Statement by Lynn R. Webster, M.D.
for the Interim Human Services Committee of the
Utah State Legislature

Mr. Chairman, members of the committee and guests, thank you for allowing me to speak to you today on an issue I believe is crucially important to all Utahans.

Before I begin, I'd like to tell you a little about my background. I am board certified by the American Board of Anesthesiology and the American Board of Pain Medicine and have a certification from the American Society of Addiction Medicine.

I have practiced in a clinical setting in Utah for over 30 years, treated more than 20,000 patients, conducted hundreds of clinical research trials, and written and lectured extensively on the subject of pain management and addiction.

I co-founded the Utah Academy of Pain Medicine and worked with the Utah Department of Heath on their *Use Only as Directed* campaign in an attempt to reduce the number of unintentional overdose deaths in Utah.

I served as president of the American Academy of Pain Medicine and am a fellow of the American College of Pain Medicine and the American Society of Addiction Medicine.

I am currently Vice President of Scientific Affairs, PRA Health Sciences in Salt Lake City.

I am here today to express my views about legislation being proposed by Senator Madsen. I ask you to consider three key points as you craft the legislation:

1. The present body of scientific evidence informs us that marijuana products can provide significant medicinal benefits, for many, including for diseases ranging from chronic pain to cancer to multiple sclerosis.
2. There is evidence that medical marijuana is associated with fewer opioid overdoses in states where it is available and,
3. With properly crafted legislation, this is an opportunity for Utah to lead. The bill could create an environment for Utah's scientific community to research the potential health benefits of marijuana, and to better understand possible risks associated with its use in treating chronic pain.

I'd like to address these three areas today through my experiences as a chronic pain and addiction physician and clinical researcher.

Before we proceed, I'd like to address what chronic pain is, given its relevance to this discussion. Chronic pain is pain that lasts for more than 12 weeks. Our understanding of pain is changing as we research it more. Pain has traditionally been viewed as a symptom but now we know it can also become a disease that can be as malignant as cancer.

Another reality I want to flag is, while the limited research we have shows promising signs of medicinal benefit, we need far more rigorous clinical research than what's currently available. Without it, both physicians and patients are at a disadvantage when considering the potential risks and benefits of cannabinoids as medicine.

Today, the United States is experiencing a chronic pain crisis. The National Academies of Sciences' Institute of Medicine estimated as many as 1 in 3 Americans are living with chronic pain and chronic pain has more than a $600 billion annual drain on the economy. Utah has more than its share of this financial burden.

Part of the reason why the problem of chronic pain is so prevalent and protracted is because our policies towards chronic pain have not caught up with the realities facing people who suffer from it. When people are in abject pain, they will go to great lengths to seek any form of relief – including opioids and marijuana, whether legal or not.

While we are not here to discuss our policies related to opioids – an issue I believe the legislature must continue to address with urgency – we are here to discuss medicinal marijuana. On that front, I believe our policies are dangerously out-of-sync with the condition of the chronic pain population in Utah

With that background in mind, I'd like to talk about the medicinal benefits of marijuana products based on current scientific evidence.

Most medical researchers would agree rigorous research of cannabinoids has the potential to unlock multiple medicinal benefits on a societal scale. Our understanding of cannabinoids – the active chemical compounds in marijuana – has grown significantly, even under a highly restrictive regulatory framework. There is strong evidence that cannabidiol (or CBD) is effective for rare intractable seizures and that other cannabis molecules have benefits that include sedation, anxiolysis, anti-inflammatory, and neuroprotective properties.

Those of us in chronic pain management are increasingly recognizing cannabinoids as potential analgesics that could replace opioids in some cases.

But despite many barriers, scientists—largely from other countries— are inching closer to the finish line with products that could replace opioids in many instances. The simple fact is we need to do research on cannabinoids more and, for that to happen, public policy needs to recognize the potential medicinal benefit of marijuana.

Based on the body of evidence available to us, I also believe medicinal marijuana products could provide substantial indirect benefits to the opioid overdose epidemic gripping Utah and the nation.

Prescription opioid deaths are affecting nearly every community in Utah. Most Utahans know of a family member or someone else in their lives who has struggled with an opioid addiction or suffered a tragic death due to opioids.

While it is true criminal diversion and abuse is real, many law-abiding, upstanding citizens who suffer from debilitating pain turn to opioids as a means of relief because of the glaring lack of treatment options.

If we are to discourage use of opioids through rules and laws and eventually replace them as a treatment method, as I believe we must, then we must offer hope to people in pain in the form of safe, effective alternatives that reduce or eliminate pain. Here I believe marijuana products could play an important role.

The data suggests states that allow medical marijuana have about 25% fewer overdoses. While we cannot say that there is a verifiable cause and effect relationship, this observation cannot be ignored. With an endemic pain problem and epidemic opioid abuse and overdose problem, we have a prime opportunity to treat pain with compassion while attempting to reduce the public harm from opioids.

Unfortunately the social movement to legalize medical marijuana has outpaced the scientific community's research on cannabinoids. All the same, this should not prevent the state from moving forward in a thoughtful manner that could help thousands of people with different medical problems with less harm than relying on opioids.

However we must also insist that we use scientific research to determine efficacy, tolerability, and toxicity of marijuana products under different medical conditions. Whatever the legislature decides to do, we must ensure it is responsive to emerging scientific evidence. The legislature also should create a structure that encourages ongoing analysis of the benefits and harm of marijuana products so adjustments can be made to policies when new evidence is available.

I agree as would most clinicians that marijuana is not a benign drug, but a psychoactive agent with risks for abuse and addiction. The legislature must recognize this in its deliberations and choose a path forward that will allow for alternative therapies, even if the alternative therapies are imperfect with today's science.

We also must recognize, however, that the status quo is utterly failing those who suffer from chronic pain as well as those who have become entrapped by addiction. A crisis like the one we face requires new thinking and different approaches.

While we must proceed with caution in the attempt to codify medicinal marijuana, we cannot ignore the fact that in Utah in 2012, there were 308 deaths from prescription drugs and zero from cannabis.

I am vividly reminded of what the lack of effective pain treatment means to people with chronic pain through the example of a former patient. The mother of a young woman in her 20's, who was a former patient of mine recently reached out to me for help. After I stopped seeing patients and became a full time researcher this mother and daughter traveled across the country to see if they could find someone or something to help with her pain. She had a serious and permanent neurologic disease and due to the intensity of her pain she was suicidal. The woman was unable to leave her home except for brief moments to see doctors. Morphine was the only drug that seemed to help that they could afford. The mother eventually took her daughter to Colorado to

experiment with marijuana. For the first time in about 10 years, since the onset of her pain, the young woman's pain was nearly eliminated. According to the mother, marijuana was the only treatment that has provided her relief and more importantly a reason to live. I cannot explain this and I cannot support what she was doing but I understand the need for relief and hope. Marijuana provided both.

Finally, we must recognize that legislative action the Utah legislature is considering is not exclusive, nor is it happening in a void. Presently, 23 states and the District of Columbia have taken action to legalize medicinal marijuana. All of them have done so because they have felt the potential benefit outweighed the potential risk.

But, as I have stated, I believe we need far more research than is currently available. And that cannot happen unless we reschedule marijuana from a Schedule I to a Schedule II drug, like oxycodone and cocaine. Here the states have no power to classify drugs; that power resides with the federal government, specifically the U.S. Drug Enforcement Administration.

While this is a separate question than the one before us, I believe it is crucially relevant. For generations, some of the most consequential innovations in public policy have resulted when the states acted as "laboratories of democracy." I believe the legislation we are discussing is no exception.

The more the states deliberate, experiment and innovate, the more cause the federal government has to do the same. And, if that were to happen, I believe strongly that the wave of research and innovation that would be unleashed through rescheduling marijuana ultimately would lead to life-changing and life-saving treatments for Utahans, and the world.

I want to conclude by reaffirming that I believe the idea that medicinal marijuana products holds potential promise for people suffering from debilitating pain. But while providing access in a responsible manner, we must, at the same time, be responsible to study medicinal marijuana to learn more and realize the benefits.

But we need to study its benefits and risks more and do so in a responsible, compassionate manner.

Thank you for allowing me to address you today to share my point of view.