucky-medical-marijuana-42f488dde198a12a61989bd91770c8a>

The US Food and Drug Administration (FDA), the government agency responsible for approving drugs, has not approved medical marijuana.³ Rather, they found damaging side effects of CBD (cannabidiol), a compound contained within marijuana, including liver damage and male infertility. This has precluded its approval.⁴ And the International Association for the Study of Pain (IASP) does not endorse the use of cannabis “due to a lack of evidence from high quality research.”⁵

The American Psychiatric Association also confirmed there is “no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders.” A question for the General Assembly is to ask if it's willing to risk overruling clinical trials of a drug that most likely leads to psychiatric disorders.⁶

Part of the approval process involves running clinical trials to help discern dosages, identifying vulnerable groups the drug might harm, and negative side effects of a drug. The FDA has approved certain medications with marijuana-based properties, but not medical marijuana itself. If neither the FDA nor the IASP have approved medical marijuana, why should the Kentucky General Assembly?

Claim: People who use marijuana for medical reasons find pain relief.

Medical marijuana advocates argue that using cannabis has helped people suffering from PTSD, nausea, weight loss, chronic pain, and seizures among other ailments.

Response: While there is some evidence of benefits, it's unclear precisely how many people the drug helps and what the long-term side effects will be.

A study by the JAMA Network Open found that “67 percent of the relief from pain reported by people treated with cannabinoids [medical marijuana] was also seen among those who received a placebo. This suggests that the pain reduction was not due primarily to compounds found in cannabis but to peoples’ expectations that it would help. And that positive expectation was based in part, say the authors, on over-enthusiastic media coverage.” In other words, people’s pain was

³ <https://www.fda.gov/news-events/public-health-focus/fda-and-cannabis-research-and-drug-approval-process>

⁴ <https://www.fda.gov/consumers/consumer-updates/what-you-need-know-and-what-were-working-find-out-about-products-containing-cannabis-or-cannabis>

⁵ <https://www.iasp-pain.org/publications/iasp-news/iasp-position-statement-on-the-use-of-cannabinoids-to-treat-pain/>

⁶ <https://www.psychiatry.org/File Library/About-APA/Organization-Documents-Policies/Policies/Position-Cannabis-as-Medicine.pdf>

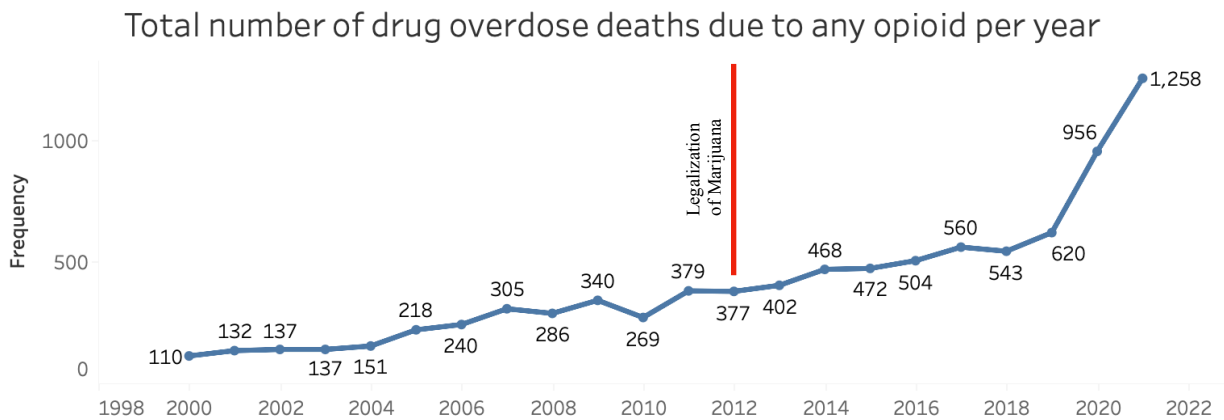
reduced not by medical marijuana, but by their expectation that it would help. It was all in their head. Scientist and chronic pain physician David Hao from the Massachusetts General Hospital concludes, “Based on the available evidence, the benefit is questionable.”⁷

Claim: Medical marijuana is an alternative to opioids and will decrease the use of opioids.

The Associated Press, highlighting the possible legislation on medical marijuana in Kentucky, interviewed a Kentuckian who stated he supports the legislation since medical marijuana is an alternative to opioids. The author of the article writes, “Eric Crawford, a steadfast medical marijuana advocate in Kentucky, has told lawmakers that he uses medical marijuana as an alternative to opioids to deal with pain and muscle spasms from injuries he suffered in a vehicle crash more than two decades ago.”

Response: Despite the anecdotal evidence certain legislators like to bring up, medical marijuana is not likely to decrease the use of opioids in the Commonwealth. Consider Colorado, which legalized marijuana in 2012. Before legalization (2011), there were 379 drug overdose deaths due to an opioid. And in 2022, there were 1,258 drug overdose deaths from opioids, a 232% increase!

Colorado Total Deaths due to Opioids
Source: Colorado Department of Health and Environment



Conclusion: Legislators should be cautious to overrule existing rules for introducing new drugs on the market. Any new drugs should be proven to address specific health needs. Negative effects should be determined. Dosages should be established. And certain groups, e.g., elderly, pregnant or nursing mothers, people with suicidal ideation, should be warned not to take the drug. Once clarity of the efficacy of medicinal marijuana is established, then Kentucky lawmakers should proceed.

⁷ <https://www.nationalgeographic.com/magazine/article/is-pain-relief-from-cannabis-all-in-your-head-placebo-effect>