

Decriminalization of Combustion of Medical Cannabis Flower

To: Medical Cannabis Policy Advisory Board

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Introduction

The board should consider recommending that Utah decriminalize the combustion, or smoking, of cannabis flower for registered medical cannabis patients. This change would eliminate legal penalties for patients who choose this method of administration without expanding the scope of the medical cannabis program or introducing recreational use. This change is rooted in patient access, legal protection, equity and eliminating a cost of entry barrier.

While research indicates that dry herb vaporization can offer more efficient cannabinoid delivery and reduced exposure to certain byproducts produced by combustion, not all patients can afford, operate, or maintain vaporization equipment. This proposal is not an endorsement of combustion as a preferred medical practice, it is a freedom-from-prosecution measure to ensure that patients are not penalized when they choose, or need, to combust flower.

Background

Under current Utah law, registered medical cannabis patients may legally purchase and possess cannabis flower but may not combust it. Combustion is prohibited despite being an allowed method of administration in half of all medical-only cannabis states. This prohibition creates significant cost barriers for patients, particularly those who cannot afford or operate vaporization devices. While some patients can and do use vaporizers without issue, others face financial and functional obstacles; including the high upfront cost of equipment, ongoing maintenance expenses, and physical difficulty operating devices — all can limit a patient's ability to comply with the current law.

Many low-cost vaporizers are not designed for daily medical use. Patients who medicate multiple times per day require durable, high-quality devices that typically cost hundreds of dollars. This cost makes access to daily vaporization inherently more exclusive to those who can afford purchasing and maintaining this equipment.

Analysis

Arguments for Decriminalizing Combustion:

- **Affordability** – Vaporizers cost \$100–\$700+, plus ongoing supply costs (\$150–\$250/year). Rolling papers or a basic pipe cost under \$10.
- **Accessibility** – Many devices are large, heavy, require charging, and are difficult for patients with mobility issues, joint pain, or tremors. This complicates things for medical users when events such as power outages occur.
- **Patient Choice** – Some patients experience faster onset, broader terpene activation, and better symptom control with combustion when compared to vaporization.
- **Equity** – Prohibition disproportionately impacts low-income, elderly, rural, and disabled patients who may face unique barriers in accessing and using vaporization methods.
- **Precedent** – 9 of 18 medical-only states permit combustion for registered patients, including more conservative programs like Arkansas, Florida, and South Dakota.

Arguments Against Decriminalizing Combustion:

- **Perceived Health Risks** – Many stakeholders view smoking cannabis as harmful because it involves the inhalation of combusted plant matter, which may contribute to respiratory irritation or harm.
- **Preference for “Cleaner” Methods** – Because they believe vaporization or ingestion is more controlled, measurable, and potentially safer in the long term, many stakeholders advocate for these options over combustion.

Annual patient cost for frequent-use vaporizers

To help illustrate the cost of using a vaporizer designed for frequent use, the Storz & Bickel Volcano vaporizer can be used as an example. The device cost is \$479-699 – a far cry from the usual \$10 investment for a combustion apparatus like a pipe. Annual supplies typically cost a patient between \$150-\$250. Remember – more inexpensive vaporizers cannot withstand daily use, requiring patients who require daily vaporization to invest in a more expensive device or replace vaporizers and parts more frequently due to high demand use.

Hidden & Ongoing Costs of Vaporization

In addition to direct purchase and replacement parts, patients bear hidden financial and time burdens that are rarely considered:

- **Cleaning Supplies:** Heavy daily users may require 1–2 bottles of isopropyl alcohol per month (\$50–\$100/year), cotton swabs or pipe cleaners (\$10–\$20/year), and paper towels or microfiber cloths (\$5–\$15/year).
- **Time Commitment:** Frequent use demands light cleaning every 2–3 days (5–10 minutes) and deep cleaning weekly (20–30 minutes). Over a year, this equals 25–40 hours — the equivalent of 3–5 full workdays — lost to maintenance.
- **Wear & Tear from Cleaning:** Frequent disassembly to clean accelerates part degradation, leading to earlier replacement of seals, threads, or fragile components.
- **Downtime:** After deep cleaning, devices must dry before reuse, leaving patients without immediate access unless they own a backup device.

Recommendation

To align Utah's program with other medical-only states and reduce unnecessary burdens on patients, I recommend that the board advocate for the decriminalization of combustion for registered medical cannabis patients. This would not legalize combustion as a dosage form but only remove penalties for patients choosing this method, while preserving all other program safeguards, including possession limits, packaging and labeling requirements, child safety, and registry verification.

This recommendation acknowledges that vaporization is often the more efficacious delivery method supported by science. However, this proposal's goal is not to replace or undermine that option, but to ensure that patients who combust flower are not criminalized or penalized for using the medicine they are legally authorized to possess and the only method of use available to them.