



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

**Sheri Dawson, RN  
Director of Behavioral Health  
Department of Health and Human Services**

Good afternoon, Chairman Lathrop and members of the Judiciary Committee. My name is Sheri Dawson (S-H-E-R-I D-A-W-S-O-N) and I am the Director of the Division of Behavioral Health with the Department of Health and Human Services. I am here to express the Department's opposition to LB110.

First the Department is concerned with the lack of FDA approval of marijuana for medicinal purposes. Currently, marijuana is classified by the Federal Drug Enforcement Administration as a Schedule I controlled substance. Substances in Schedule I currently have no accepted medical use for treatment in the United States.

If marijuana is to be used as a medicine, it should go through the FDA approval process as other medications do. The public has not assessed the safety and effectiveness of any other medication. The FDA process is intended to ensure drug chemistry dosages are known and reproducible. Cannabis components shown to be beneficial through the FDA process can and should be delivered by nontoxic routes of administration in controlled doses just as all other medicines are in the US. The policy standard should not be that the public determines that drugs are considered safe until they are proven harmful. Patients deserve to know that whatever they are using to control their symptoms is safe and effective. Clinicians need to have confidence that a medicine will work as intended.

I have compassion for individuals experiencing medical conditions. I can understand they may believe marijuana could be helpful. However, in terms of public health and behavioral health policy, when there is inconclusive information concerning medicine and that medicine is not approved by the FDA, we must focus on safety and efficacy for all Nebraskans.

There are public health and behavioral health concerns to consider. In the area of public health, the Department is concerned about the effect on pregnancies, smoking cessation efforts, unintentional injuries to children and more.

In terms of behavioral health, we have concerns with the effect of marijuana on youth. Cannabis can be harmful to adolescents and young adults because of its impact on their developing brains. Use during adolescence may increase the risk of cognitive emotional impairments and

have other negative effects. For individuals admitted to DBH services, marijuana is the 3<sup>rd</sup> most common drug of use. While studies vary, we do know that there is a percentage of individuals who try the drug who will become addicted.

A Federal Substance Abuse Mental Health Services Administration (SAMHSA) report has stated that "youth attitudes about the risks associated with substance use are often closely related to their use, with an inverse association between use and risk perceptions." There are societal challenges with medicines being used recreationally, but there are new perception challenges by moving an illicit recreational drug to a "medicine". Legalizing marijuana is detrimental to current DHHS prevention efforts.

The Department's final concern is the creation of the Marijuana Enforcement Division. It seems it may become a DHHS function. The creation of this entity will create new responsibilities and with it a significant fiscal impact and an unreasonably short implementation timeline.

In summary, the Department is concerned:

1. that the FDA has not approved marijuana for medical purposes;
2. this will have negative impacts on public and behavioral health in Nebraska; and
3. with the burdens created by the Marijuana Enforcement Division.

Thank you for your time and I will attempt to answer any questions you have.