



REJECT OR SUBSTANTIALLY AMEND MEDICAL CANNABIS AMENDMENTS SB 137

First, addressing lines 1899 through 1959 under the Title 26-61a-505 Advertising.

Under the guise of a nonprofit authorized by cannabis legislation that can disseminate general information; who in Utah has not seen a billboard advertising marijuana? SB 137 states that a person may not advertise in any medium regarding a medical cannabis pharmacy or dispensing of medical cannabis within the state. Lines 1925 through 1927 then allows targeted marketing determined by the department, on a particular medical cannabis product, medical cannabis device or medical cannabis brand. Undoubtedly, Curaleaf, one of the largest sellers of pot in the United States, would be pleased with this provision. Juul maintained that its targeted marketing didn't appeal to youth, despite skyrocketing use of vaping products by teens. Juul then after being sued by state after state, admitted that they deliberately hooked kids. The nature of products in a "medical pharmacy" or a recreational pot shop are identical. Medical cannabis is simply pot.

The legislature must consider any legislation pertaining to addictive substances, and how it impacts youth. Utah's highest priority should be and has been the protection and education of our youth. How large is this group? Utah, in 2022 had 371,752 kids enrolled in K-6 through K-12, the largest per family youth population in the United States. "Teen drinking is down but marijuana use is up," USA Today, September 28, 2022. "Young people may be abusing substances less but teens, especially those with jobs have increased their use of marijuana, new research suggests." Research led by Oregon Health and Science University reveals adolescent cannabis abuse in the United States has increased drastically by about **245%** since the year 2000 as alcohol abuse among teens has steadily declined. "Our study describes an upward trend in marijuana abuse exposures among youth, especially those involving edible products" says lead author Adrian Hughes, MD. Experts analyzing the data attribute the rise of marijuana use to the increased popularity of edible cannabis products. While cannabis is only legal for adults the authors of the study argue that it is rendered the drug more accessible to children and adolescents, and contributed to a perception that the drug is completely safe "these edible and vaping products are often marketed in ways that are attractive to young people, and they are considered more discrete and convenient," Hughes said. "These findings highlight an ongoing concern about the impact of rapidly evolving cannabis legalization on this vulnerable population."

In an article by the American Academy of Child and Adolescent Psychiatry, titled Marijuana and Teens, updated October 2019, lists the various effects of marijuana on teens. First, short-term use of marijuana can lead to: school difficulties, problems with memory and concentration, increased aggression, car accidents, use of other drugs or alcohol, risky sexual behaviors, worsening of underlying mental health conditions including mood changes and suicidal thinking, increased risk of psychosis and interference with prescribed medications. Long-term use of marijuana can lead to cannabis use disorder (addiction), the same breathing problems

from smoking cigarettes, decreased motivation or interest which can lead to decline in academic or occupational performance, lower intelligence and mental health problems such as schizophrenia, depression, anxiety, anger and irritability, moodiness and risk of suicide. In a recent article by Cheryl A. Ryan, MD, The American Academy of Pediatrics Committee on Substance Use and Prevention, she cited a 2017 report from The American Academy of Pediatrics that warned both doctors and parents that children need protection from the effects of marijuana legalization in the United States "marijuana use by adolescents can result in abnormal brain development and function even if they stopped using the drug later." The report also stated that "one in six adolescent marijuana users develops cannabis use disorder, a well-characterized syndrome involving tolerance withdrawal and continued use despite significant associated impairments." Further, "students who use marijuana before age 18 are 4 to 7 times as likely to develop a marijuana use disorder than adults." A review study published in September 2020, concluded that "cannabis is an independent predictor of suicide." The AACCP report noted that heavy teenage marijuana use is associated with a higher risk of psychotic, mood, anxiety, and substance use disorders. Participants in a study that followed a thousand people from birth to age 38 found that those who began smoking marijuana as teenagers lost an average of eight IQ points. The CDC reports that students who use marijuana are more likely to do poorly in school and drop out of high school. Pot is addictive, illegal and along with alcohol are gateway drugs, the use of which results in part in what you now see along Main Street in Salt Lake City, Utah.

Is pot really a product that the State of Utah should encourage permit increased advertising in light of the dangers to our teen population? Would the legislature want to do anything that would increase pot use by Utah teens just to permit the pot industry to hook even more teenagers? Are Utah's teens really this less important than the pot industry? Why would this legislature fall for a bill, for even more promotion of pot, without substantial affirmative evidence that it would not in any affect our teen population. Should we err on the side of protecting the providers of pot or on the side of protecting underage teens? The answer is obvious.

1110
Line ~~16~~ extends the expiration date to one year. Anything that expands the medical pot law is a step in the wrong direction. One year is a long time to justify pot treatment for something that may be a short-term health problem.

587
Line ~~22~~ expands current law to allow physician assistants to diagnose and treat Post Traumatic Stress Disorder (PTSD) with pot. Since PTSD is largely a mental health issue how would a physician's assistant be qualified to diagnose and treat serious mental health problems? The Veterans Administration states: "Cannabis use for medical conditions is an issue of growing interest and concern. Some veterans use cannabis to relieve symptoms of PTSD and there are several states that specifically approve the use of medical cannabis for PTSD. However, research to date does not support that cannabis is an effective PTSD treatment and some studies suggest cannabis can be harmful, particularly when used for long periods of time. Given these concerns, cannabis is not recommended for the treatment of PTSD.

Line 171 has details for photo identification that are added but eliminated on line 359.

On line 182 why would home delivery be changed from a home address to a delivery address. This seems to increase the possibility of diversion.

On line 193 Utah does not have a THC limit on product. The allowable quantities of marijuana would allow 20g of virtually pure THC to be purchased. 20g of concentrates is the functional equivalent of multiple pounds of plant material and there is NO research that has evaluated the harms of high THC content products. How can any doctor provide recommendations for uncontrolled dosage with unknown concentrates.

Line 248 defines a medical cannabis pharmacy as a person. How can a pharmacy be a person?

On line 350 why is the definition of a central patient portal provider to be eliminated?

On line 775 it seems to eliminate the reporting requirement for the rigorous four hours of continuing education from a detailed report to an acknowledgement.

On line 1013 why would a provision restricting convicted drug dealers be eliminated where similar changes appear starting on line 1347?

On lines 1379 through 1381 what is the rationale for having a cash account instead of a surety bond?

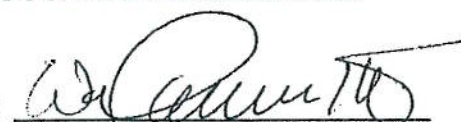
Line 1862 provides that a medical cannabis pharmacy may sell a medical cannabis device which in other words allows vaping of THC. The nicotine statutes in Utah concerning vaping limit the amount of nicotine in the products to 3% in the State of Utah. In theory, "medical cannabis pharmacies" can sell pot that is 99% pure THC. What are the health benefits from high concentration of THC? There should be a limit on the amount of THC concentrate in pot which is vaped in light of numerous articles concerning as long term lung damage particularly for adolescents. There should be a limit on the THC concentration allowed with vape devices.

Everyone knows the end game of Libertas, The Marijuana Policy Project and so-called Patients Protection groups is complete legalization. They do it one step at a time with a legislature they regard as naïve.

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DRUG SAFE UTAH EDUCATION

By:



Walter J. Plumb III
President

