

## THERE IS NEVER A RIGHT WAY TO DO THE WRONG THING

As the State of Utah makes medical marijuana more available, it is inevitable that more marijuana will end up being used by young people and this bill will inevitably expand access of a dangerous drug to more young people.

The Utah Medical Cannabis "Act" was enacted in a special session in 2018.

The Act was a compromise between those that feared recreational cannabis use and those who would accept limited cannabis use for "so-called" medical reasons. The law was enacted with certain protections to ensure that youth would not have access to marijuana devices and product. Then came the Medical Cannabis Amendments of 2019 in a special session which eliminated critical protections and repealed provisions related to the state central fill, the limited number of pharmacy licenses available and allowed for home delivery by pharmacies.

The Senate has passed S.B. 121 which addresses a potential new problem. What if the growing, processing, distribution and retail sales of cannabis is not able to financially support the new enterprise? How does the State of Utah ensure a successful rollout of this new industry? Under the careful tutelage of Truce, Libertas and the Marijuana Policy Institute, which have a magical spell over the Utah Legislature (all in pursuit of their ultimate lofty goal of recreational pot for all). Pro recreational marijuana groups have suggested further changes to the Amended Act to the detriment of the largest youth population per family in the United States.

First, almost everything Utah's trio of advocates have told you concerning the health effects of cannabis is wrong. The book "Marijuana, Mental Illness and Violence," states that advocates have told you marijuana has many different medical uses. In reality, marijuana and THC have been clinically shown to work only in a few narrow situations, "The majority of THC or CBD based products which have been FDA approved are already in the market in the form of marinol, epidiolex, cesamet, etc. It is estimated that nationally in excess of 75% of medical marijuana cards are issued for pain. Testing in 2015 of a proposed drug composed of a combination THC and CBD failed an FDA third phase trial for pain relief involving cancer patients. In July 2018, a large study of patients with chronic pain in Australia showed cannabis use was associated with greater pain over time. In reality, like alcohol, marijuana is too weak as a pain killer to work for most people who truly need opiates, such as terminal cancer patients.

The number of Americans who use cannabis heavily is now soaring. Teenagers who smoke marijuana regularly are about three times as likely to develop schizophrenia. The National Academy of Medicine found "Cannabis use is likely to increase the risk of developing schizophrenia and other psychosis". It is an extreme risk to our kids.

## How does the Utah S.B. 121 expand availability to Utah's young people?

1. Allows both pharmacies and production centers to have unlimited life spans under one ownership, which cannot be cancelled.
2. Allows a guardian to procure a medical marijuana card for a minor. It permits, with consent of a doctor, the guardian to administer marijuana by vaping to a minor. How many other FDA approved medicines are administered by vaping?
3. Increases significantly the amount of pot for one-time purchases. When a "patient" can buy more than is needed, he/she distribute or even give more to youth.
4. Encourages state employees to use cannabis on the job by providing they cannot be discriminated against. What the state really needs is "high" auditors, snow plow drivers, school teachers, highway patrol officers, etc.
5. Allows non-residents to access medical marijuana cards and also honor medical marijuana cards from other states without regard to what their standards are for issuing the card.
6. Continues the ruse that marijuana is really medicine for the public by establishing a product board charged with, among other responsibilities, evaluating the safety and efficacy of cannabis products, subject to the astonishing limitation that they may not restrict the accessibility of cannabis. Is there any other medicine like this in the U.S.?
7. Ensures that cannabis enthused doctors can increase the number of cards issued by doubling the number of patients from 300 to 600.
8. Provides for home delivery.
9. Allows for telehealth conferences to make it as accessible as possible
10. The Act gives immunity to doctors and everyone else in the chain of delivery.
11. The Act reduces the educational requirements for the so-called professions who diagnose or confirm post-traumatic stress disorder.
12. Decriminalizes penalties for cannabis use.
13. Provides that under some circumstances, an 18-year-old can be a guardian.
14. Permits the pharmacies and processors to offer marijuana "education" to enlighten the public concerning their wares. Pharmacies will have identical products to those sold in any "pot stores".
15. Does not miss a single market: marijuana may now be sold to the elderly in nursing homes.
16. Decreases penalties for cannabis DUIs.

This Act completely ignores the needs of Utah's youth and children. Already, your legislative actions have had devastating results as reflected in the Sharp Report. Thanks in part to you, 70% of youth believe that pot is not harmful at all or is at least less harmful than e-cigarettes. Please consider the attached chart that summarizes the issue: more availability equals more use by young people. This legislation puts our youth at more serious risk than ever before. There is never a right way to do the wrong thing. Please do not pass this dangerous and risky legislation.

Past Month Marijuana Use by Age Category and State Legalization Status 2017-18

RED: Legal Recreational GREEN: Legal Medical

Rank	Age 12 - 17		Age 18-25		Age 26 +	
	Total U.S. Average	6.6%	Total U.S. Average	22.1%	Total U.S. Average	8.2%
1	Vermont**	12.7%	Vermont**	37.7%	Oregon	17.7%
2	Maine	10.3%	Maine	35.2%	Vermont**	16.3%
3	Washington	9.9%	Colorado	33.2%	Alaska	16.1%
4	Oregon	9.7%	Oregon	33.1%	Colorado	15.7%
5	Montana	9.6%	District of Columbia	32.5%	Washington	15.0%
6	New Mexico	9.6%	Nevada	32.1%	Maine	14.8%
7	Colorado	9.4%	Massachusetts	31.4%	District of Columbia	14.3%
8	Massachusetts	9.3%	Washington	30.4%	Nevada	13.3%
9	Nevada	9.2%	Connecticut	30.1%	Montana	13.0%
10	New Hampshire	9.0%	New Hampshire	30.0%	Rhode Island	12.7%
11	Rhode Island	8.6%	Rhode Island	29.3%	New Hampshire	12.4%
12	District of Columbia	8.5%	Michigan**	27.5%	New Mexico	11.9%
13	Connecticut	8.3%	Montana	27.3%	Massachusetts	11.0%
14	Delaware	8.2%	Delaware	26.7%	Michigan**	10.7%
15	Alaska	7.9%	Alaska	26.3%	California	10.4%
16	Michigan**	7.9%	California	25.1%	Arizona	9.8%
17	Florida	7.1%	Maryland	24.7%	Connecticut	9.6%
18	California	7.1%	New York	24.2%	Delaware	9.2%
19	Maryland	7.0%	New Mexico	24.0%	Indiana	8.5%
20	Illinois***	6.9%	Florida	22.9%	West Virginia	8.4%
21	Indiana	6.8%	Indiana	22.8%	Hawaii	8.1%
22	North Carolina	6.7%	Illinois***	22.6%	Maryland	8.0%
23	New York	6.6%	Minnesota	22.1%	Illinois***	7.9%
24	South Carolina	6.3%	Wisconsin	21.2%	Minnesota	7.9%
25	Wyoming	6.3%	New Jersey	21.1%	New York	7.8%
26	Idaho	6.3%	Arizona	21.1%	Arkansas	7.7%
27	Arizona	6.3%	Ohio	20.7%	Florida	7.7%
28	Minnesota	6.3%	Nebraska	20.5%	Wisconsin	7.2%
29	West Virginia	6.3%	Georgia	20.2%	Idaho	7.1%
30	Missouri*	6.2%	Missouri*	20.0%	Tennessee	7.1%
31	Alabama	6.2%	Tennessee	19.9%	Missouri*	7.0%
32	Ohio	6.2%	Pennsylvania	19.7%	Kentucky	7.0%
33	Nebraska	6.2%	Virginia	19.5%	Pennsylvania	7.0%
34	Tennessee	6.1%	North Carolina	19.2%	Alabama	6.9%
35	Wisconsin	6.1%	South Carolina	19.2%	South Carolina	6.9%
36	Georgia	6.0%	West Virginia	18.9%	Ohio	6.7%
37	Kentucky	5.9%	Louisiana	18.8%	Georgia	6.5%
38	Virginia	5.6%	Alabama	18.7%	Wyoming	6.4%
39	Arkansas	5.6%	South Dakota	17.7%	Nebraska	6.3%
40	New Jersey	5.6%	Oklahoma*	17.6%	Louisiana	6.2%
41	Iowa	5.4%	Wyoming	17.6%	New Jersey	6.2%
42	Hawaii	5.3%	Iowa	17.5%	North Carolina	6.1%
43	Pennsylvania	5.3%	Kentucky	17.4%	Oklahoma*	6.1%
44	Oklahoma*	5.3%	North Dakota	17.1%	North Dakota	6.0%
45	South Dakota	5.3%	Hawaii	16.7%	Mississippi	5.8%
46	Louisiana	5.1%	Idaho	16.5%	South Dakota	5.6%
47	Mississippi	5.0%	Arkansas	16.2%	Virginia	5.5%
48	North Dakota	4.9%	Mississippi	15.3%	Iowa	5.4%
49	Texas	4.8%	Texas	14.7%	Kansas	5.1%
50	Kansas	4.5%	Kansas	14.5%	Texas	4.7%
51	Utah*	4.5%	Utah*	13.8%	Utah*	4.6%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2017-2018

\* Legal Medical 2018

\*\* Legal Recreational 2018

\*\*\* Legal Recreational 2019

MJS/ODP 2-19-2020