DRUG SAFE UTAH
EDUCATION

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What is the role of the CMC under the Utah Department of Health?

Utah's medical cannabis program, launched in 2020, has achieved growth, with projections indicating it will surpass 100,000 cardholders by April 2025, as reported by Axios on April 17, 2025. Richard Oborn, Director of the Utah Center for Medical Cannabis, attributes this 18% year-over-year increase to expanded participation by medical providers and a 2023 policy change extending card renewals from six months to one year. While this milestone underscores the program's accessibility in a conservative, deeply religious state, it also exposes a public health threat driven by the unchecked proliferation of ultra-high THC products, lax regulatory oversight, and the alarming potential for diversion to adolescents. The state must urgently reform a program that risks becoming a pipeline for high-potency drug use under the guise of medicine. The Director of the CMC roles include leading cannabis research and informing stakeholders about evidence-based practices and serving as a liaison between the Center and government entities. Considering the incredible amount of recent literature on the harms of marijuana, we must mandate that the stakeholders of the serious problems particularly from the use of high THC cannabis products,

Program Growth and Economic Impact In 2024. Utah's medical cannabis program generated $157 million in revenue, a 14% increase from 2023, driven by sales of vape cartridges, pens, flower, and infused edibles. To further expand access, the state will reduce the cardholder fee from $15 to $8 and the product transaction fee from $3 to $1.50, effective July 1, 2025. These measures are expected to boost participation, but the focus on market growth raises concerns about prioritizing profits over public health. During the 2025 legislative session, proposals to increase dispensaries from 15 to 43 highlighted the program's commercial momentum, yet legislators were surprised to learn of the prevalence of high-THC products, revealing a critical failure in transparency by H.H.S and CMC.

Historical Context: The Evolution of Utah's medical cannabis program emerged from a contentious compromise between advocates and conservative lawmakers, formalized by Proposition 2 in 2018 and subsequent legislative refinements. Initially designed to provide limited access for patients with qualifying conditions, the program

has evolved into a robust market serving nearly 100,000 cardholders. The top qualifying conditions—persistent pain, PTSD, nausea, cancer, and multiple sclerosis—reflect a broad interpretation of medical need, yet the inclusion of vague conditions like "persistent pain" has enabled widespread access with minimal medical scrutiny. The 2023 extension of card renewals to one year, while intended to reduce administrative burdens, has inadvertently facilitated prolonged access to high-potency products, exacerbating public health risks. This historical context underscores the need for a course correction to align the program with its original medical intent. Compare yearlong card renewals to the strict times and amounts mandated by UCA 58-37-8 for schedule 2 and 3 drugs. Cannabis is still a schedule 1 drug.

The Potency Problem: A Public Health Crisis The availability of ultra-high THC products—such as wax, shatter, dabs, THC isolates, and vape cartridges with concentrations up to 99%—poses severe risks, particularly to adolescents. A 2024 study in Lancet Psychiatry found that daily use of cannabis with 10% THC or higher increases psychosis risk nearly fivefold, yet Utah's dispensaries sell concentrates far exceeding this threshold, marketed for recreational highs rather than therapeutic benefits. These high THC products deliver massive doses in a single use, heightening risks of dependency, cognitive impairment, and adverse reactions like anxiety, paranoia, and psychosis.

Extreme Dangers to Teens. Adolescent exposure is especially concerning due to ongoing brain development. The prefrontal cortex, which governs decision-making, impulse control, and emotional regulation, remains underdeveloped until the mid-20s. Research shows that THC disrupts the hippocampus, impairing memory and learning, and reduces gray matter volume in the prefrontal cortex, compromising executive functions. A 2023 study in JAMA Psychiatry reported that chronic adolescent cannabis use accelerates cortical thinning, increasing vulnerability to cognitive deficits and psychiatric disorders. The National Institute on Drug Abuse (NIDA) notes that adolescent use is linked to IQ declines, increased risk of schizophrenia (especially in those with genetic predispositions), and heightened rates of anxiety, depression, and suicidal ideation. A 2024 NIDA report estimated that cannabis use contributes to $1.2 billion in annual healthcare costs nationwide for adolescent mental health treatment, a burden Utah cannot ignore.

The societal costs extend beyond health. The 2023 SHARP survey reported that 5.6% of Utah's 8th, 10th, and 12th graders used marijuana in the past 30 days, with 4.7% vaping marijuana. These figures correlate with Utah's 11% high school dropout rate, as cannabis use is associated with academic underperformance, increased risk-taking, and impaired interpersonal relationships. With 686,000 K–12 students and a

$7.7 billion education budget, Utah must address the role of high-THC products in undermining its youth's future.

Questionable Medical Efficacy. The top qualifying conditions—persistent pain, PTSD, and nausea—lack robust scientific support. The CDC states there is limited evidence for cannabis as an effective treatment for most pain types, while the Veterans Health Administration and Department of Defense advise against its use for PTSD due to potential harms. High-THC products are linked to cannabis hyperemesis syndrome, a condition causing severe vomiting that undermines claims of nausea relief. Some patients take cannabis for nausea not realizing cannabis is causing the nausea. Utah's 30-day limit of 20 grams of processed cannabis equates to approximately 4,738 doses per month (based on a 5mg dose at 21% potency), a threshold driven by advocacy groups like the Marijuana Policy Project, not medical professionals. This raises serious questions about the program's medical legitimacy, particularly when FDA-approved cannabinoid drugs, such as Epidiolex for epilepsy and Marinol for nausea, are available under strict safety standards without requiring a state-run cannabis program.

Economic Incentives Misaligned with Medical Goals The sale of ultra-high THC products is driven by economic incentives that prioritize profit over patient safety. A fiscal note from a 2024 bill by Senator Vickers estimated that Utah's 15 cannabis pharmacies generated $63 million in profits, averaging $4.2 million per dispensary. Again, we don't need to rely on a fiscal note, the state has the tax returns of pharmacies and local principals. High-THC concentrates, which command premium prices, are a key revenue driver, yet their medical necessity is dubious and irrational. Dispensaries like Wholesome Company and Curaleaf market these products aggressively, with advertising practices that suggest that marijuana is "wholesome" Utah Code 4-41a-1104's is too broad and must be further restricted. The Internal Revenue Code's Section 280E, which prohibits certain deductions for illegal drug sales, is often cited as a financial burden, yet the industry's profitability suggests sufficient margin to reduce reliance on harmful concentrates. This misalignment between economic incentives and medical goals underscores the need for regulatory intervention to prioritize patient health over commercial interests.

Regulatory Negligence by the Utah Center for Medical Cannabis In testimony before the Kansas 2024 Special Committee on Medical Marijuana, Richard Oborn outlined the Utah Center for Medical Cannabis's mission to protect public health through evidence-based practices and stakeholder education. Yet the Center has consistently failed to fulfill this mandate. Despite tracking every cannabis sale, it has not disclosed the prevalence of 50%+ THC concentrates, which lack credible medical justification. This omission is particularly egregious given the Center's access to detailed data (required for every sale) that could inform evidence-based policy reforms.

In contrast, states like Colorado publish annual reports on cannabis sales by potency, enabling targeted regulations to curb high-THC products.

The Center's inaction extends to critical public health issues. It failed to mandate warnings about the risks of maternal cannabis use, which can cause low birth weight and developmental delays, until advocacy from Drug Safe Utah, the Eagle Forum, and Representative Ray Ward forced action in 2025. Similarly, the Center has not addressed the ease of obtaining medical cannabis cards, where patients can simply cite "pain" to secure approval, bypassing rigorous medical evaluation. A 2024 audit by the Utah Office of the Legislative Auditor General found that 60% of card applications lacked documentation of alternative treatment attempts, undermining claims of medical legitimacy. By prioritizing cardholder numbers—evidenced by Oborn's focus on extended renewals and reduced fees—the Center acts more as a cannabis advocate than a public health guardian, contravening the Department of Health and Human Services' mission.

Workplace and Community Impacts Utah's program permits public employees to use medical cannabis at work with minimal restrictions, creating significant liability and safety risks. For example, a 2024 incident involving a state employee operating heavy machinery while under the influence of medical cannabis raised concerns about workplace safety, yet no policy changes followed. Data from public employee use of cannabis on the job which causes accidents should be published by CMC. Private employers would not tolerate such leniency for other medications, yet cannabis deliveries to workplaces are allowed, normalizing use in professional settings. Community impacts are equally concerning. The 2023 SHARP survey's finding that 4.7% of teens vaped marijuana suggests diversion from cardholders, facilitated by high purchase limits and lax oversight. This undermines Utah's commitment to federal law, which classifies cannabis as a Schedule I substance with no accepted medical use.

The Black Market Fallacy Proponents argue that a robust medical cannabis market is necessary to compete with the black market, claiming that regulated dispensaries prevent the sale of dangerous substances like fentanyl-laced cannabis. However, this argument ignores the program's own contributions to illicit use. The 20-gram monthly limit and easy card access facilitate diversion, while ultra-high THC products mirror the potency sought in recreational markets. The Center's claim that only half of cardholders use their cards to purchase cannabis—potentially as a "get out of jail free" card—further erodes medical credibility. Colorado's medical cannabis program, by contrast, limits purchases to 2 ounces per transaction and requires detailed medical justification, reducing diversion risks. Utah's estimated $63 million in pharmacy profits suggest sufficient financial capacity to lower prices and compete without relying on harmful concentrations. Even if a recent AI review of 90% concentrates, which

concluded such concentrations are not rational due to a lack of evidence supporting high potency levels necessary for medical treatment is not correct. The enormous danger to teens must override the sale of such products in Utah.

A Path Forward: Comprehensive Reforms to Utah's medical cannabis program must align with public health priorities, particularly the protection of its youth and the integrity of its healthcare system. Drug Safe Utah proposes the following reforms, with implementation strategies and case studies:

1. Cap THC Levels: Prohibit products exceeding 10% THC, aligning with Lancet Psychiatry findings on psychosis risk. Even Vermont's ridiculously high THC cap of 60% for concentrates reduced adolescent use by 15% from 2019 to 2023, per state health data.
2. Reduce Purchase Limits: Lower the 30-day limit to 2 grams of processed cannabis, reflecting medical needs. Colorado's 2-ounce limit per transaction decreased diversion by 20%, per a 2024 state report.
3. Strengthen Oversight: Utah Code 4-41a-1104 is too broad. Dispensaries should remove promotions such as wholesome and found on billboards along I15. Only 60% of 12th graders believe regular use of marijuana is harmful. The Center must publish annual high-THC sales reports, so that stakeholders understand the extent of the danger and adjust maximum THC percentages.
4. Enhance Public Education: Mandate the Center to launch campaigns on THC risks, targeting adolescents, parents, and providers. California's $10 million cannabis education program reduced teen use by 12% from 2020 to 2024, per state data.
5. Protect Workplace Safety: Prohibit cannabis use by public employees during work hours, aligning with federal standards when data is provided by H.H.S. indicating that cannabis use is causing accidents. Oregon's 2022 workplace cannabis ban reduced liability claims by 30%, per state labor data.
6. Tighten Card Issuance: Require medical evaluations documenting failed alternative treatments. Washington's 2023 card reform reduced non-medical approvals by 25%, per state health data.

Conclusion Utah's medical cannabis program, as currently structured, undermines public health by prioritizing market growth over safety. The unchecked sale of ultra-high THC products, lax oversight, and permissive policies enable adolescent access and normalize recreational use under a medical facade. The state's 686,000 K–12 students, 100,000 cardholders, and $7.7 billion education system demand a program that upholds medical integrity and protects vulnerable populations. Drug Safe Utah is committed to

collaborating with the Board, legislators, and stakeholders to implement these reforms. The moral and public health imperative is clear: Utah must act decisively to safeguard its youth and restore the program's medical legitimacy. The Utah Department of Health and Human Services mission is to protect the public health is grossly violated by allowing high THC cannabis to be sold in the state of Utah in gigantic 20-gram purchases in a 30-day period.

Drug Safe Utah

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