

# HB2459 — Limiting utilization review conducted by health plans under certain circumstances involving the treatment of mental illness or substance use disorder.

Nick Reinecker

Opponent Testimony

House Insurance

HB2459

Monday Feb 10, 2020

Chair: Rep. Jene Vickrey



# Opponent

Current to be stricken

➤ Pg 2 Line 22-25

(b) For the purposes of this section, "mental illness, alcoholism, drug abuse or substance use" means any disorder as such terms are defined in the diagnostic and statistical manual of mental disorders, fourth edition, (DSM-IV, 1994) of the American psychiatric association

## Definition Consistency

*Proposed*

➤ *(Pg 2 Line 33-37)*

3) *"Mental illness or substance use disorder" means any condition or disorder that involves a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental disorders section of the diagnostic and statistical manual of mental disorders, fifth edition, of the American psychiatric association.*

➤ *Again Pg 4 Line 38- Line 1 pg 5*



# “Psychiatrist Bible”: Diagnostic and Statistical Manual (DSM) of Mental Disorders

- ▶ Guide with introductory caveat and cautionary statement
    - ▶ Cause of mental illness?
      - ▶ Chemical Imbalance
      - ▶ Popular vote
      - ▶ Other
  - ▶ Man’s solution
    - ▶ DSM-I and DSM-II
      - ▶ Paraphilia
        - ▶ Removed on vote
          - ▶ Political reasons?
- ▶ What can we do to make this billable?
    - ▶ Invent mental illnesses?
  - ▶ 1970’s
    - ▶ Psychiatry
      - ▶ Practice medicine
        - ▶ DSM-III
          - ▶ 1980
          - ▶ No Freudian
          - ▶ Provocative Question
            - ▶ Shout loud
            - ▶ Diagnosis

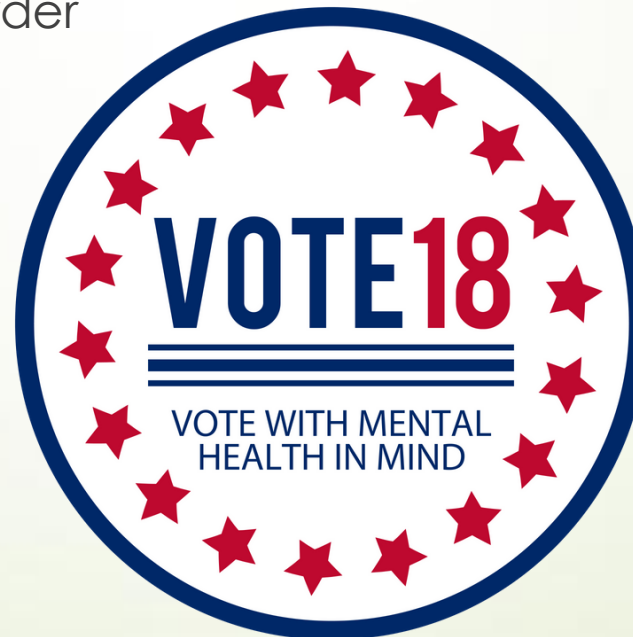
# Icebreaker: Voting for Your Brain-You Decide!

Should be DSM-VI Diagnosis?

- Politics Use Disorder
- Internet Use Disorder
- Caffeine Use Disorder

Should be Controlled Substance?


- Tobacco
- Coffee
- Sugar
- Cannabis





# Diagnostic and Statistical Manual fifth edition: Issues

- ▶ DSM-IV
  - ▶ Based on idea that there is a DIFFERENCE IN KIND between substance abuse and dependence/addiction
- ▶ DSM-V inconsistent
  - ▶ Based upon idea that there is only A DIFFERENCE IN DEGREE between abuse and addiction based on number of symptoms.
- ▶ THIS CRITICAL DIFFERENCE IS ALSO A BREAK IN THE DEVELOPMENT OF THE FUNDAMENTAL CONCEPT OF ADDICTION BEGINNING WITH DSM-III
- ▶ Wednesday January 13 2016
  - ▶ DSM-V Informational Hearing
    - ▶ Senate Public Health and Welfare
      - ▶ Dr. Allen Frances
        - ▶ Chair DSM IV development



# Senate Public Health and Welfare: DSM-5 Informational Hearing, January 2016

- ▶ “Law Enforcement officers are becoming armed social workers involved in a paradoxical environment of under-treatment and overtreatment of those individuals that are contacted in situations involving less harmful illegal substances and more harmful legal substances and that one could not develop a more irrational approach to mental health than what we have in the United States.”. Dr. Allen Frances
- ▶ Henderson VS US
- ▶ Personal editorial statement- where insurance companies push for diagnosis in a seven minute interface (tele-health or not) all in the name of reimbursement. Where children now have no room for immaturity or cure but rather are subject to invasive marketing, questionable screening practices and free samples fortified by a gluttonous billion dollar antipsychotic and stimulant pharmaceutical industry feeding the largest mental health centers, jails and prisons

# Diagnostic Inflation

- ▶ Dr. Allen Frances, *Saving Normal*
- ▶ "it will medicalize normality and result in a glut of unnecessary and harmful drug prescription."<sup>[97]</sup> In a December 2, 2012 blog post in *Psychology Today*, Frances provides his "... list of DSM 5's ten most potentially harmful changes":<sup>[98]</sup>
- ▶ Disruptive Mood Dysregulation Disorder, for temper tantrums
- ▶ Major Depressive Disorder, includes normal grief
- ▶ Adult Attention Deficit Disorder, encouraging psychiatric prescriptions of stimulants
- ▶ Binge Eating Disorder, for excessive eating
- ▶ Autism, defining the disorder more specifically, possibly leading to decreased rates of diagnosis and the disruption of school services
- ▶ First time drug users will be lumped in with addicts
- ▶ Behavioral Addictions, making a "... mental disorder of everything we like to do a lot."<sup>[98]</sup>
- ▶ Generalized Anxiety Disorder, includes everyday worries
- ▶ Post-traumatic stress disorder, changes "... opened the gate even further to the already existing problem of misdiagnosis of PTSD in forensic settings."<sup>[98]</sup>
- ▶ **A note on the second amendment**
  - ▶ **Unlawful user and** those addicted to substances listed in the controlled substances act notwithstanding a Dr. order are prohibited
    - ▶ Mental Defect
      - ▶ SPMI
      - ▶ Multiple diagnosis/c-occurring



**BENZODIAZEPINES**  
 (Street Names: Benzos, Downers, Nerve Pills, Tranks)

**Introduction:**

Benzodiazepines are a class of drugs that produce central nervous system (CNS) depression and that are most commonly used to treat insomnia and anxiety. There is the potential for dependence on and abuse of benzodiazepines particularly by individuals with a history of multi-substance abuse. Alprazolam (e.g., Xanax), lorazepam (e.g., Ativan), clonazepam (e.g., Klonopin), diazepam (e.g., Valium), and temazepam (e.g., Restoril) are the five most prescribed, as well as the most frequently encountered benzodiazepines on the illicit market.

**Licit Uses:**

Benzodiazepines are widely prescribed drugs. According to IMS Health™, there were 45.0 million alprazolam, 26.4 million lorazepam, 29.2 million clonazepam, 12.6 million diazepam, and 7.0 million temazepam prescriptions dispensed in the U.S. in 2017. In the U.S., benzodiazepines are prescribed for their sedative-hypnotic (e.g., temazepam, triazolam, flurazepam, and estazolam), anti-anxiety (e.g., alprazolam, chlordiazepoxide, clorazepate, diazepam, lorazepam, and oxazepam), muscle relaxant (e.g., diazepam), and anti-convulsant (e.g., diazepam and clonazepam) effects. They are also used as an adjunct to anesthesia (e.g., midazolam) and for treatment of alcohol withdrawal (e.g., chlordiazepoxide) and panic disorders (e.g., alprazolam and clonazepam). Most benzodiazepines are available as tablet and capsule preparations; several are also available as injectable preparations and as syrup.

**Chemistry and Pharmacology:**

All benzodiazepines are composed of a benzene ring fused to a seven-member diazepine ring. Most benzodiazepines also possess a phenyl ring attached at the 5-position of the diazepine ring. Small modifications of this basic structure account for the varied pharmacologic effects of these drugs.

Benzodiazepines produce CNS depression by enhancing the effects of the major inhibitory neurotransmitter, gamma-aminobutyric acid, thereby decreasing brain activity. Benzodiazepines are classified by their duration of action that ranges from less than 6 hours to more than 24 hours. Some benzodiazepines have active metabolites that prolong their effects.

Adverse health effects include increased reaction time, motor incoordination, anterograde amnesia, slurred speech, restlessness, delirium, aggression, depression, hallucinations, and paranoia. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other CNS depressant substances, such as alcohol or opioids. Flumazenil can be administered by injection to reverse the adverse effects of benzodiazepines.

Tolerance often develops after long term use requiring larger doses to achieve the desired effects. Physical and psychological dependence may develop, whether taken under a doctor's orders or used illicitly. Withdrawal symptoms, the severity of which is dependent on the dose, duration of use, and drug used, include anxiety, insomnia, dysphoria, tremors, and seizures. Withdrawal can be precipitated by the administration of flumazenil to individuals dependent upon benzodiazepines.

**Illicit Uses:**

Benzodiazepines, particularly those having a rapid onset, are abused to produce a euphoric effect. Abuse of benzodiazepines is often associated with multiple-substance abuse. Diazepam and alprazolam are used in combination with methadone to potentiate methadone's euphoric effect. Cocaine addicts use benzodiazepines to relieve the side effects (e.g., irritability and agitation) associated with cocaine binges. Benzodiazepines are also used to augment alcohol's effects and modulate withdrawal states. The doses of benzodiazepines taken by abusers are usually in excess of the recommended therapeutic dose. Benzodiazepines have been used to facilitate sexual assault.

The American Association of Poison Control Centers reports 74,050 case mentions, 26,868 single exposures, and 14 deaths associated with benzodiazepines in 2016. Among these poison control cases and single exposures, 17,325 cases, involving only a single substance, were due to 'intentional' versus 'intentional' reasons.

**Illicit Distribution:**

Individuals abusing benzodiazepines obtain them by getting prescriptions from several doctors, forging prescriptions, or buying diverted pharmaceutical products on the illicit market. Domestic and foreign products are found in the illicit market. Alprazolam is one of the top three prescription drugs diverted from the licit market. In 2017, there were 42,190 alprazolam, 9,863 clonazepam, 3,878 diazepam, 2,027 lorazepam and 208 temazepam reports from federal, state and local forensic laboratories. From January through May 2018, there were 4,164 alprazolam, 799 clonazepam, 301 diazepam, 145 lorazepam and 23 temazepam reports from Federal, state and local forensic laboratories.

**Control Status:**

Benzodiazepines are controlled in Schedule IV of the Controlled Substances Act. Flunitrazepam is unique among the benzodiazepines because it is placed in Schedule IV but has Schedule I penalties.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section; Fax 202-353-1263, telephone 202-307-7183, or Email ODE@usdoj.gov.

Table 2.1 Comparison of DSM-IV, DSM-5, and NDSUH Substance Use Disorder Assessment

Characteristic	DSM-IV	DSM-5	NDSUH
<b>Disorder Class</b>	Substance-related disorders, included only SUDs	Substance-related and addictive disorders class now includes SUDs and gambling disorder (formerly pathological gambling)	Same as DSM-IV
<b>Disorder Type<sup>1</sup></b>	Abuse and dependence hierarchical diagnostic rules meant that people ever meeting criteria for dependence did not receive a diagnosis of abuse for the same class of substance	SUD, substance abuse and dependence have been eliminated in favor of a single diagnosis, SUD	Same as DSM-IV
<b>Substances Assessed</b>	11 classes of substances assessed, plus 2 additional categories	10 classes of substances assessed, plus 2 additional categories	Modules for 13 substances, plus 2 additional categories
	<ul style="list-style-type: none"> <li>Alcohol</li> <li>Amphetamine and similar sympathomimetics</li> <li>Caffeine (intoxication only)</li> <li>Cannabis (no withdrawal syndrome)</li> <li>Cocaine</li> <li>Hallucinogens</li> <li>Phencyclidine and similar arylcyclohexylamines</li> <li>Inhalants (no withdrawal syndrome)</li> <li>Nicotine (dependence only)</li> <li>Opioids</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol</li> <li>Stimulant use disorder, which includes amphetamines, cocaine, and other stimulants</li> <li>Caffeine (intoxication and withdrawal)</li> <li>Cannabis (with withdrawal syndrome)</li> <li>Combined with other stimulants (e.g., amphetamines) under stimulant use disorder</li> <li>Separated into phencyclidine use disorder and other hallucinogen use disorder</li> <li>Inhalants (no withdrawal syndrome)</li> <li>Tobacco</li> <li>Opioids</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol</li> <li>Stimulants</li> <li>Not assessed</li> <li>Cannabis (no withdrawal syndrome)</li> <li>Cocaine</li> <li>Crack</li> <li>Hallucinogens</li> <li>Inhalants</li> <li>Cigarette dependence (measured by two non-DSM-based scales); other tobacco products (usa only)</li> <li>Heroin</li> <li>Pain reliever</li> </ul>
	<ul style="list-style-type: none"> <li>Merged with hallucinogens</li> <li>Sedatives, hypnotics, and anxiolytics</li> <li>Other drug abuse/dependence</li> <li>Polysubstance dependence</li> </ul>	<ul style="list-style-type: none"> <li>Merged with hallucinogens</li> <li>Sedatives, hypnotics, and anxiolytics</li> <li>Any other SUD</li> <li>Drugged polysubstance use disorder</li> </ul>	<ul style="list-style-type: none"> <li>Sedatives</li> <li>Tanquilizers</li> <li>Other drugs (use only)</li> <li>Polysubstance dependence</li> </ul>

(continued)




# Misc.

- ▶ Problem gambling
  - ▶ Legislative answer
    - ▶ \$50 million eco-devo
    - ▶ \$80,000 problem gambling funds
- ▶ In 2011, psychologist [Brent Robbins](#) co-authored a national letter for the Society for Humanistic Psychology that has brought thousands into the public debate about the DSM. Over 15,000 individuals and [mental health](#) professionals have signed a petition in support of the letter.<sup>[100]</sup> Thirteen other [American Psychological Association](#) divisions have endorsed the petition.<sup>[101]</sup> Robbins has noted that under the new guidelines, certain responses to grief could be labeled as pathological disorders, instead of being recognized as being normal human experiences.<sup>[102]</sup>
- ▶ A group of 25 psychiatrists and researchers, among which Frances and [Thomas Szasz](#), have published debates on what they see as the six most essential questions in psychiatric diagnosis:<sup>[99]</sup>
- ▶ Are they more like theoretical constructs or more like diseases?
- ▶ How to reach an agreed definition?
- ▶ Should the DSM-5 take a cautious or conservative approach?
- ▶ What is the role of practical rather than scientific considerations?
- ▶ How should it be used by clinicians or researchers?
- ▶ Is an entirely different diagnostic system required?



# Specific SUD's

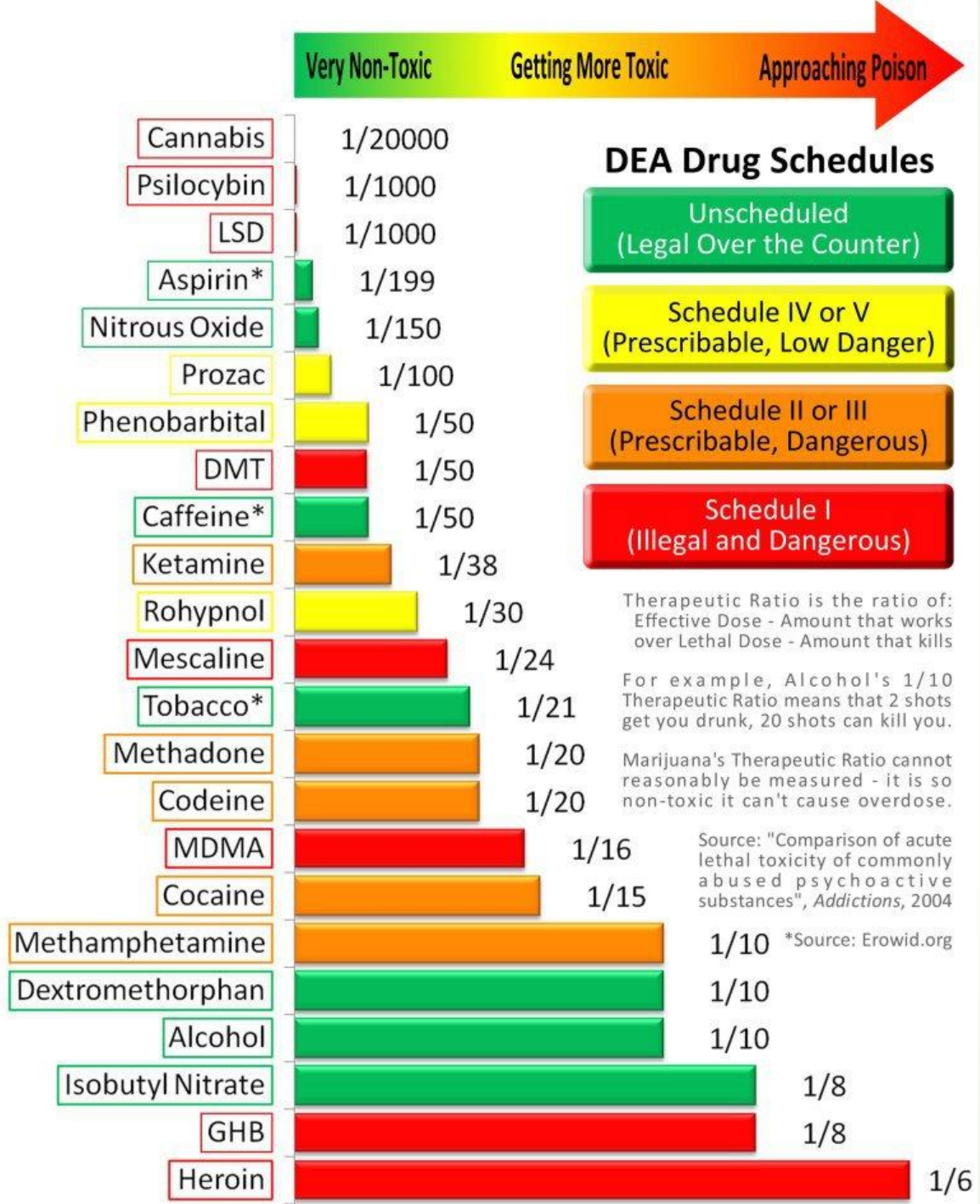
- ▶ Alcohol Use Disorder
  - ▶ FDA MAT
- ▶ Caffeine Use Disorder
- ▶ Cannabis Use Disorder
- ▶ Phencyclidine Use Disorder and Other Hallucinogen Use Disorder
- ▶ Inhalant Use Disorder
- ▶ Opioid Use Disorder
  - ▶ FDA MAT
- ▶ Sedative, Hypnotic or Anxiolytic Use Disorder
- ▶ Stimulant Use Disorder
- ▶ Tobacco Use Disorder
  - ▶ FDA MAT
- ▶ Atypical use of FDA approved drugs



# 11 Criteria for SUD/Severity/Remission

## Example Caffeine

- ▶ Larger amounts
- ▶ Desire to stop
- ▶ Time
- ▶ Cravings
- ▶ Life management
- ▶ Relationships
- ▶ Activities
- ▶ Danger
- ▶ Worsening conditions
- ▶ Tolerance
- ▶ Withdrawal
- ▶ Severity
  - ▶ Mild: Two or three
  - ▶ Moderate: Four or five
  - ▶ Severe: Six or more
- ▶ Remission
  - ▶ Early
  - ▶ Sustained
  - ▶ On maintenance therapy
  - ▶ Controlled environment
- ▶ Other referral source with billable codes: ICD-10



## Therapeutic Ratios of Common Psychoactives

Title 21 U.S.C. (Controlled Substances Act)  
Subchapter 1

(6) The term controlled substance does not include distilled spirits, wine, malt beverages, or tobacco

Schedule I: Cannabis

Schedule II: Methamphetamine/fentanyl/oxy-cotin

CUD MAT (Atypical)

Ambien

Side Effects include blackouts

BuSpar

Side Effects

Changes in weight or appetite, fainting, changes in blood pressure, muscle cramps or spasms, and redness or itching of eyes may occur in some instances.

Allergic reaction (difficulty breathing; hives; swelling of your lips, tongue or face); chest pain or an irregular heartbeat; slurred speech; confusion or blurred vision; numbness or tingling in your hands, feet, arms, or legs; or uncontrollable movements of your arms, legs, tongue, or lips

## First Quarter 2015 Kansas Medicaid Antipsychotic Prescribing

	Script Count by Prescriber							Number of prescribers	
	Unique Members	Total Script Count	Mid-level practitioner (psychiatric specialty)	Mid-level practitioner (non-psychiatric specialty)	Physician	Psychiatrist	Specialty Non-specified	1 provider	2+ providers
Adults (≥ 18 years old) on 3 or more antipsychotics (Typical & Atypical) > 60 days	176	1651	160 (9.7%)	117 (7.1%)	298 (18%)	733 (44.4%)	343 (20.8%)	97	
Children (<18 years old) on 2 or more antipsychotics (Typical & Atypical) > 60 days	451	2801	369 (13.2%)	138 (4.9%)	322 (11.5%)	1335 (47.7%)	637 (22.7%)	306	
Children (<6 years old) on at least 1 Atypical antipsychotic	284	673	105 (15.6%)	92 (13.7%)	140 (20.8%)	289 (42.9%)	47 (7%)	N/A	
Children (7-13 years old) on at least 1 Atypical antipsychotic	2152	5814	1363 (23.4%)	739 (12.7%)	1132 (19.5%)	2512 (43.2%)	68 (1.2%)	N/A	

KDHE  
KDAOS  
KDCF

# Citizen's Commission on Human Rights International: Anti-psychotics

- ▶ 27
    - ▶ Drug regulatory agency warnings cite psychiatric drug side effects of mania, psychosis, violence and homicidal ideation
  - ▶ 1,531
    - ▶ Cases of psychiatric drug induced homicide/homicidal ideation reported to the U.S. FDA
  - ▶ 65
    - ▶ High profile cases of mass shootings/murder committed by individuals under the influence of these drugs
  - ▶ 0
    - ▶ Federal investigations into the link between seemingly senseless acts of violence and the use of psychotropic drugs
- ▶ 28,000 psychiatrists to 350,000,000 citizens
    - ▶ Forbes Feb 25, 2018  
**Psychiatrist Shortage Escalates As U.S. Mental Health Needs Grow**  
Bruce Japsen Senior Contributor  
Pharma & Healthcare
      - ▶ Scope of practice
        - ▶ HB2049 Jan. 2016
        - ▶ Dr. Allen Frances

[www.cchr.org](http://www.cchr.org)

# Reference: Caffeine

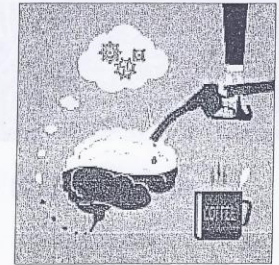
- ▶ Journal of Caffeine Research
  - ▶ Vol. 3 #3 2013
  - ▶ Mary Ann Liefert. In
- ▶ Caffeine Use disorder:
  - ▶ A comprehensive review and research agenda
    - ▶ Steven Meredith Laura M. Juliang, John Hughes, Roland Griffiths
- ▶ Effects of Adolescence Caffeine Consumption on Cocaine Sensitivity
  - ▶ O'Neil, Levis, Schreiner, Amat, Maier, Bachtell
- ▶ Energy Drink Deaths

## Adolescent Caffeine Use and Cocaine Sensitivity

### Science Highlight

November 19, 2014

Caffeine is the most widely used stimulant in the world and use by adolescents has more than doubled since 1980. Chronic caffeine use produces greater tolerance in adolescents compared with adults, suggesting that caffeine may cause greater brain changes in young people. Caffeine consumption is also known to be correlated with increased risk for illicit drug use and substance use disorders (as noted in a recent editorial in *Addiction*).". Since caffeine effects brain areas and circuits where cocaine acts, this study explored whether caffeine use by adolescents can impact the brain's sensitivity to cocaine in adulthood.



In a new study, rats that were treated with caffeine in adolescence showed an increased sensitivity to cocaine as adults that was associated with altered dopamine signaling in brain reward pathway involved in addiction. These changes were not seen in animals that were given caffeine as adults. These results highlight that adolescent brains are still developing and can be impacted by substances in ways that are different from fully developed adult brains. Caffeine use by adolescents may prime the still developing brain for later use of other illicit drugs.


Study:

**Effects of Adolescence Caffeine Consumption on Cocaine Sensitivity**, Casey E. O'Neill, Sophia C. Levis, Drew C. Schreiner, Jose Amat, Steven F. Maier, Ryan K. Bachtell,

# Benzodiazepines

- ▶ What
  - ▶ Americans love caffeine
    - ▶ Substance Use Disorder
      - ▶ Intoxication
      - ▶ Withdrawal
        - ▶ Misdiagnosed anxiety
          - ▶ Prescribed
            - ▶ Valium etc
  - ▶ How many sold?
    - ▶ [Alprazolam](#)/Xanax
    - ▶ [Diazepam](#)/Valium,
      - ▶ [Epileptic Seizure and spasms](#)
- ▶ [https://en.wikipedia.org/wiki/Diagnostic\\_and\\_Statistical\\_Manual\\_of\\_Mental\\_Disorders#DSM-IV\\_.281994.29](https://en.wikipedia.org/wiki/Diagnostic_and_Statistical_Manual_of_Mental_Disorders#DSM-IV_.281994.29)
- ▶ In 2013, shortly before the publication of DSM-5, the Director of the [National Institute of Mental Health](#) (NIMH), [Thomas R. Insel](#), declared that the agency would no longer fund research projects that rely exclusively on DSM diagnostic criteria due to its lack of validity.<sup>[57]</sup> Insel questioned the validity of the DSM classification scheme because "... diagnoses are based on a consensus about clusters of clinical symptoms ...." as opposed to "... collecting the genetic, imaging, physiologic, and cognitive data to see how all the data – not just the symptoms – cluster and how these clusters relate to treatment response."<sup>[58][59]</sup>
- ▶ 57. Insel, Thomas (29 April 2013). "Transforming Diagnosis" (<http://www.nimh.nih.gov/about/director/2013/transforming-diagnosis.shtml>). *Director's Blog, National Institute of Mental Health*. Retrieved 2013-09-02. 58. "NIMH » Transforming Diagnosis" (<https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/transforming-diagnosis.shtml>). *nimh.nih.gov*. Retrieved 2019-02-25. 59. Lane, Christopher. "The NIMH Withdraws Support for DSM-5" (<http://www.psychologytoday.com/blog/side-effects/201305/the-nimh-withdraws-support-dsm-5>). *Psychology Today*.





# Current (psycho-active)\* lobbyist groups affecting public policy

- ▶ Altria Client Services LLC (3)
- ▶ Annheuser-Busch Companies (5)
- ▶ Artisan distillers of Kansas (1)
- ▶ Cigar Association of America (2)
- ▶ Craft Brewers Guild of Kansas (1)
- ▶ Distilled Spirits Council of U.S. (1)
- ▶ General Cigar (1)
- ▶ Kansas Assoc. of Bev. Retailers (1)
- ▶ Kansas Beer Wholesalers Assoc. (3)
- ▶ Standard Beverage (1)
- ▶ Swisher International (1)
- ▶ Kansas Beverage Assoc. (5)
- ▶ Kansas Grape Growers and Winemakers Assoc. (1)
- ▶ Kansas Homebrewers Alliance (1)
- ▶ Kansas Licensed Bev. Assoc. (1)
- ▶ Kansas Vapors Association (1)
- ▶ Kansas Wine and Spirits Wholesalers Association (1)
- ▶ Lukas Wine and Spirits (1)
- ▶ RAI Services Co. (7)
- ▶ Southern Glazer's Wine and Spirits (1)
- ▶ Wine Institute (1)

Does not include pharmaceuticals \*Exempt CSA Fos B expression



# Lobbyists Continued

- ▶ Little Government Relations
  - ▶ Kansas Community Corrections Assoc.
  - ▶ Johnson County Gov.
  - ▶ ACMHC
  - ▶ Central Kansas Foundation
  - ▶ KAAP
  - ▶ Community Bankers Association

- ▶ “Special interests drive a lot of trains under this dome” – Senator Holland Capitol Insider Jan 2019



# Prison Populations: MH Facilities

## Recidivism, Recidivating, Recidivate:

Association of State Correctional Administrators

### ► Possession

#### ► New Crime

##### ► Example: 3 technical violations

##### ► Not smart OR tough on crime

##### ► Change what is crime

##### ► Broken Window

##### ► Community Based Solutions

### ► Use

#### ► Technical Violation

##### ► Positive Urinalysis

##### ► Not showing up

##### ► Missing payment

## IMPAIRED DATA

Assessment, capacity, programming

## Adult or Juvenile:

Definition and practice is not an accurate snapshot of recidivism. Reform efforts compromised



# The word Marijuana and Marihuana

- ▶ Harry Anslinger
  - ▶ Reefer Madness
- ▶ William Randolph Hearst
  - ▶ Newspaper
    - ▶ Chemicals
    - ▶ Lumber
- ▶ Dupont
  - ▶ Nylon
- ▶ Rockefeller
  - ▶ Oil
- ▶ Nutrition
- ▶ Eugenics

Outlaw the natural to  
monopolize the synthetic

<https://brighterworld.mcmaster.ca/articles/study-suggests-cannabis-does-not-increase-suicidal-behaviour-in-psychiatric-patients/>

# Other Reference

- ▶ 270% increase in the number of antipsychotic prescriptions for Medicaid children in Kentucky between 2000 and 2010
  - ▶ March 2015 Governing magazine
- ▶ Kevin Keller '
  - ▶ Newsweek 10-12-17 How the VA fueled the national opioid crisis and is killing thousands of veterans
    - ▶ <https://www.newsweek.com/2017/10/20/va-fueled-opioid-crisis-killing-veterans-681552.html>
- ▶ America Is Giving Away the \$30 Billion Medical Marijuana Industry
  - ▶ Bloomberg Businessweek March 7, 2018
- ▶ FDA
  - ▶ food additives
    - ▶ Unintended consequences
    - ▶ <https://www.fda.gov/food/food-ingredients-packaging/food-additive-listings>
  - ▶ Vaccines

Thank you Mr. Chairman and committee members for allowing me to submit written testimony regarding this act concerning the Kansas criminal justice coordinating council; relating to the substance abuse policy board; membership and duties; amending K.S.A. 74-9501 and repealing the existing section.

On page 1, line 30

(2) Define and analyze issues and processes in the criminal justice system, identify alternative solutions and make recommendations for improvements.

I have attached a powerpoint concerning Behavioral health and the Controlled Substances Act for the purpose of identifying alternative solutions and recommendations for improvement;

On page 2, line 26

(8) (A) Establish the.....therapeutic courts. Amended from;

(8) (A) Establish the substance abuse policy board to consult and advise the council concerning issues and policies pertaining to the treatment, sentencing, rehabilitation and supervision of substance abuse offenders. The board shall specifically analyze and study driving under the influence and the use of drug courts by other states.

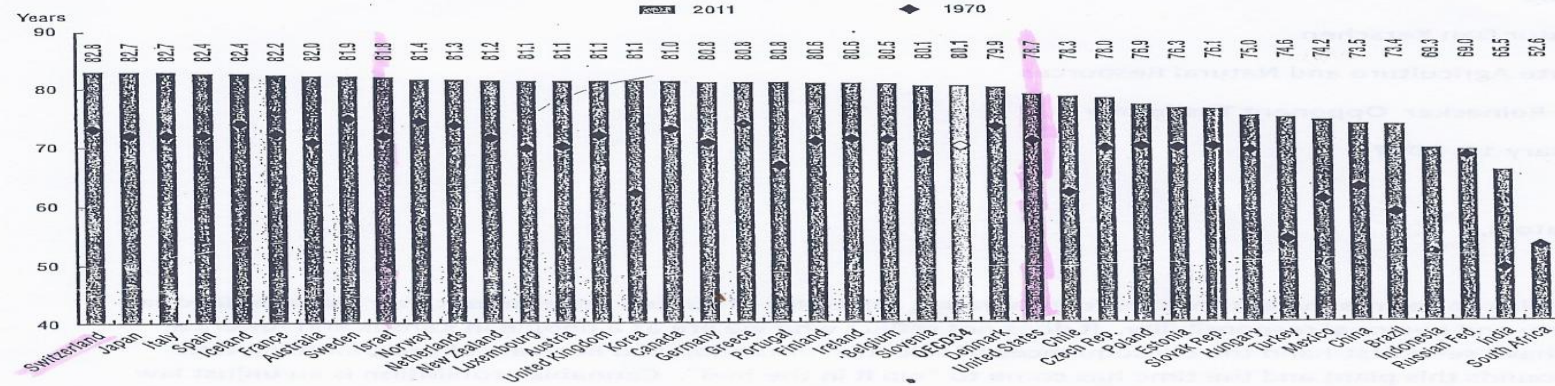
Adding , "treatment for substance abuse while in custody" "and other therapeutic courts", would provide a mechanism for study and analysis into practices that would allow unlicensed Doctors and 'by the book-rule of law' taught grunts going for cumulative diagnosis criteria to be able to treat with synthetic, sometimes black-boxed atypical drugs by use of force and through virtual telehealth means with the excuse being public safety. Inalienable rights are no longer a priority if these practices are put into place regarding certain naturally occurring substances. Being hard on crime is not quick dips and sanctions, technical violations or Moral Reconation Therapy. It is a standard of care that starts with the family and no amount of government intervention before during or after conception will ever preserve liberty in our Republic. Having said that, if individuals do not wish to make safe families, then the government, to preserve peace, must intervene and incapacitate nefarious actors for a known and followed time.

Thank You  
Nick Reinecker

# Cautionary Reference

- ▶ The DSM in Litigation and Legislation: Journal of American Academy of Psychiatry and the Law online Feb 2011n
  - ▶ Ralph Slovenko
    - ▶ Kansas vs Hendricks
      - ▶ ...Legal definitions...which must take into account such issues as individual responsibility...and competency, need not mirror those advanced by the medical profession.
- ▶ Impact of the DSM-IV to DSM-V Changes on the National Survey on Drug use and Health
  - ▶ SAMHSA
    - ▶ Center for Behavioral Health Statistics and Quality
      - ▶ June 2016
  - ▶ Executive Summary
    - ▶ Harm
- ▶ <http://jaapl.org/content/39/1/6> Slovenko
- ▶ n *Commonwealth v. Montanez*,<sup>4</sup> the defendant offered expert testimony to show that he suffered from dissociative trance disorder (DTD) at the time he stabbed the victim. The Appeals Court of Massachusetts stated that even though DTD is not a specific diagnostic disorder in the DSM, it is a research category in the DSM and has been the subject of peer-reviewed literature. Therefore, the court ruled, the testimony was admissible. The court commented, “That the condition is not codified as a specific diagnostic category in [the DSM] does not mean that it is not a recognized disorder” (Ref. <sup>4</sup>, p 796).

1.1.1. Life expectancy at birth, 1970 and 2011 (or nearest year)

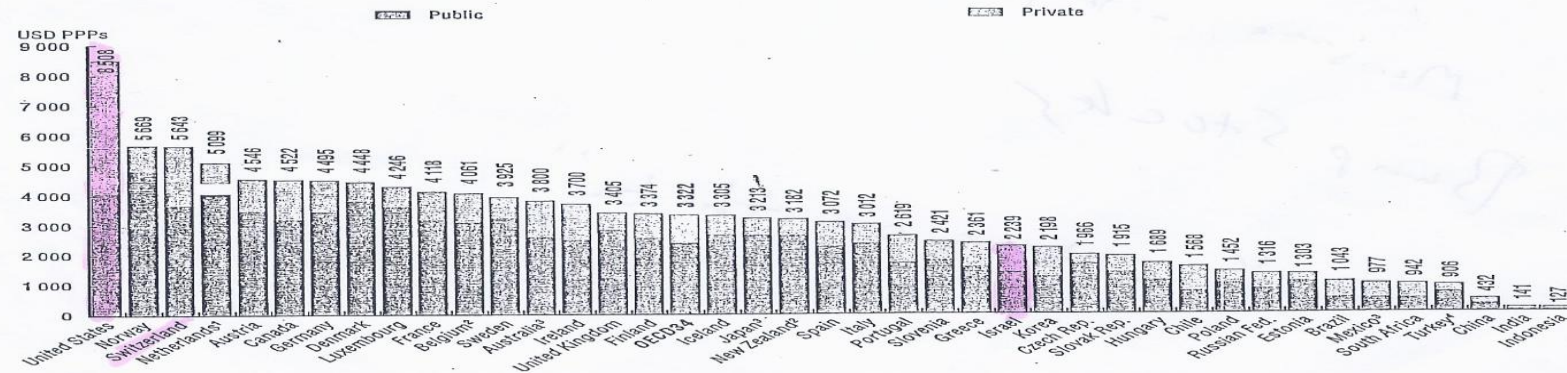


Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; World Bank for non-OECD countries.

7. HEALTH EXPENDITURE AND FINANCING

7.1 Health expenditure per capita

7.1.1. Health expenditure per capita, 2011 (or nearest year)



1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Current health expenditure.
3. Data refers to 2010.
4. Data refers to 2008.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; WHO Global Health Expenditure Database. StatLink <http://dx.doi.org/10.1787/888932918833>

Thank You