

University Neurologists, P.S.C.

Department of Neurology • University of Louisville • School of Medicine

Where science informs clinical practice and clinical practice informs science.

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I am writing at the request of my patient Jennifer Dunegan. I am her treating neurologist at the University of Louisville. The opinions expressed in this letter are my own and in no way a position statement by the university.

Mrs. Dunegan has epilepsy, fibromyalgia and other forms of chronic pain. The cannabinoid cannabidiol (CBD) found in *Cannabis sativa* is effective for her seizures. However, tetrahydrocannabinol (THC) is the necessary cannabinoid found in *Cannabis sativa* to treat her pain. CBD is ineffective in treating pain. In addition, there is mounting evidence that higher levels of THC are needed in conjunction with CBD to more effectively treat epilepsy. Much higher levels than those allowed under the Senate Bill 124.

In regards to CBD and CBD oil I have patients on a daily basis in my office requesting to try it for their epilepsy or for their child's epilepsy. The Senate Bill 124 that passed was a good thing on paper. After the bill passed there were no sources of the oil available for patients and no funding. It was essentially useless for my patients and was extremely frustrating for both them and myself. I have patients who have become permanent residents of Colorado in order to obtain the CBD oil. They currently are still not getting the oil in Kentucky.

I have reviewed the online position statement issued by the American Academy of Neurology on the use of medical marijuana for neurologic disorders. They recognize its potential use for the treatment of certain neurologic disorders and support all efforts to conduct rigorous research to evaluate its safety and efficacy. They also state that they request, for research purposes, the "reclassification of marijuana-based products from their current Schedule 1 status so as to improve

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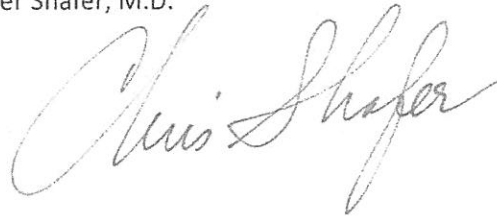
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access for study of marijuana or cannabinoids under IRB-
approved research protocols.”

In terms of house bill 3 the one thing that I ask to be changed is
the part requiring a prescription from a physician. This is not
required in any other state that has legalized medical marijuana.
In fact, a physician is not going to be able to prescribe marijuana
as it stands as a Schedule 1 controlled substance. The bill, in my
opinion, should be changed from a physician prescription to a
physician recommendation.

Sincerely,

Christopher Shafer, M.D.



Louisville Metro Council

Resolution for cannabis law reform

WHEREAS, Cannabis prohibition is obviously failed policy that's damaged the lives of millions of U.S. citizens without accomplishing its intended goal of reducing drug use; and

WHEREAS, Thirty U.S. States, The District of Columbia, Canada, Mexico and many other countries around the world have reformed their cannabis laws; and

WHEREAS, the cost of enforcing a counterproductive prohibition drains limited resources that could be better spent on improving safety in our community; and

WHEREAS, the impacts of these costs are primarily felt at the local level by municipal law enforcement and the county court system; and

WHEREAS, rates of use are similar across ethnic groups, but minorities are arrested, convicted and incarcerated at much higher rates for longer periods of time; and

WHEREAS, cannabis is clearly misclassified as a schedule one drug under the Controlled Substances Act and instead has numerous medical uses as evidenced by U.S. Patent 6630507; and

WHEREAS, the federal government's Investigational New Drug program in existence since 1979 currently supplying cannabis to five U.S. citizens violates the equal protection clause of the 14th amendment to the United States Constitution

WHEREAS, all recent polling shows over 60% support for responsible adult use of cannabis and over 80% support for access to medical cannabis; and

WHEREAS, Kentucky has one of the highest rates of fatal drug poisonings in the world and several large studies have shown that legal access to cannabis reduces opioid overdose deaths.

NOW, THEREFORE BE IT RESOLVED that the Louisville Metro Council supports fair and effective criminal justice and drug policies; and

BE IT FURTHER RESOLVED that the Louisville Metro Council believes cannabis needs to be reclassified under federal law because it clearly has numerous medical uses; and

BE IT FURTHER RESOLVED that the Louisville Metro Council supports efforts to change the law in the Commonwealth of Kentucky because current law violates the inherent and inalienable rights guaranteed to all citizens of the Commonwealth by the Kentucky Constitution.