



**Judiciary Committee
LB 110
January 25, 2019**

**Dr. James Sorrell
Department of Health and Human Services**

Good afternoon, Chairman Lathrop and members of the Judiciary Committee. My name is Dr. James Sorrell (J-A-M-E-S S-O-R-R-E-L-L) with the Department of Health and Human Services. I am also a Board Certified Psychiatrist with 26 years of experience as a licensed physician in the State of Nebraska. I am here in opposition to LB110.

Overall, there are concerns about the introduction of marijuana in the State from the perspective of medical practice.

Our understanding of marijuanas's potential therapeutic value is in its infancy and caution is in order. Some uses are FDA approved, for example Marinol for nausea and vomiting and Epidolex for two forms of childhood epilepsy. Nevertheless, in the states that have legalized medical marijuana the vast majority of uses are in the treatment of common disorders such as chronic pain, anxiety, headaches, insomnia- for which there is weak to non-existing evidence of efficacy.

As was previously expressed, the Department is concerned with the lack of FDA approval of marijuana for medicinal purposes. The drug's classification as a Schedule I controlled substance indicates that it has no accepted medical use in treatment in the United States, which has greatly hampered efforts to isolate, design, and test effective medicine in controlled research settings. Current medical marijuana laws are out of step with current medical practice. Physicians are increasingly held to an exacting standard of limiting their therapeutic endeavors to evidence-based practices and recommending smoking or ingesting cannabis or using CBD flies in the face of this standard.

Because of the lack of conclusive research, there is no existing standard for therapeutic dosing and the various and increasingly potent formulations make for further difficulties in utilizing this botanical as "medicine." This also creates challenges in prescribing and is contrary to standard practice.

All in all, this "medicine" is not driven evidence. The research is poor. If marijuana is to be used as a medicine, it should go through the FDA approval process as other medications.

Another significant concern and reason for abundant restraint with legalizing marijuana is that over the last 5 years there is a consensus in the scientific literature that use of marijuana by adolescents and young adults is substantially and strongly associated with a striking increase in the of psychosis and schizophrenia. The incidence of this is increasing with escalating rates of use among high school students and the increasing potency of the marijuana available to them. Furthermore, more recent evidence demonstrates a loss of IQ among youth up to the age of 33 who use marijuana. This drop-off in intelligence is a significant one and not merely a laboratory artifact.

This physician and the Department recognizes that the members of the public are eager for treatment for their or their loved one's suffering, but the profession must hold firm to its first principle of 'Do No Harm' and carefully evaluate the evidence to avoid doing otherwise. Thank you for your time and I will attempt to answer any questions you have.