

Testimony to the
Medical Affairs Committee of the South Carolina Senate
Chief Kenneth C. Miller, Greenville
on behalf of
South Carolina Police Chiefs Association
April 11, 2019

Thank you, Mr. Chairman. I am speaking on behalf of the 246 South Carolina Police Chiefs.

Please understand that, while we wholly empathize with those who suffer from debilitating illnesses, we do not support this legislation. We believe any effort to legalize a drug that suppresses normal brain and nervous system activity –without prior FDA approval, is reckless, dangerous, and will do more harm than good.

For the past year, the news reports those drafting this legislation have worked with its opponents. As law enforcement stakeholders, we still await that contact. And in reviewing S366, it is obvious that its mechanics remain broken. I'll share six examples:

- This bill requires a physician-patient relationship, but does not define a physician as a medical doctor. We know a medical doctor cannot prescribe or recommend a drug that the FDA hasn't approved, so to whom does it refer?
- It bans smoking, yet permits marijuana sales in plant form. Four ounces of marijuana every 28 days. If not smoked, what would we expect patients to do with it? No other drug is sold this way and, given all we know about smoking consequence, who would prescribe a drug primarily ingested that way?
- In other states, edibles and oils are a disaster because of varying and unregulated THC content. Nothing in this bill would prevent the same results in South Carolina.
- Through this bill, a wholly separate apparatus is created to work around federal law and FDA regulations governing the manufacturing and distribution of medicine.
- With pharmacies unable to manage distribution, this bill relies on Main Street specialty shops where patients dose themselves.
- In marijuana states, the largest demographic of cardholders are 18-35 year olds, and 90% of all cardholders cite chronic pain as their reason for marijuana use. This bill misleads on chronic pain--no longer directly referencing it, but permitting marijuana for any illness an opioid may treat, which includes chronic pain.

The public is empathetic to limited use of medical marijuana, but not its recreational use. While the pro-pot lobby blows smoke about marijuana benefits and some legislators push quite hard to pass this knowingly flawed bill, the public is purposely misled on important facts and consequences. We believe that two approaches would be most helpful in moving this issue forward:

- First, enact legislation encouraging immediate FDA action; and,
- Second, commission a study to gauge public sentiments on legalization facts agreed upon by advocates and opponents alike.

Passing this legislation in the absence of both would endanger our children, our workforce and our state. Thank you.