

GENERAL SESSION

February 17, 2016

Program Topic: Medical Marijuana

**Presented by: Health and Human Services Committee
Kitty Kaplan & Heather Williamson**

Speakers:

Representative Brad Daw - (R) Utah House District 60, Utah County

Senator Mark Madsen - (R) Utah Senate District 13,
Salt Lake and Utah County

Conner Boyack - President, Libertas Institute

This year's legislative session has two bills that would allow substances containing or derived from marijuana to be used for medical purposes. The two bills differ significantly. Those who spoke in favor of SB73 were vehemently opposed to SB89.



Rep. Daw

Two years ago the legislature made cannabidiol available for treatment of Utah children with severe epilepsy. Last year Sen. Daw saw there was a movement in Utah to advance the use of cannabis. He would like to proceed cautiously in order to avoid opening the door to substance abuse.

He and his senate cohort invited many Utah stakeholders to discuss potential consequences of legalizing marijuana for

medical use. Those included the discussions included the Utah Medical Association, law enforcement, DOPL (the state agency for professional licensing including plant growers; it also includes the controlled substances advisory committee), the department of agriculture, the department of financial institutions (DFI) (because federal law prohibits banks from accepting money involved with marijuana sales, so alternative financial institutions are necessary), and others in the community concerned about abuse and its prevention.

The stakeholder group agreed that the current federal regulations will continue to inhibit research into the medicinal effectiveness of marijuana, and therefore Utah should initiate such research for the benefit of Utah's citizens. Marijuana is a federally designated "schedule 1" substance (no known medical purpose), and that is a "no go" for almost all research.

As a result of the meetings, Daw joined Sen. Vickers as the floor sponsor of [SB 89](#)

Medical Marijuana. Under the provisions of this bill, marijuana could be grown, processed, prescribed, and dispensed as part of carefully monitored research programs.

The goals of this bill are:

- 1 - do no harm
- 2 - if marijuana or a derived substance is a medicine, treat it as we would any other medicine.

SB 89's goal is to work in harmony with all entities in establishing testing and monitoring regulations for research programs. Daw would like to approach legalization of medical marijuana with derived substances that are not addictive and are a special formulation from inception. Under federal law, "industrial hemp" can be grown, and it can be processed into medicinal form. Daw believes that substances that are high in cannibidiol and low in THC are good candidates for research.

The department of health will be able to issue a license to the University of Utah for clinical trials. A controlled substance committee will review the plan to ensure that it can meet the objective of determining medical effectiveness with detailed patient monitoring, good record keeping, and public, anonymized patient records from the experiment.

Daw feels that the controlled trials will give the state the information it needs to decide on possible legalization of marijuana for medical treatments. Some states have approved both medicinal and recreational uses, but Daw does not want to see that happen in Utah.

The plant would be made into a well-defined medicinal dosage. A state dispensary would issue the medication, because pharmacies cannot handle Schedule 1 substances. Doctors would receive education about complying with state law in using the substance in clinical trials.

Epilepsy, spasticity, nausea for cancer treatment, phantom limb pain, and certain specific categories of severe pain are some of the conditions potentially indicated for medical marijuana.

The results of making CBD available for childhood epilepsy have been difficult to quantify because of spotty reporting. Daws said that he heard from mothers who saw positive results, but a Utah doctor felt that it was not 100% effective.

Under this bill, the roles of "grower", "dispensary", and "research facility" would be held by separate entities. Growing marijuana would be a regulated private enterprise.

The bill is said to allow experiments with limited amounts of THC by mixing marinol with CBD.

Daw cautioned the audience about the importance of looking at reliable medical information *vis a vis* anecdotes found on the Internet.

Further comments from Daw in response to audience questions:

There is a pattern of states starting with legalizing medicinal use and then proceeding to recreational. He cited such a tendency in about 4 states.

The Department of Health would set the rules for trials; in a clinical trial usually the benefit to the patient is the free treatment.

The University of Utah would not necessarily be the only research facility to participate, but it has a significant advantage in its medical school and hospital. USU or others could come forward if they have facilities.

This type of cannabis to be used is called "Charlotte's Web," which is the type that researchers are most comfortable with.

If a person feels strongly that an additional condition could be helped, he should join a study. One audience member expressed surprise that MS was not included.

The research trials are not meant to unduly penalize participating parents if they are tested by law enforcement and found positive for CBD.

There is rule making authority in both bills (SB 89 and SB 73).

Sen. Madsen spoke about his bill, [SB 73 Medical Cannabis Act](#). In contrast to SB 89, this bill allows for immediate medicinal use of marijuana, and in any form, including “whole plant.”

Madsen would like to see Utah keep up the science and policies on an evolving issue that has already been addressed in 23 states. The regulations have evolved as the states gain experience. California “really screwed this up” and is now modifying its laws. An interesting result from having nearly half the states allowing some form of marijuana use is that no studies show teenage use increasing after legalization.



Sen. Madsen

He referred to 400 studies conducted in the US and documented on the National Institute of Health website that show benefits from marijuana treatments. Some of these involve THC and whole plant usage.

The medical conditions recognized SB73 are: epilepsy, PTSD, Crohn's disease, some side effects of cancer treatment, Alzheimer's disease,

ALS, MS, HIV, and some forms of chronic pain. Phantom limb pain is an example of a condition that might be treatable but would not be covered under SB 73. Madsen has made sure that there are respectable scientific studies with evidence of the palliative effects on the commonly recognized conditions included in his bill.

Madsen also noted that when the Federal government made marijuana a Schedule 1 substance, the AMA said that the move denied Americans the benefit of research into marijuana's possible medical applications.

He is an advocate for science-based studies of the myriad of proteins in marijuana plants. The scientific studies indicate that THC and possibly other derivatives are beneficial. SB89 only allows research into CBD.

The fiscal note is \$1.4M, a number that Madsen worked hard to minimize from its original \$7M.

Madsen characterized the SB89 process as that of asking government agencies to indicate the limits of their tolerance. “I do not go to the ... bureaucracies to get their permission to legislate.” He provided his own money to have department of agriculture employees to observe grows and talk to regulators in Arizona.



Connor Boyack

Madsen introduced Conner Boyack and noted his help in drafting the bill. Boyack said that in his view as a libertarian, the FDA, the DEA, and the National Institute of Health should not exist. In his view, the underlying issue is one of criminal justice. Should people lose rights because they

choose to use marijuana as a medical treatment?

He spoke emotionally of the tragedy of people suffering from diseases that degrade their quality of life, a degradation that could be mitigated by cannabis. Using the substance in Utah is a crime, and he personally knows sufferers who are forced to make an agonizing choice between pain relief and becoming criminals.

Boyack told the group that SB 89 was designed to undermine SB 73. In support of this assertion he noted Madsen's association with a group called the SMART, a Utah County coalition to reduce teen substance abuse. In his view, the goal of SB89 is control. Patients were excluded from committee discussions.

Both Madsen and Boyack noted that although the bill is opposed by the Utah Medical Association, it represents only 37% of all Utah physicians.

A lively question session followed in which Madsen provided more information.

He spoke from personal experience about the effects of opioids and both artificial and natural marijuana. Synthetic marijuana, marinol, is a "real brain burn"

but opioids are "artificial happiness." Cannabis, in contrast, make sensory perception more vivid, in Sen. Madsen's experience.

The bill only allows licensed growers to produce the plant, and under stringent regulations for monitoring and tracking the plants and substances.

Doctors are present at the capital lobbying for adoption of SB73. A physician from Hawaii who has experience prescribing marijuana has come to Utah as an advocate for this bill.

A questioner mentioned a DHS report from last December showing that Colorado leads the nation in teen drug use. Madsen said he was interested in learning more, but he knows of three papers published in academic medical journals showing that legalization of marijuana is not correlated with such increases.

Madsen knows of no patients who support SB 89. Instead, law enforcement and other government agencies interested in control are the supporters.

SB 73 will stop the phenomenon of turning sick people into criminals.

NOTE: After discussions, the WSLC members voted to adopt a [resolution supporting SB73](#).

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