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SB135 MEDICAL CANNABIS REGULATION ACT

PROPONENT

WRITTEN ONLY TESTIMONY

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SELF-REPRESENTED

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Thank you, Chairman and members of the Committee for providing me with the opportunity to submit written testimony in support of Senate Bill 135. My name is Stacia Luthi and I am a 40-year-old, seven-and-a-half-year terminal endometrial adenocarcinoma cancer survivor born and raised in Wichita, Kansas who is in support of the legalization and decriminalization of cannabis in Kansas.

Cannabis medical properties should no longer be ignored in the great state of Kansas; and Kansas patients should not have to continue to suffer another two years while legislation is approved. I have battled this cruel disease with multiple harsh surgeries, chemotherapies, radiotherapies, and immunotherapies and have run out of options in this state as far as treatments. Due to these medications and treatments, I deal with many long-term side effects such as cancer-related PTSD, anxiety, depression, insomnia, pain, a permanent ileostomy, occlusions in my legs, and multiple stents. As a chronically ill Kansan, I am extremely passionate about the legalization of medical cannabis as I don't want to be a statistic who must flee the state as a medical refugee since this is where I was born and raised.

Since my diagnosis, my family, friends, and I continuously research and educate ourselves on medical cannabis and its many benefits. Basically, because I live in the wrong zip code, I'm being denied medicine that could potentially save my life or at least make living with terminal cancer a lot easier. Since June 2020, I have not received any treatments or medications to fight my cancer and have relied solely on cannabis as well as other natural vitamins, minerals, and herbs. At the beginning of my cancer journey, I was prescribed more opioids and pharmaceuticals than any human should ever take. Since I started using cannabis in 2018, I have been able to manage the slew of side effects I deal with daily as a cancer survivor.

Cannabis legalization continues to be a hot topic in the United States as more states and countries world-wide legalize and decriminalize it, all the while it remains illegal in Kansas. As cannabis becomes more popular, accessible, and acceptable, many Kansans still fret about the short and long-term health effects on medical cannabis. Today, there are over 38,000 published, scientific papers on the cannabis plant as well as hundreds, if not thousands, of written testimonies and videos worldwide that demonstrate the healing benefits of cannabis. To say there is not enough information on the therapeutic effects of this natural, God-given plant, is hogwash.

Part of the National Institute of Drug Abuse (NIDA) has been mandated to study drug abuse and addiction and other health effects of both legal and illegal drugs. It funds a wide range of research on cannabis, THC, and its chemicals. Research suggests that THC and other cannabinoids may have therapeutic uses and the potential to treat many diseases, illnesses, and side effects such as pain, nausea, epilepsy, obesity, autoimmune disorders, depression, anxiety, insomnia, and cancer just to name a few.¹ Thus, according to research, my cancer and the many

side effects I manage daily have been studied and proven to be beneficial with cannabis use, yet I'm still denied legal access because of the continued prohibition in Kansas.

The U.S. Food and Drug Association (FDA) has approved a synthetic THC drug called Marinol for relieving nausea associated with cancer chemotherapy and stimulating appetites in patients with wasting syndrome. Clinical trials have also shown this drug can treat other medical conditions such as pain, fibromyalgia, multiple sclerosis, ALS, sleep apnea and dementia. The drawbacks with this synthetic cannabis drug are that it's expensive, lacks flexibility in dosing, has a slew of undesirable side effects, and often takes much longer to work than natural cannabis. Synthetics also tend to provide limited relief, especially when you compare them to natural cannabis and its cannabinoids because they are missing a great deal of the plant's natural chemicals for therapeutic efficacy. Another drawback to these lab-created drugs is that they may be habit-forming, and misuse could cause addiction, overdose, or death.² Yet, there are no cases of fatal cannabis poisoning in any of the human medical literature and the chances of becoming addicted are slim to none.

Natural cannabis contains more than 100 cannabinoids including terpenes, sterols, flavonoids, and other compounds. Each has a therapeutic benefit and serves a medicinal purpose. Consequently, patients taking synthetic cannabis are not benefiting from any of them. Another benefit of natural cannabis is that rather than taking a pill an individual can be treated by different methods including oral ingestion, inhalation, suppositories, tinctures, creams, and vaporization. For all these reasons, cannabis advocates and patients believe state and federal officials should allow patients to use natural cannabis as part of their medical therapy without criminal prosecution.

The National Cancer Institute, mandated by U.S. law to educate Americans about cancer and the latest research efforts, even shows that cannabis does, in fact, kill cancer cells. The organization acknowledges that cannabinoids in cannabis inhibit tumor growth by causing cells to die, blocking cell growth, and blocking the development of the blood vessels tumors rely on for growth. It is also effective for dealing with cancer-related symptoms such as nausea, loss of appetite, anxiety, depression, pain, and insomnia.³ One 2013 study shows CBD has very powerful anti-cancer agents, which is important because researchers have determined that cancer cells are more sensitive to CBD-induced apoptosis (cell death). Studies also show that THC has an array of powerful anti-cancer and healing properties.⁴ June 2020, John Hopkins University School of Medicine reported that because early work shows medical benefits for cannabis, more funding and clinical trials are urgently needed to determine what conditions the drug may treat. Their study showed that medical cannabis consumers reported a better quality of life, used less healthcare resources, and were less likely to visit an emergency room or be admitted to a hospital.⁵ I can attest to this as I have been heavily medicated with an assortment of opioids and a long list of other medications. These drugs not only failed to ease my symptoms but created horrible side effects requiring other drugs. Over the years, I have visited the emergency room and hospital more times than I can count not because of the cancer but because of side effects from doctor prescribed treatments and drugs. On more than one occasion, doctors and surgeons have discussed admitting me to hospice as there is nothing more they can do for me in this state. Wednesday, January 26, 2022, for the second time, I met with oncologists at MD Anderson in Houston, the number-one ranked cancer hospital in the U.S and was told chemotherapy is now

my only option. I've been down this route several times and refuse to continue to poison my body with this type of treatment as it causes me to rectally and vaginally hemorrhage and has nearly killed me on more than one occasion.

Without cannabis I wouldn't be alive today. The most dangerous thing about this plant is its illegality. Chronically ill Kansans are in dire need of this plant's prohibition to end. Thank you for your time and consideration on this matter.

Stacia Luthi—Kansas Resident

1. National Institute on Drug Abuse (NIDA). "What Kinds of Marijuana Research Does NIDA Fund." *NIDA Research on Marijuana and Cannabinoids*, 14 Feb. 2020, <https://nida.nih.gov/publications/research-reports/marijuana/what-are-marijuana-effects>.
2. Cohen, Koby and Weinstein, Aviv M. "Synthetic and Non-synthetic Cannabinoid Drugs and Their Adverse Effects-A Review from Public Health Prospective." *NCBI*, 7 Jun. 2018, www.ncbi.nlm.nih.gov/pmc/articles/PMC5999798.
3. National Cancer Institute. "Cannabis and Cannabinoids (PDQ) Health Professional Version." *NIH National Cancer Institute*, 17 Feb. 2022, www.cancer.gov/about-cancer/treatment/cam/hp/cannabis-pdq.
4. Seltzer, Emily S., Watters, Andrea K., MacKenzie, Danny Jr., Granat, Lauren M., and Zhang, Dong. "Cannabidiol (CBD) as a Promising Anti-Cancer Drug." *NIH National Library of Medicine*, 30 Oct. 2020, <https://pubmed.ncbi.nlm.nih.gov/33142383>.
5. Schlienz, Nicolas J., Scalsky, Ryan, Martin, Erin L., Jackson, Heather, Munson, Joel, Stickland, Justin C., Bonn-Miller, Marcel O., Loflin, Mallory, and Vandrey, Ryan. "A Cross-Sectional and Prospective Comparison of Medical Cannabis and Controls on Self-Reported Health." *John Hopkins Medicine*, 9 Dec. 2021, www.hopkinsmedicine.org/new/newsroom/new-releases-/medical-cannabis-consumers-use-less-healthcare-resources-and-report-better-quality-of-life.