



March 4, 2015

2013-2015 Vol. 21

GENERAL SESSION

February 25, 2015

Program Topic 1: SB259 Medical Cannabis Amendments

Presented by: Judiciary/Law Enforcement & Criminal Justice
Director: Tibby Milne

Speakers: **Connor Boyak** – President, Libertas Institute (Utah Public Policy Think Tank)
Sen. Mark Madsen (R) Dist. 13 (Salt Lake, Utah Counties) – sponsor,
SB259 Medical Cannabis Amendments
Matt Fairbanks – Special Agent, Drug Enforcement Administration (DEA)
JoAnn Petrie – BYU Psychology Dept.; Substance Use Disorder Research/Counselor

Connor Boyak, speaking in favor of the bill, said the issue of medical cannabis is not a criminal issue, but a medical and public health one. Just as we need to recognize the problematic criminal element to society, we should also recognize the medical possibilities for people in need. He believes Sen. Madsen's bill needs to pass in order to make cannabis available to people who are suffering. We should be able to open access to it with appropriate controls.

Sen. Madsen described his bill **SB259 Medical Cannabis Amendments** as one that would allow a willing physician and a willing patient to use medical cannabis as either a part of, or an alternative to currently available medical treatments for certain conditions. The government should not step in between a doctor and patient.

He stated only the specific medical conditions enumerated in the legislation would be allowed for treatment with cannabis, and a physician would need to prescribe it. The bill would also need to contain language to continue to protect

the state from those grow, sell, or smoke marijuana.

Before 1937, when the federal government outlawed it, cannabis was routinely used as a medical tincture. Sen. Madsen said he went to Colorado to study the issue. In that state, it is becoming fashionable for vape pens (used to smoke e-cigarettes) to be used also for smoking marijuana. He does not favor that form of cannabis usage, even if it could be used for ingesting the oil, somehow. He is firmly against even imitating the smoking of marijuana.

Responding to questions, he outlined the process that would be required to obtain and use cannabis under **SB259**. First, a physician would judge if a patient were presenting symptoms that would benefit from medical cannabis. Then the physician would obtain the proper form (available on the Internet) and submit it to the state. The state would then issue a user card to the patient. The card also functions as the instrument of payment for the drug, which helps protect the state from money laundering issues that might otherwise arise. Sen. Madsen said he believes patients wouldn't be subject to hallucinogenic side effects from medical

cannabis, except possibly with over dosage. However, some psychotropic (state of mind or tranquilizing) effects may be experienced. He believes individual users can judge the “trade off” side effects between medical cannabis and traditional chemical treatments. There is no specific provision to close the eight or nine conditions enumerated by **SB259**. Other conditions, he said, can be added to the legislation as research continues and more is known.

Matt Fairbanks, speaking against **SB259**, said he was raised in Price, has been back in Utah for the last ten years, and has been a DEA agent for 23 years. In Texas, witnessed pro-legalization forces become more active & empowered with each relaxation of the restrictions against marijuana. He urged that Utah learn from the “nightmare health scenarios” Colorado and other states are beginning to experience.

He said it is a myth that marijuana is essentially harmless. It produces both physical tolerance and withdrawal. It has earned its designation as a “gateway drug.” Developing brains, he stressed, are the most susceptible to addiction. He said another myth is that marijuana is safer than tobacco. Marijuana smoke contains 50% to 70% more carcinogens (cancer-causing chemicals) than tobacco smoke. The American Medical Association (AMA) will not endorse it as meeting the standard of prescription medication.

Mr. Fairbanks said current marijuana strains are much stronger now than in the 1970's. Smoking marijuana is an issue “just waiting in the wings” for politicians and health officials alike. To refer to medical marijuana as being “prescribed” is inaccurate. Technically, the authorization offered by some states to potential recipients is a “recommendation” offered by a doctor and the state, rather than an actual prescription.

Responding to questions, Special Agent Fairbanks said the weight of available scientific research is what persuades him to oppose **SB259**. It is the component of tetrahydrocannabinol (THC) in medical marijuana concerns him. His opposition allows for a distinction between medical marijuana, as it has come to be known, and cannabis oil. However, medical cannabis can also be abused. He would want to guard against that.

JoAnn Petrie said as a neuropsychology researcher, her job is to search for truth through science. It requires 2,000 hours of working with substance abusers to also license in this field as a substance abuse counselor. She fears what would happen if physicians writing authorizations for medical marijuana do not keep absolutely current on the evolving data.

THC (the hallucinogenic element in marijuana) ingested by youth can result in harm to their developing brains. It's crucial to know the level of THC in any medically approved substance. Men and women, Ms. Petrie said, react to addictive substances differently, which helps to explain why men may tend to succumb to addiction more quickly than women. A woman's brain chemistry, Ms. Petrie said, is especially susceptible to the introduction of THC in the early stages of brain development.

Responding to questions, she said her much of her opposition to laws that relax restrictions on cannabis arises from one fact. Cannabis oil studies are not nearly extensive enough to determine its safety for long-term use in the developing brain processes of young children. The medical marijuana trend we see today was driven in large part by the search for another pain medication. She believes we need to be surer now than we were then of each new medical relief substance and what its specific use will be.

Reported by: Pam Grange

Program Topic 2: HB415 Regulation of Electronic Cigarettes

Presented by: Judiciary/Law Enforcement & Criminal Justice

Director: Tibby Milne

Speakers: Michael Siler – Pres./Dir., Public Policy Advocacy Dir., Practical Strategic Solutions

Rep. Paul Ray (R) Dist. 13 (Davis County) – sponsor,

HB415 Regulation of Electronic Cigarettes

Paul Evans – Vape Shop Owner (*Vapor Crazyiness*); rep., Utah Smoke Free Association

Darrel Schildknecht – Pres., Utah Smoke Free Association; Vape Shop Owner

(Vape Affliction)

Michael Siler, speaking in favor of Rep. Ray's bill, said e-cigarette use is growing exponentially in Utah. Its use by youth 17 year-olds and younger has tripled between 2011 and 2013. Recent data indicates youth are 3 times more likely to use e-cigarettes than adults, and they sometimes purchase it illegally from local vape shops. Local health departments, he said, don't have the authority to force compliance from businesses since e-cigarettes are an unlicensed product. Nicotine poisoning among small children has risen from 12 incidents in 2012 to 131 in 2014. Most e-cigarettes are actually marketed to youth with enticements like sweet kid-friendly flavors. Some products sampled reveal that labels on the e-juice vials dangerously misrepresent their nicotine strength.

Rep. Paul Ray, speaking on behalf of his bill **HB415 Regulation of Electronic Cigarettes**, said licensing of e-cigarettes should be put under the State Tax Commission, so businesses selling them can be shut down after 3 offenses of selling to minors. A lack of regulation and quality control means the amount of nicotine in e-cigarettes is inconsistent, at best. Federal tobacco laws do not cover them.

Nicotine can be absorbed thru the skin. Children who come into contact with to the nicotine vials, even if they don't ingest the juice, are at risk for sickness or even death, depending on the strength of the liquid. Rep.

Ray said this year's New England Journal of Medicine reported that e-cigarettes could be 5-15 times more likely to cause cancer than cigarettes. His bill is strictly meant to protect young children and youth, he said. His concern is not e-cigarette use by adults.

Responding to questions, he said the growing e-cigarette industry is unregulated. Businesses selling e-cigarettes to underage youth are subject to a fine; not arrest. A large percentage of convenience store revenue comes from the sale of food and cigarettes. He does not want to "go after" merchants, except as they sell to underage buyers. There are not as many carcinogens in e-cigarettes as in tobacco. However, the nicotine in the e-juice vials can be much more concentrated than in cigarettes.

Paul Evans began by saying that vaping (the practice of inhaling vapor from e-cigarettes) has changed his life. He tried every possible way to quit his years-long habit of smoking, with no success. He even tried a prescription non-smoking aid that gave him vivid, horrifying nightmares and severe depression. Eventually, he even considered suicide. It was his doctor who finally recommended vaping. Mr. Evans said within three weeks, he was able to quit smoking. His blood pressure also went down, so he is able to be off that additional medication. He is now a vape shop owner himself.

As a result of his experience, he believes using e-cigarettes “could save thousands of lives.” Countering the concern that fruity flavors target only young teens, he mentioned those flavors were actually the most attractive kind for him (as an adult) to use in the early stages of his shift to vaping. Mr. Evans also stressed he and his wife are careful to educate their two young children about e-cigarette products. They teach them that they should never touch either the vaping apparatus or the liquid nicotine vials. He then showed a short phone video of them doing just that.

Responding to questions, Mr. Evans said e-cigarettes can be modified as to the nicotine amount available to the user with each puff of the vaping pen. To begin with larger amounts and move to progressively smaller amounts is a process that assists a smoker to transfer from regular cigarettes to e-cigarettes. Although he isn’t sure of the particulars of Rep. Ray’s bill, he does believe in proper labeling and selling practices that would protect minors. *The Utah Smoke Free Association* is a responsible proactive group,

he emphasized, that would be willing to support “smart, sensible legislation.”

Darrel Schildknecht said he concurred with Mr. Evans, in that it’s not his intent to oppose sensible regulation of e-cigarettes. What he does not want to see is an outright ban on e-cigarettes. *The Utah Smoke Free Association* favors correct labeling that features proper warnings. It is also in favor of childproofing nicotine containers and of verifying the age of customers. *The Utah Smoke Free Association* is also proactive, he said, in the ongoing effort to require proper manufacturing processes and standards.

Responding to questions, he said his own vaping shop works with an established age-verification company to help ensure his business stays in compliance. *Utah Smoke Free Association* members must agree to use only pharmaceutical quality nicotine in the production of their e-juice. He estimated about 20% of vaping shops in Utah are members of the organization.

Reported by: Pam Grange

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THE WOMEN’S STATE LEGISLATIVE COUNCIL OF UTAH, INC.**
<http://www.wslcofutah.org>

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**President: Kari Malkovich
Advisor: Skip Reese
Assist. Editor: Eileen Hallet Stone
Editor: Pam Grange**

*Printed by AlphaGraphics
117 West 900 South
Salt Lake City, UT 84101*