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Utah Medical Association Statement on the Utah Marijuana Initiative

Utah Medical Association Board of Directors

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The Utah Medical Association (UMA) is concerned that backers of the Utah Marijuana Initiative are misrepresenting and misappropriating the position of the medical profession in Utah to garner support for their initiative.

For example, in responding to Governor Herbert's statements opposing the initiative, D.J. Schanz, Vice President of the Libertas Institute and director of the so-called Utah Patients Initiative, stated that the Governor's opposition was one more example of "politicians standing between patients and their physicians." Many similar statements have been made throughout this campaign.

Neither D.J. Schanz, the Libertas Institute, the Marijuana Policy Project, nor any of the other backers of this initiative speak for the physicians of Utah, nor for the majority of their patients. As the largest organization representing physicians in Utah, ***UMA unequivocally states its opposition to the current initiative and applauds Gov. Herbert for speaking out in opposition as well***, fulfilling his role in protecting public health and safety.

Although UMA supports the use of FDA-approved cannabis-based medicines, this initiative is not about medicine. Supporters have used images and stories of suffering patients to disguise their true aim: opening another market for their products and paving the way for recreational use of marijuana in Utah.

Evidence for this claim is in the language of the initiative itself. The Utah initiative would allow possession of 4 times the amount of marijuana than most other "medical" marijuana states. Violations of the law would result in no more than a \$100 fine, no matter the severity. Anyone could avoid prosecution simply by saying (whether true or not) they have some illness that they are using marijuana to treat as an affirmative defense, regardless of whether or not there is any scientific basis for such treatment.

The initiative language also allows marijuana use by anyone, even children, for whom there is no safe level of THC (the main active ingredient in most marijuana products) for their developing brains. In fact, there are few real restrictions or liability for either possession, distribution or manufacture of marijuana products by anyone. It also sets up the state for an influx of less than honorable practitioners who will be happy to “recommend” marijuana to anyone who asks, regardless of need, so long as they get their cut of the action.

The Libertas Institute has stated, falsely, that Utah’s is the most restrictive initiative out there and that their main concern is for patients. This is just one more example of the blatant deception being used by the main backers of this initiative: calling upon Utah’s innate sympathy for suffering as a means to profit off a product that in the end will do more harm than good.

UMA is not concerned about recent surveys that seem to show support for the concept of medical marijuana. None of those surveys define what is meant by medical marijuana. The initiative is not medical. People assume that physicians would have some idea of how to prescribe or recommend it safely, for which diagnoses, and understand the contraindications, drug interactions and dosing guidelines for a plant that is wildly diverse and inconsistent in active ingredients. None of this is the case with what is being proposed in the Utah Initiative. Physicians cannot prescribe it at all.

Initiative backers disguise the fact that medical doctors would have little say in what a patient eventually receives. The initiative also allows various non-physician practitioners to recommend marijuana for clients. The clients with a recommendation would visit a dispensary, staffed by non-medically trained personnel who would be tasked with deciding what product would be best for the client’s condition. For real patients, this model is fraught with dangerous consequences.

Utah’s physician community is greatly interested in discovering the legitimate medical uses of cannabis-based medicines, but the Utah initiative is not the way to do it. Real science takes time and careful, unbiased research, such as that being performed at the University of Utah for children with certain seizure disorders. These children are being helped with real science, real medicine, in a careful and controlled way. Recent legislation also allows for cannabidiol to be processed and bought in Utah for those who suffer from intractable epilepsy. The difference being that this virtually THC-free cannabis-based medicine (cannabidiol – CBD/hemp oil) which seems to work on seizures, as the University of Utah study shows, will be distributed by pharmacies or others that the Department of Agriculture regulates; therefore, we will know what is in the product and whether or not it is safe for Utah’s children. There are other legitimate cannabis-based medicines which physicians can already prescribe and several others under development. This is how real progress is made, not by opening the state to uncontrolled access to the array of psychoactive substances in whole plant marijuana that harm children, then seeing what happens.

That mistake has been made by many other states whose “buyer’s remorse” is now obvious. Utah need not follow suit. UMA urges a rejection of the Utah initiative. Citizens who have been unknowingly fooled into signing the petition are encouraged to contact the lieutenant governor’s office (801-538-1041) or their county clerk’s office to obtain the form needed to remove their names from the petition.

Should the initiative succeed in getting placed on the November ballot, UMA strongly suggests Utah citizens reject the proposal.