

WRITTEN TESTIMONY TO THE HEALTH AND HUMAN SERVICES COMMITTEE

IN OPPOSITION OF MEDICAL MARIJUANA

**Presented by Lt. Det. Michael D. Life
Junction City Police Department**

January 23,2012

Health and Human Services Committee
Representative Brenda Landwehr, Committee Chair

Representative Landwehr and Committee Members,

This testimony is in **opposition** of medical marijuana

Representative Landwehr and Members of the Committee,

I am Lt. Michael Life of the Junction City Police Department. I have been a police officer for 26 years. For 18 of those years, I have worked exclusively in narcotic investigations and am the supervisor of a multi-agency, county wide drug task force. I am a past president of the Kansas Narcotics Officers Association. I am strongly opposed to the passing of any type of medical marijuana legislation.

Marijuana is NOT medicine. There is a well-financed and organized pro-drug legalization lobby whose strategic ploy is to appeal to your compassion for sick people in order to convince you that smoking marijuana is not only safe, but also an effective medicine. This is simply an excuse to open the doors for anybody that can convince a doctor that they have no appetite, back pain, or some other malady which can not be easily diagnosed, and need marijuana in order to ease their conditon. This tactic has already been deployed in other states. I implore you not to fall into the same trap.

As a narcotics officer I can tell you we are already fighting this very same battle with synthetic opiates such as Oxycontin, Delaudid, or other prescription pain medicines. Those individuals who were addicted to heroin have now switched to these types of prescription drugs because they can find a doctor and can convince them that they have back pain and then get a prescription. Once a compassionate doctor is found, that doctor's name is spread to other abusers and they will flock to him or her. We currently have several abusers in my city alone that will drive 240 miles round trip to a popular doctor in another city who will easily prescribe these drugs. They all know this doctor's name and we find the prescription bottles with that doctor's name on them everywhere. Once they get the drug, it is then crushed and injected or snorted to get high, or sold on the black market for a profit.

I do not blame the doctors. I want a doctor who is caring and compassionate. But by that very nature, they are taken advantage of by skilled drug abusers who know how to

appeal to this compassion by being able to fake their symptoms. These same abusers will frequent various doctors complaining of the same ailment and get multiple prescriptions for the same symptoms. We have conducted investigations which involve these abusers going to various pharmacies in the surrounding towns and cities, and getting these prescriptions filled so that their doctors do not get suspicious.

Now let me quickly explain the problem created for a narcotics officer who might be investigating the illegal distribution of marijuana. A common investigative technique for any illegal drug distribution involves the use of a confidential informant that was developed through various means. This informant buys illegal drugs from the suspect while under the control and surveillance of law enforcement. Law enforcement then obtains a search warrant and charges the person with possession of the illegal drugs found in the search warrant. The informant usually doesn't have to testify because the sales are only used for probable cause to obtain the search warrant. Currently with prescription pill distribution rings, the seller usually has a prescription for the pills, but instead of using them sells them for big profits instead. Since they possess them legally, law enforcement needs a person who is in their circle, willing to help law enforcement by conducting these controlled purchases, AND willing to go to court and testify against the suspect. This is a much more difficult task and is part of the reason prescription drugs are so easily obtained and illegally distributed to abusers. It is hard for law enforcement to stop. If limited legal possession of marijuana comes to fruition, it will open the door to massive illegal distribution just as it has in other states and vastly hamper law enforcement efforts to protect the public.

I can tell you that we have I-70 running through Junction City and have met several of the "medical" marijuana users from other states. They have received their marijuana under various types of excuses that run the gambit from back pain to no appetite. These states that were duped into passing medical marijuana laws have now become flooded with drug traffickers "legally" growing marijuana and illegally exporting tons of it across the nation. Whole neighborhoods have been turned into indoor marijuana growing facilities. Rental properties are ruined with mold, property values have suffered, criminal activity has increased, and law abiding citizens are not happy. People in these states that have passed medical marijuana legislation now know it for what it is. A complete joke.

I urge you to quickly research this matter and you will see what a Trojan horse medical marijuana is. For example, here is a site in California called "Easy Medical Marijuana Evaluations" <http://easymmjevaluations.com>. They boast of easy **online** prescription applications with 99.9% approval rates and discreet shipping. Then look at some of the qualifying ailments on their site for marijuana prescriptions: Anxiety, Arthritis, Asthma (that's interesting that smoking marijuana would "help" asthma), Insomnia, Loss of Appetite, Migraine Headaches, Back Pain, Stress, Chronic Pain, Diabetes (REALLY?), Autoimmune Disease (Psoriasis, again really?), Panic Disorder, Rosacea, PMS, Nightmares, Insomnia. Basically anybody can buy medical marijuana in California. I looked at this total list of ailments and realized that if this was true, the

stoner that used to be in my high school PE class and couldn't do anything physical, must now be the healthiest "dude" around!

Or look at the Facebook site called "Help us Get Medical Marijuana in Kansas" <http://www.facebook.com/kansasreform> . This site appears to be run by the Johnson County NORML and states that they will be trying to introduce multiple bills including medical marijuana, decriminalization, and hemp for industrial use. In other words, anything to get the door open. Their own emblem shows some of these ridiculous "uses" for marijuana.



Let's unmask the hoax of medical marijuana and call it exactly what it is, legalized marijuana for anybody! I do not believe that the people of Kansas truly want that.

Pro-legalization organizations such as NORML (National Organization for the Reform of Marijuana Laws) have admitted that their strategy to legalize marijuana begins with legitimizing smoking marijuana as a medicine. Let me quote from a paper titled Use of Marijuana as a "Medicine" written by the Narcotic Educational Foundation of America. "As reported in HIGH TIMES magazine, the Director of NORML expressly stated that the medicinal use of marijuana is an integral part of the strategy to legalize marijuana. Tony Serra, a criminal defense attorney associated with the pro-legalization groups, stated that medicinal marijuana is the "chink in the administration's armor that will lead to society's seeing pot's mystical effects of peace, sisterhood, and brotherhood." He is also the one who said "if you kill a cop, I'll pay to take the case." And "my sustenance is drugs and murder." A former Director of NORML, Keith Stroup, told an Emory University audience that NORML would be using the issue of medicinal marijuana as a red herring to give marijuana a good name. The Director of NORML, Dick Cowan, is quoted, "The key is medical access. Because once you have hundreds of thousands of people using marijuana under medical supervision, the whole scam is going to be brought up....then we will get medical, then we will get full legalization."

In an article released January 5, 2012 even Allen St. Pierre, the executive director of NORML, now admits that medical marijuana is a political and legal farce as well as a sham. See attached article from Cannabis Times.

Is there any doubt about the motive of this movement? All while playing this cruel hoax on people with legitimate illnesses. Marijuana is NOT medicine. Marijuana is NOT FDA approved. It is made up of over 400 chemicals which are largely unstudied and appear in uncontrolled strengths, and when smoked, marijuana has 4 times the level of tar that a tobacco cigarette has. The harmful chemicals and carcinogens that are byproducts of smoking marijuana create entirely new health problems.

Prescribing marijuana as a “medicine” is like prescribing methamphetamine for weight loss, or tobacco cigarettes as an appetite suppressant, or heroin as a pain reliever. Getting high on marijuana to relieve pain is like getting drunk on vodka to relieve pain. Yes it works but is that really a medical benefit? I believe there are thousands of studies available that show smoking marijuana has harmful physical and psychological effects. There are plenty of FDA approved drugs available which make the excuse of smoking marijuana as “medicine” a complete sham. Besides, what kind of message are you sending to young children by legalizing marijuana for medical reasons? It legitimizes the use of marijuana. For kids the thought would be if its “safe” and legal for some people, why not them? We as law enforcement officers currently fight this very same battle with prescription medications and their abuses by children, who see them as safe to experiment with because it is just “medicine”.

As you examine the issue of medical marijuana I urge you to think about what message you would be sending to children if you were to say that marijuana is “medicine”. I personally do not want any children I know thinking that smoking marijuana is anything but a bad decision. I also urge you to think about people in the work place smoking their marijuana “medicine”. Do you want your taxi driver, your tax preparer, your pilot, your fireman, your police officer, your DOCTOR smoking their marijuana “medicine?” I sure don’t. I am not an alarmist, but simply a person whose job puts them in a position to have already seen this scheme at work.

I have attached an article from a publication called The Oregonian. The author of this article is writing from a position of having observed Oregon’s Medical Marijuana Act in effect. See the attached article.

In closing, I ask you to research and carefully examine this issue. Look at where the proponents of medical marijuana are really coming from. Look at their financing and background. Don’t be fooled by a wolf in sheep’s clothing. The real issue here is total legalization of marijuana usage. No more, no less.

When the issue of medical marijuana came up in the Kansas Senate in 2008 (SB556), the “Kansas Compassionate Care Coalition” campaigned hard for passage of the bill. If you looked at the director for the Kansas Compassionate Care Coalition at the time, Laura Green, you could find out with a little research that she was the president of the

Lawrence chapter of NORML and hiding their true agenda behind the sham of helping sick people while campaigning under the name of “Kansas Compassionate Care Coalition”. Former Kansas Attorney General Robert Stephan also spoke as a proponent of medical marijuana. When I asked the Kansas Compassionate Care Coalition if Robert Stephan was a paid consultant for them and where their funding came from, they would not respond.

I hope you put this issue to rest again. Don’t fall for the sham of medical marijuana, and for children’s sake, do NOT call marijuana medicine.

Respectfully submitted,
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The Oregonian

Don't make a bad marijuana law worse

Monday, February 04, 2008

Ten years ago, when Oregon voters approved the state's landmark Medical Marijuana Act, they did so with assurances that only a handful of very ill people needed it -- perhaps 500 a year, supporters said at the time.

That turned out to be a false promise, as critics warned at the time. They appear to have correctly predicted that the new law would open the door for wider use of pot in Oregon by creating new legal defenses for the possession, use, cultivation and delivery of marijuana.

Statistics strongly suggest this. Today, nearly 16,000 Oregonians hold patient cards entitling them to use marijuana. Nearly 8,000 hold "caregiver cards" so they can possess it, and about 4,000 have permits to grow the plant, resulting in at least 19 tons of marijuana growing legally at any given time.

Not surprisingly, the rate of marijuana use by adult Oregonians is 50 percent higher than the national rate. Voters in 1998 may have thought they were showing compassion for a small number of terminally ill cancer patients who needed marijuana to alleviate their symptoms, but the law is clearly being abused in a big way.

This abuse is showing up in the workplace, where the Oregon drug test failure rate is 50 percent higher than the national rate. And the most prevalent reason for testing failure? Marijuana use -- 71 percent of all positive tests in Oregon, compared with 53 percent nationally.

The 2007 Legislature had a chance to address the workplace issue but fell short. A bill to make it easier for Oregon employers to enforce drug-free workplace policies, even against employees with valid medical marijuana cards, passed in the Senate but faltered in the House.

That was a sensible bill and deserves a second chance in the special session that begins today. Instead, however, the House Business and Labor Committee has put forth a much narrower bill that would give employers the option to regulate medical pot users in only the most dangerous of jobs.

This is a bad bill that will make Oregon's flawed law worse, not better. By giving employers discretion on accommodating medical marijuana use only by workers doing "hazardous duties," the bill would create a huge uncovered class of workers who would win the implicit right to accommodation at work -- something the original act explicitly did not grant.

In other words, this new bill is a Trojan horse. It would exempt such dangerous jobs as mining, logging and blasting, while creating the right to special accommodation for everyone else who might have marijuana cards, including surgeons, bus drivers, nannies and editorial writers.

Legislators should spike this bill. Instead, they should pass Senate Bill 465, clarifying the right of employers to enforce drug-free workplace policies.

And while they're at it, they should fund a Justice Department study of what increasingly appears to be widespread abuse of a well-intentioned medical marijuana law gone bad.



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Allen St. Pierre on Medical Marijuana

Written by [admin](#) on January 10, 2012 in [Activism](#), [agriculture](#), [Bud Biz](#), [California](#), [cancer](#), [cannabis](#), [Celebrities](#), [Dispensaries](#), [federal government](#), [Health](#), [Legal](#), [Magazine](#), [Marijuana](#), [Medical Marijuana](#), [Vermont](#), [Washington, D.C.](#), [World](#) - [No comments](#)



Defending the “medical” cannabis industry is so yesterday. Why not acknowledge the political and legal farce it is and focus on the real problem at hand: ending cannabis prohibition?

The law and court precedents are fairly clear here. Self-preservation (yes), large-scale cultivation and sales (no). It’s just this simple. The numerous actions by the Feds and state governments over the last few months make this abundantly clear:

- [ATF memo](#) (no Second Amendment rights for patients)
- Feds [crackdown on banks](#) doing business with CBCs (cannabis buyers’ clubs)
- Feds send [forfeiture notices](#) to CBC landlords
- Feds send [warnings to local CBCs](#) that they must move or shut because they’re within 1,000 feet of a federally subsidized school
- [IRS 280E decision](#) against Harborside Health Center
- Feds send [shutdown notices](#) to 25% of the CBCs in San Diego

And what more re-assertion of primacy will we get from the Feds today?

If this were the 1920s, advocacy of today's "medical" cannabis industry would sound like a lawyer back then fronting for the legal sellers of "prescription" alcohol during Prohibition. The med-pot industry, of course, opposes actual legalization, such as last year's Prop 19, which was also opposed by the profiteering communities in the state's northern "grow" counties.

Prescriptive alcohol was a sham then, and the "medical" cannabis industry (not medical cannabis itself) is largely a sham now. Is this news? NORML, and lawyers like Bill Panzer, have been warning ganjapreneurs and their legal counsel at our seminars and conferences about this political and legal box canyon since at least 2002.

Cannabis consumers, who NORML represents, want good, affordable cannabis products without having to go through the insult and expense of "qualifying" as a "medical" patient by paying physicians and/or the state for some kind of get-out-of-jail-free card. How intellectually honest is all of this?

NORML prefers to take a more transparent approach, advocating that cannabis should be legal for all adult consumers, including healthy ones.

[Allen St. Pierre](#) is the executive director of NORML