DEPARTMENT OF THE PROSECUTING ATTORNEY

CITY AND COUNTY OF HONOLULU

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KEITH M. KANESHIRO
PROSECUTING ATTORNEY

ARMINA A. CHING
FIRST DEPUTY PROSECUTING ATTORNEY

**THE HONORABLE GILBERT S.C. KEITH-AGARAN, CHAIR
SENATE COMMITTEE ON JUDICIARY AND LABOR**

**THE HONORABLE JILL N. TOKUDA, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS**

**Twenty-Eighth State Legislature
Regular Session of 2015
State of Hawai`i**

April 8, 2015

RE: H.B. 321, H.D. 1, S.D. 1; RELATING TO MEDICAL MARIJUANA.

Chair Keith-Agaran, Chair Tokuda, Vice-Chair Shimabukuro, Vice-Chair Kouchi, members of the Senate Committee on Judiciary and Labor, and members of the Senate Committee on Ways and Means, the Department of the Prosecuting Attorney of the City and County of Honolulu ("Department") submits the following testimony in opposition to H.B. 321, H.D. 1, S.D. 1.

As in prior testimony submitted by this Department, regarding all versions of this and other bills seeking to facilitate the commercial production/sale of medical marijuana, the Department continues to believe that strict regulations and standards must be maintained on the handling of all medical marijuana and medical marijuana permits, in order to minimize illicit activity and ensure public safety. While H.B. 321, H.D. 1, S.D. 1, addresses a number of concerns previously expressed by this Department and other testifiers, in many ways, it still lacks sufficient limitations, controls, standards and regulations to prevent or minimize abuse by those who would attempt to utilize such a system for the illicit use and/or diversion of marijuana.

While the Department understands that individuals with certain debilitating conditions rely on medical marijuana for some modicum of respite at this stage in their life, the public, social and economic risks associated with establishing a medical marijuana dispensary system cannot be underestimated, particularly after seeing the effects in other states. When Colorado began permitting medical marijuana dispensaries in 2010, the annual number of hospitalizations and Emergency Room visits for possible marijuana exposure, for children under 9 years old, increased 5-fold in years 2010-2013, as compared to the nine years prior.[i] In the same time period, the average number of calls to the Rocky Mountain Poison and Drug Center for

marijuana exposure nearly doubled.[ii] Issues and concerns shared by law enforcement in California, Colorado, and other states have also indicated many problems that came with the establishment of medical marijuana dispensaries.

Rather than rushing forward with a dispensary system that has not been duly examined, the Department feels very strongly that Hawaii must learn from the hard-learned lessons of other states, and approach the concept with utmost restraint, thorough consideration, and comprehensive standards, controls and mechanisms to regulate the flow of marijuana through these businesses and into the public. Significantly more time and collaboration are needed to design a system that sufficiently addresses all foreseeable public safety issues.

That said, if the Legislature still intends to pass a dispensary-system bill this year, the Department has carefully considered the provisions of H.B. 321, H.D. 1, S.D. 1, and does have a number specific suggestions. In order to minimize any negative impacts or chances of abuse—and understanding that the Department continues to believe any commercial dispensary system is premature for Hawaii at this time—the Department respectfully suggests the following, for certain items in the bill that are currently blank:

- Licensing should only be for up to **1 license per county**, with up to **6 dispensary locations statewide** and **1-2 production centers per county** (*pg 5, lines 1-4*). Given that the State's medical marijuana database currently indicates only **318** individuals statewide who are unable to grow their own marijuana (and do not have caregivers to grow it for them)[iii], these numbers would be sufficient to address the indicated need, while minimizing the number of licensees that require agency oversight and enforcement.

- With regards to who may obtain a license (*pg 5, line 6*), each license should require both an individual who's a licensed health care professional, such as a physician, and a licensed health care provider entity; both of which are established and operating in-state **at least 5 years prior** to applying for a dispensary license. Rather than encouraging newly-formed companies whose sole purpose and interest is the production and sale of marijuana—who may have close ties with or aspirations towards a recreational marijuana industry—these key parties should have a proven track-record of and dedication to providing legitimate health care. Requiring that an individual health care professional be attached to each license will increase accountability and address some of the problems associated with licensees being large "faceless" entities. To reduce potential conflicts of interest, the licensed health care professional should **not be permitted to issue written medical marijuana certifications**.

- Applicants should have **at least $2,000,000** for a period of **at least 120 days prior** to submitting their application (*pg 6, line 18 – pg 7, line 6*). This amount is similar to the $2,000,000 escrow account required at all times for licensees in Connecticut or Illinois, and will help to ensure each licensee's financial stability and capacity to comply and follow-through with all regulations and requirements.

If a dispensary system is ultimately established, strict regulations and specific means for oversight must already be in place, to minimize any diversion of product or other forms of illicit activity. Of concern, we note that H.B. 321, H.D. 1, S.D. 1, fails to address how the disposal of excess or 'unusable' marijuana (and by-products) would be handled. Also, dispensary locations

should not be permitted to offer any services (or goods) other than the retail sale of medical marijuana and certain manufactured marijuana products (pg 13, line 15). Out-of-state medical marijuana permits (pg 10, lines 12-15) should not be serviced at dispensary locations, as there is no way to verify such permits are valid, and other states may utilize vastly different standards.

With regards to manufactured marijuana products, flavoring agents or other additives that would potentially appeal to youth must be prohibited. Given the problems seen in Colorado, the Department believes that utmost precautions must be taken to prevent and discourage youth from consuming these products (accidentally or intentionally), when they are not qualifying patients. This is particularly true of lozenges, which are essentially indistinguishable from candy.

While H.B. 321, H.D. 1, S.D. 1, would require dispensary locations to use real-time statewide tracking software (pg 9, starting line 16), this should include an automatic stopper that does not permit sales over the authorized amount per patient/caregiver, and cannot be overridden by staff. Even if such a system were in place, however, it is important to recognize that a dispensary system would make it virtually impossible to determine whether a patient/caregiver possess more than an "adequate supply" at any given time (if caregivers are permitted), and particularly if patients/caregivers are permitted to grow their own separate supply of marijuana, in addition to purchasing from dispensary locations. These problems are only compounded if patients/caregivers are allowed to <u>transport unrestricted amounts</u> of marijuana—with patient and caregiver potentially travelling separately and simultaneously—in addition to growing a separate supply at their home or grow site, in addition to purchasing from dispensaries.

To limit some of these anticipated problems, we note that **<u>S.B. 682, S.D. 2, H.D. 1</u>**, presents a number of reasonable approaches that should be incorporated into H.B. 321, H.D. 1, S.D. 1:

- Page 40, lines 1-5, of S.B. 682, S.D. 2, H.D. 1, would prohibit medical marijuana from being consumed or removed from its sealed container in all public places; this is a better approach than establishing a perimeter around dispensary locations (pg 10, line 4). That said, we do agree that there must be no consumption or samples on-premises, and in fact dispensary locations should be prohibited from providing samples at all.

- Page 40, lines 11-20, of S.B. 682, S.D. 2, H.D. 1, includes some reasonable restrictions on the transport of medical marijuana, but dispensary locations should not be allowed to transport medical marijuana to production centers, as back-and-forth movement of product should be discouraged. There should be also strict limitations on the times and amount of medical marijuana that can be transported (pg 38, lines 5-11), not only by businesses, but also by patients/caregivers. This is important both for safety purposes and to decrease the opportunity for drug dealers to take advantage of such provisions. For some added perspective, we note that one ounce of marijuana equates to 28 grams, which (if smoked) equates to approximately 37-56 joints.

- Page 34, line 15, through page 35, line 20, of S.B. 682, S.D. 2, H.D. 1, would regulate the number of medical marijuana plants that can be grown by multiple patients and caregivers, at a single location. We agree that limits are needed, but there should only be a single limit of 21 plants per location, above which complete licensing as a production center is required.

- Page 36, lines 1-17, of S.B. 682, S.D. 2, H.D. 1, decreases some of the foreseeable problems that would stem from allowing registered patients/caregivers to grow and transport an "adequate supply" of marijuana while at the same time allowing them to purchase from commercial dispensaries. After July 1, 2018, patients who are unable or choose not to grow marijuana will have had sufficient time to adjust to utilizing dispensary locations, somewhat like a pharmacy. To more-fully address enforcement problems—if a dispensary-system is implemented—licensed dispensaries should be the only source of medical marijuana for all patients; in which case, naturally, the number of dispensary locations could increase to meet the needs of all qualifying patients.

If commercial businesses are going to be legally permitted to produce, sell and transport marijuana, the absolute strictest standards and regulations must be upheld, to protect public safety and welfare. Given the numerous and very serious risks still posed by H.B. 321, H.D. 1, S.D. 1—and given that nearly all (except 318) patients/caregivers are already able to grow their own medical marijuana—the Department maintains that the commercial production and sale of medical marijuana in Hawaii would simply come at too high of a cost at this time, particularly if patients/caregivers continue to grow their own supplies of marijuana as well. While we do appreciate ongoing efforts to develop reasonable restrictions and standards, the Department strongly believes that significantly more time and collaboration are needed to design a medical marijuana dispensary system that sufficiently accounts for all public safety concerns.

With regards to which physicians may issue medical marijuana certifications, H.B. 321, H.D. 1, S.D. 1, goes too far in loosening current standards, such that the door would be opened to individuals who would abuse this privilege, such as physicians whose sole or primary practice is issuing medical marijuana certifications, regardless of whether the patient truly has a debilitating medical condition. If any further allowances are made, beyond primary care physicians, this should be done in a very careful and measured way, expanding perhaps to board-certified oncologists and pain medicine specialists, who have specialized knowledge of and expertise in the patient's qualifying condition, and who provide ongoing treatment to that patient.

As always, the Department's primary concern is for public safety and welfare. Without sufficient safeguards, standards, limitations or tools to enforce Hawaii's ongoing controlled substance laws, the doors will be opened for, and arguably invite, increased public safety issues, abuse and/or illicit distribution. For all of the foregoing reasons, the Department of the Prosecuting Attorney of the City and County of Honolulu opposes the passage of H.B. 321, H.D. 1, S.D. 1. Thank you for the opportunity to testify on this matter.

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[i] Colorado Department of Public Health and Environment, *Monitoring Health Concerns Related to Marijuana in Colorado: 2014: Changes in Marijuana Use Patterns, Systematic Literature Review, and Possible Marijuana-Related Health Effects*, Jan. 30, 2015, at 170, *available at* https://www.colorado.gov/pacific/sites/default/files/DC_MJ-Monitoring-Health-Concerns-Related-to-Marijuana-in-CO-2014.pdf.
[ii] *Id*, at 162.
[iii] As of December 2014, data indicated that 221 qualifying marijuana patients on O'ahu are unable to grow their own medical marijuana (and do not have a caregiver to grow it for them), as well as 78 patients on Maui, 12 on the Big Island, 6 on Kaua'i, and 1 on Moloka'i.

TESTIMONY OF THE HAWAI`I POLICE DEPARTMENT

HOUSE BILL 321, HD1, SD1

RELATING TO MEDICAL MARIJUANA

BEFORE THE COMMITTEE ON JUDICIARY AND LABOR

And

BEFORE THE COMMITTEE ON WAYS AND MEANS

DATE : Wednesday, April 8, 2015

TIME : 9:55 A.M.

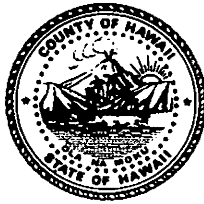
PLACE : Conference Room 211
State Capitol
415 South Beretania Street

PERSON TESTIFYING:

Harry S. Kubojiri
Hawai`i Police Department
County of Hawai`i

(Written Testimony Only)

William P. Kenoi
Mayor



Harry S. Kubojiri
Police Chief

Paul K. Ferreira
Deputy Police Chief

County of Hawai'i

POLICE DEPARTMENT
349 Kapi'olani Street • Hilo, Hawai'i 96720-3998
(808) 935-3311 • Fax (808) 961-2389

April 6, 2015

Senator Gilbert S.C. Keith-Agaran
Chair and Committee Members
Committee on Judiciary and Labor
Senator Jill N. Tokuda
Chair and Committee Members
Committee on Ways and Means
415 South Beretania Street, Room 211
Honolulu, Hawai`i 96813

Re: HOUSE BILL 321, HD1, SD1, RELATING TO MEDICAL MARIJUANA

Dear Senators Keith-Agaran and Tokuda:

The Hawai`i Police Department opposes House Bill 321, HD1, SD1, as written, with its purpose being to establish a system of medical marijuana dispensaries and production centers.

I believe at a minimum consideration of the following should have been included in any dispensary bill:

- No more than one dispensary license per county, covering production, manufacture, and sale of medical marijuana under a single license.
- There should be a Hawaii residency requirement for license holders.
- All dispensary license holders should have an established licensed healthcare provider status within the state of Hawaii.
- License holders should have the demonstrated ability to conduct chemical and pharmaceutical analysis of any and all medical marijuana produced and sold by a dispensary to determine chemical levels of Tetrahydrocannabinol (THC).

If a proposed dispensary program does not meet these basic standards for security and regulation and address them with the specific provisions listed above, it will impossible for the law enforcement community to monitor and enforce the laws relating to a dispensary system, and the system will be at great risk to rapidly get out of control.

If the legislature determines that a medical marijuana dispensary system is necessary, please make it a tightly controlled and regulated system so that law enforcement can do its job to keep the public safe.

Further, we also believe that dispensaries and production centers being placed into counties without the counties having the right to deny these facilities (as long as they are in the appropriate zoning and attendant to the other restrictions set forth within this legislation, i.e. not within 750 feet of a school or park), makes it important to **provide Law Enforcement with additional funding** to deal with an expected increase in social issues surrounding the dispensaries, production centers and an increase in marijuana usage. The draft's language inclusion that Counties may not deny these facilities without additional funding to deal with expected issues amounts to an **unfunded mandate**.

The Hawai'i Police Department is concerned that this Bill while recognizing there are over 13,000 Medical Marijuana users, appears to assume that all will acquire their Marijuana from dispensaries while at the same time seemingly allowing users to continue to cultivate their Marijuana. There does not seem to be a means or desire to ensure users are not going to continue cultivation of their Marijuana while also seeking to purchase Marijuana from a dispensary. This also fails to take into account the December 2014 statistics for Hawai'i Island Medical Marijuana users in which of the 5,415 only 12 were not growing their own Marijuana, **which is in direct contrast to** one of the reasons "The legislature further finds that many of the State's nearly thirteen thousand qualifying patients lack the ability to grow their own supply of medical marijuana due to a number of factors, including disability and limited space to grow medical marijuana" cited as a need for this legislation.

I note that there are several provisions for collecting funds relating to an application as well as annual renewal fees. I am further concerned that not one dollar of those fees is earmarked for prevention, treatment, or education with respect to medical marijuana users seeking alternate methods of treatment.

I am further concerned that users who visit more than one dispensary during a prescribed period of time in order to obtain more than the "Allowable" limit of medical marijuana will be subject to only a petty misdemeanor offense. Marijuana remains a "Controlled" substance by both Hawai`i Revised Statutes as well as federally, through the United States Code and prudence would dictate that to controvert its purported medical use through "Dispensary shopping" and being subject to only a petty misdemeanor is cause for great concern.

In that the dispensary bill will allow up to eight (8) ounces of marijuana over a 30-day period per person, we believe it will lead to severe addiction given that 8 ounces of marijuana equates to 448 marijuana cigarettes. In order to ingest 448 marijuana cigarettes over a 30-day period of time, the user will be smoking approximately 15 marijuana cigarettes per day. We are hard-pressed to imagine how someone utilizing that much marijuana will be able to function in society except in extreme cases where they are homebound and the disease they suffer from is anything other than terminal in nature.

Therefore, if indeed persons are to be allowed that amount of Marijuana, we believe they will become highly dependent upon it and will need treatment and other services with costs borne by the Community in general.

Further, we also believe that dispensaries and production centers being placed into counties without the counties having the right to deny these facilities (as long as they are in the appropriate zoning and attendant to the other restrictions set forth within this legislation, i.e. not within 750 feet of a school or park), makes it important to provide Law Enforcement with additional funding to deal with an expected increase in social issues surrounding the dispensaries, production centers and an increase in marijuana usage.

This Bill fails to clearly indicate where the transporting of Marijuana originating from the Marijuana production centers by employees should be limited to. In other words, transportation of Marijuana from a production center should be limited to the most direct route possible to a dispensary with no stops in-between.

In regards to the rules governing the medical marijuana dispensaries and production centers, we believe it is imperative that video monitoring and recording of the premises should be required to include the exterior of all entry/exit points and the interior sales areas to include the areas used to conduct the transactions. We further believe a designated Department of Health (DOH) employee should have online 24/7 access to view the video monitoring program and that further, a minimum amount of time should be designated in which video surveillance tapes must remain available for viewing.

In regards to criminal background checks for operators and employees of dispensaries and production centers, we believe they should be subject to refresher trainings and re-certifications on an annual basis as well as subject to criminal background checks every 3 years. We further and most strenuously believe that convicted felons of a felony related to marijuana should not be exempted from the rules in this measure. In that these people have already displayed a disdain for the law, to allow them to handle a "Controlled" substance is a portent for disaster.

The Hawai'i Police Department is also concerned as to how the destruction of medical marijuana will be documented and verified. Medical marijuana should be tracked from the point of acquisition to the point of sale or destruction with a strict verification process in place subject to both criminal and civil penalties for failure to abide by appropriate policies and/or procedures.

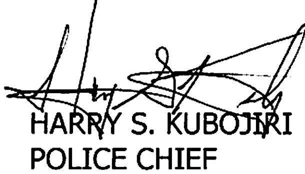
In regards to the required annual financial audit, we believe the auditor to be hired and paid for by the dispensaries and production centers must be an independent auditor who has no financial interest in the dispensaries or production centers.

Further, this legislation lacks sufficient details for the suspension or termination of licenses by dispensaries and/or production centers that violate state criminal statutes in marijuana sales and distribution outside of this prescribed legislation.

It is for these reasons, we urge these committees to not approve this legislation.

Thank you for allowing the Hawai`i Police Department to provide comments relating to House Bill 321, HD1, SD1.

Sincerely,



HARRY S. KUBOJIRI
POLICE CHIEF

POLICE DEPARTMENT
CITY AND COUNTY OF HONOLULU
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KIRK CALDWELL
MAYOR

LOUIS M. KEALOHA
CHIEF

DAVE M. KAJIHIRO
MARIE A. McCAULEY
DEPUTY CHIEFS

OUR REFERENCE JK-TA

April 8, 2015

The Honorable Gilbert S. C. Keith-Agaran, Chair
and Members
Committee on Judiciary and Labor
The Honorable Jill N. Tokuda, Chair
and Members
Committee on Ways and Means
State Senate
Hawaii State Capitol
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chairs Keith-Agaran and Tokuda and Members:

SUBJECT: House Bill No. 321, H.D. 1, S.D. 1, Relating to Medical Marijuana

I am Jason Kawabata, Acting Major of the Narcotics/Vice Division of the Honolulu Police Department, City and County of Honolulu.

The Honolulu Police Department opposes House Bill No. 321, H.D. 1, S.D. 1, Relating to Medical Marijuana.

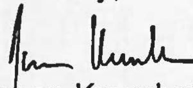
The Honolulu Police Department does not support any bill authorizing the establishment of a statewide marijuana dispensary system. If the legislature finds it necessary to authorize dispensaries, the system should be implemented in a controlled manner so that it can be effectively regulated.

Page 5, lines 1 to 4, appears to be in place to regulate the number of dispensary licenses, cultivation sites, and dispensing locations in each county. We suggest that each county be limited to one license. Each license can then have up to two cultivation sites and two dispensing locations. A single license for each county covering everything from cultivation to dispensing would be easier to regulate. Many permits resulting from many entities having many dispensaries, grow sites, and production centers would be difficult to regulate.

Page 5, lines 8 and 9, establishes a requirement that the person or entity "be a licensed health care provider organized in the State." We suggest an additional requirement that the person or entity be a licensed health care entity. This would help to ensure that the dispensary is focused on providing compassionate care as opposed to other businesses whose focus is to make a profit.

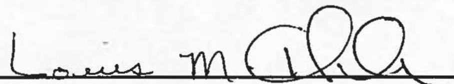
The Honolulu Police Department urges you to oppose House Bill No. 321, H.D. 1, S.D. 1, Relating to Medical Marijuana.

Sincerely,

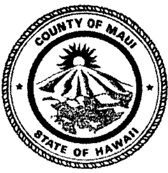


Jason Kawabata, Acting Major
Narcotics/Vice Division

APPROVED:



Louis M. Kealoha
Chief of Police



POLICE DEPARTMENT

COUNTY OF MAUI

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OUR REFERENCE

YOUR REFERENCE

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TIVOLI S. FAAUMU
CHIEF OF POLICE

DEAN M. RICKARD
DEPUTY CHIEF OF POLICE

April 7, 2015

The Honorable Gilbert S.C. Keith-Agaran, Chair
and Members of the Committee on Judiciary and Labor

The Honorable Jill N. Tokuda, Chair
and Members of the Committee on Ways and Means
The Senate
State Capitol
Honolulu, HI 96813

RE: House Bill No. 321, HD1, SD1, RELATING TO MEDICAL MARIJUANA

Dear Chairs Keith-Agaran and Tokuda, and Members of the Committees:

The Maui Police Department OPPOSES the passage of HB 321, HD1, SD1.

The purpose of this bill is to establish a regulated statewide dispensary system for medical marijuana to ensure safe and legal access to medical marijuana for qualifying patients. Prohibits counties from enacting zoning regulation that prohibits the use of land for licensed dispensaries.

The Maui Police Department sympathizes with patients approved to use medical marijuana, and understand their issues regarding obtaining it.

The Department is very concerned that loosening current standards regarding medical marijuana permits, particularly those regarding who may issue certifications, would open the door to individuals who would abuse this privilege, such as physicians whose sole or primary practice is issuing medical marijuana, regardless of their relationship (or lack thereof) with the patient, and/or regardless of whether the patient truly has a debilitating medical condition.

I believe, at a minimum, consideration of the following should be included in any dispensary bill:

- No more than one dispensary license per county, covering production, manufacture, and sale of medical marijuana under a single license.
- All dispensary license holders should have an established licensed healthcare provider status within the state of Hawaii.

- That the licensed health care provider not be permitted to issue written medical marijuana certificates.

- That the licensed health care provider and individual and entity be established in-state for at least five years prior to applying for the license.

- License holders should have the demonstrated ability to conduct chemical and pharmaceutical analysis of any and all medical marijuana produced and sold by a dispensary to determine chemical levels of Tetrahydrocannabinol (THC).

- Applicants should have at least $2,000,000 for a period of at least 120 days prior to submitting their application to better ensure stability and financial capacity to comply/follow through with all regulations/requirements. The $2,000,000 would be established and maintained in an escrow account in a financial institution in Hawaii, which shall be payable to the State in the event after a hearing, that the license dispensary holder failed to timely and successfully complete the construction of a dispensary or to continue to operate the facility in a manner that provides a substantially uninterrupted supply to its usual medical marijuana patients during the term of its license.

- The power of County governments to self-governed areas in which dispensaries would be placed has been limited. Within 321-K Medical marijuana zoning; it should include not only public housing, but private residuals within seven hundred fifty feet of any medical marijuana dispensary.

The Maui Police Department asks you to OPPOSE the passage of HB 321, HD1, SD1.

Thank you for the opportunity to testify.

Sincerely,

TIVOLI S. FAAUMU
Chief of Police

Chamber of Commerce For Persons with DisABILITIES –Hawaii

Marsha R. Joyner

4348 Waialae Ave. Ste. 564 * Honolulu, HI 96816 *

www.cocpwdhawaii.com * mrjoy@hawaii.rr.com

COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

COMMITTEE ON WAYS AND MEANS

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair

DATE:	**Wednesday, April 08, 2015**
TIME:	**9:55 am**
PLACE:	**Conference Room 211**
	State Capitol
	415 South Beretania Street

Testimony in strong Support (SSCR1104) HB321 (Medical Marijuana Dispensary bill)

We are in strong support of the (Medical Marijuana Dispensary bill).

Since the time of the passage of the law establishing Medical Marijuana as a legal remedy in Hawaii. Getting the medicine has been a struggle for all of our members. This bill clarifies and simplifies the right of qualifying patients and primary caregivers to transport medical marijuana, as well as protecting patients from unnecessary criminal charges.

From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Tuesday, April 07, 2015 12:28:12 PM

HB321

Submitted on: 4/7/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Scott Foster	Hawaii Advocates For Consumer Rights	Support	No

Comments: Getting MMJ has been a constant and frightening problem for all of our members. This bill clarifies and simplifies the right of qualifying patients and primary caregivers to transport medical marijuana, as well as protecting patients from unnecessary criminal charges.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Tuesday, April 07, 2015 9:57:50 AM

HB321

Submitted on: 4/7/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Hawaii Cannabis Care	Hawaii Cannabis Care	Support	Yes

Comments: We support this bill but taking away the caregivers rights is not the way to do it. Please consider keeping people's rights in place. Mahalo

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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HAWAII CATHOLIC CONFERENCE

The Public Policy Voice for the Roman Catholic Church in the State of Hawaii

HEARING: **Senate JDL/WAM Committee hearing on April 8, 2015 @ 9:55 a.m.**

SUBMITTED: April 6, 2015

TO:

Senate Committee on JDL	Senate Committee on WAM
Sen. Gilbert Keith-Agaran, Chair	Sen. Jill Tokuda, Chair
Sen. Maile Shimabukuro, Vice Chair	Sen. Ronald Kouchi, Vice Chair

FROM: Walter Yoshimitsu, Executive Director

RE: Comments (reservations) HB 321 HD1 SD1 Relating to Medical Marijuana

If passed, this bill allegedly "fixes" the problem of medical marijuana distribution and the need for dispensaries and/or regulation. **We understand that medicinal marijuana is already legal in the State of Hawaii.; however, we maintain that promoting the use of marijuana (even for medical reasons) will translate for many, especially young people, as permissiveness, with little or no consideration of its ultimate effect on one's body.** According to the American Medical Association, marijuana is considered a "dangerous drug" and a "powerful intoxicant" that harms one's mental, physical, academic, and spiritual well-being, promotes irresponsible sexual behavior, encourages disrespect for traditional values, and threatens Hawaii's youth. This is not what we want for Hawai'i's keiki.

At the federal level, marijuana remains classified as a Schedule I substance under the Controlled Substances Act, where Schedule I substances are considered to have a high potential for dependency, making distribution of marijuana a federal offense.

Many prescribing physicians for medicinal use of marijuana are arbitrary as to what counts as an authentic medical need so there is no real way for this legislature to make a truly informed decision. Even the American Medical Association's 527-member House of Delegates decided during its interim meeting in 2013 (National Harbor, Md.), to retain the long-standing position that "cannabis is a dangerous drug and as such is a public health concern."

Long-term health effects of chronic use, and marijuana's role as a gateway to the use of other illegal drugs, are serious issues surrounding its use and decriminalization. The Catholic Church cares too much about the family to support this endeavor. Priority legislation should include efforts that strengthen and promote the family, not provide tools to ultimately destroy it.

The Catechism offers useful guidance: "The use of drugs inflicts very grave damage on human health and life" (no. 2291). In 2001, the Vatican's Pontifical Council for Health Care Ministry issued a pastoral handbook entitled "Church, Drugs, and Drug Addiction." It extols the virtue of temperance which "disposes us to avoid every kind of excess: the abuse of food, alcohol, tobacco, or medicine" (no. 2290).

Mahalo for the opportunity to submit these comments.

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ONLINE TESTIMONY SUBMITTAL
Joint JDL/WAM Hearing
Hearing on Wednesday, April 8, 2015 @ 9:55 a.m.
Conference Room #211

DATE: April 6, 2015

TO: Senate Committee on Judiciary & Labor
Sen. Gilbert Keith-Agaran, Chair
Sen. Maile Shimabukuro, Vice Chair

Senate Committee on Ways & Means
Sen. Jill Tokuda, Chair
Sen. Ronald Kouchi, Vice Chair

FROM: Eva Andrade, President

RE: Reservations on HB 321 HD1 SD1 Relating to Medical Marijuana

Aloha and thank you for the opportunity to provide written comments on why we have serious reservations about creating marijuana dispensaries in Hawai'i. As an organization that speaks for the faith-based community in Hawai'i, we simply want to ensure that our keiki are protected from any potential misuse and oversight in the expansion of medical marijuana. While we have deep compassion for people who are ill and are staunch supporters of providing better end of life care for people who are in pain and suffering, we have serious concerns about the expansion of access to medical marijuana and its potential ramifications on the wider community – especially with regards to our keiki.

Medical cannabis dispensaries continue to be the subject of considerable debate by officials in the places where they have been established. Many states have gone above and beyond in the creation of medical marijuana dispensaries to not only protect the wider community from potential abuse, but also to provide safe and easy access to medical marijuana. The promise of the positive results reported when using medical marijuana for chronic conditions (like epilepsy) do give parents hope, but negative effects are still very real[1] and extensive testing has not been completed.

Although we will leave the discussion as to the regulatory functions and applicability to the legal and medical experts, we do offer these reasons why we are concerned for the community at large:

1) **Marijuana use, cultivation and dispensing goes against federal law**.
Although 23 states (and D.C.) have enacted laws to legalize medical marijuana, (including Hawai'i which legalized it for medicinal use in 2000)[i], the bottom line remains that **<u>it is still illegal to possess, use or distribute marijuana according to federal law</u>**. Current federal law does not recognize "medical marijuana" as a legal substance and passage of this bill will create a law that is in direct conflict with state law.

2) **Expanded access to marijuana will directly impact our keiki**.
Once the bridge is built to widen marijuana access and availability (for medical purposes), our keiki will be caught in the crossfire. There's a reason marijuana is the most widely used illegal drug in the world – it becomes an addiction and can become a pathway to other drugs. Even though proponents continue to dismiss this argument, clinical studies continue to prove otherwise. Medical marijuana use can also hurt a developing child if their mother uses it during her pregnancy. [ii] **<u>At the very least, please ensure that this bill includes appropriations respective to a strong education campaign regarding prevention, abuse and treatment.</u>**

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[1] Scientists and physicians have been quick to warn of the dangers of the marijuana extract because CBD use in people with epilepsy has yet to be clinically evaluated, due in part to the tight restriction the FDA and DEA have placed on marijuana and its compounds. (http://www.cureepilepsy.org/research/cbd-and-epilepsy.asp) (04/01/15)

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3) **Medical marijuana opens the door for passage of recreational use of marijuana.**
The discussion surrounding the expansion of medical marijuana is just a way of opening the door to the recreational use of marijuana. Once a state creates a dispensary system to help patients get access to medical marijuana, you can expect the next push to be for legalizing recreational marijuana. Some people of faith may accept the use of drugs for medicinal necessity but we do not understand why we need to flip to the other extreme and treat marijuana like it's a mild, over-the-counter medication.

4) **Benefit of smoking marijuana for medical purposes still not proven**
The fact remains that there is not enough scientific data to support marijuana's medical benefits. According to the Whitehouse website, Whitehouse.gov[iii], "To date…neither the FDA[iv] nor the Institute of Medicine have found *smoked* marijuana to meet the modern standard for safe or effective medicine for any condition." It's highly unlikely that anyone will be able to prove the substance is entirely safe, because science shows that it is not. As with all drugs, there is always a long list of side effects, warnings, and disclaimers.

Even the American Academy of Pediatrics state that, "[t]he AAP opposes medical marijuana outside of the usual process by the Food and Drug Administration to approve pharmaceutical products. Only limited research has been conducted on medical marijuana for adults, and ***there have been no published studies of cannabinoids -- either in the form of marijuana or other preparations -- that involve children.*** The Academy supports further study of cannabinoids, which limited research to date shows can help specific conditions in adults". [v] (Emphasis mine)

5) **Hawai'i's roads could become a testing ground for legal limits**
Marijuana use affects driving. It is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims. It is not difficult to conclude that drivers who test positive for marijuana can cause serious automobile accidents. Medical marijuana use is almost impossible to regulate and the burden on Hawaii's law enforcement isn't worth the cost.

Hawaii needs to remain a safe place for families. We have compassion for bona-fide patients who qualify for medicinal use of marijuana and are under their doctor's continued professional care and oversight. Several other states have made the protection of children a priority and we believe Hawai'i would be well served to follow their lead.

Mahalo for the opportunity to submit our concerns.

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[i] Senate Bill 862 passed in 2000, (VOTE IN THE HOUSE: 30 yes-and 20 no (Auwae, Cachola, Halford, Kanoho, Kawakami, Lee, Leong, Marumoto, McDermott, Menor, Meyer, Morihara, Moses, Nakasone, Pendleton, Rath, Stegmaier, Takai, Whalen, Yonamine); (VOTE IN THE SENATE) 15 yes-and 10 no (Buen, Chun, D. Ige, M. Ige, Inouye, Iwase, Kawamoto, Matsuura, Sakamoto, Tam) [Source: http://www.capitol.hawaii.gov/session2000/status/SB862_his_.htm]

[ii] http://www.livescience.com/42853-marijuana-during-pregnancy-baby-brain.html (02/05/15)

[iii] https://petitions.whitehouse.gov/response/what-we-have-say-about-legalizing-marijuana (02/05/15)

[iv] "A growing number of states have passed voter referenda (or legislative actions) making smoked marijuana available for a variety of medical conditions upon a doctor's recommendation. These measures are inconsistent with efforts to ensure that medications undergo the rigorous scientific scrutiny of the FDA approval process and are proven safe and effective under the standards of the FD&C Act. Accordingly, FDA, as the federal agency responsible for reviewing the safety and efficacy of drugs, DEA as the federal agency charged with enforcing the CSA, and the Office of National Drug Control Policy, as the federal coordinator of drug control policy, do not support the use of smoked marijuana for medical purposes." [Source: http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108643.htm]

[v] https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/American-Academy-of-Pediatrics-Reaffirms-Opposition-to-Legalizing-Marijuana-for-Recreational-or-Medical-Use.aspx

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HB321 HD1 SD1 RELATING TO MEDICAL MARIJUANA

- COMMITTEE ON JUDICIARY AND LABOR: Senator Gilbert Keith-Agaran, Chair; Senator Maile Shimabukuro, Vice Chair
- COMMITTEE ON WAYS AND MEANS: Senator Jill Tokuda, Chair; Senator Ronald Kouchi, Vice Chair
  - Wednesday, April 8, 2015 at 9:55 a.m.
  - Conference Room 211

HSAC SUPPORTS HB321 HD1 SD1 SUBJECT TO THESE RECOMMENDATIONS:

Good Morning Chair Keith-Agaran; Chair Tokuda; Vice Chair Shimabukuro; Vice Chair Kouchi, and Distinguished Committee Members. My name is Alan Johnson, Chair of the Hawaii Substance Abuse Coalition, an organization of more than thirty treatment and prevention agencies across the State.

The Hawaii Substance Abuse Coalition (HSAC) proposes key recommendations to establish licensed medical marijuana dispensaries and production centers:

1. **Restrict advertising.**
2. **Place warning labels on product, advertisement and website, etc.**
3. **Increase fees to cover for Regulatory Inspector.**
4. **Increase fees to cover prevention programs for children.**
5. **Increase fees to cover for treatment for marijuana abuse and addiction.**
6. **Encourage other therapeutic forms of THC.**

Restrict Advertising

Other states have limited advertising to:

- ➢ No licensee can advertise marijuana/infused product in any form or through any medium whatsoever within 1,000 ft. of school grounds, playgrounds, child care, public parks, libraries, or game arcades that allows minors to enter.
- ➢ Also, you can't advertise on public transit vehicles/shelters or on any publicly owned or operated property.
- ➢ The controls should emulate the restrictions on targeting young people, banning outdoor advertising and product placements that the tobacco industry accepted as part of its settlement with state attorneys general in 1998.
- ➢ Retailers are limited to one 1,600 square inch sign bearing their business/trade name.
- ➢ Retailers cannot put products on display to the general public such as through window fronts.

Please remember the lesson in the battle between the community vs. the tobacco industry in their advertising's outsize role in creating and sustaining an addiction to nicotine, particularly among teenagers and young adults. Though marijuana is far less addictive than tobacco, states must impose limits on the promotional activities of marijuana to not incur another outsize role.

Warning Labels

Here are some suggested warning labels from other states as well as federal agencies:

- Warning: In compliance with state law, do not drive and keep out of reach of children.
- Warning: Growing evidence indicates that marijuana may be particularly harmful for young people: It may cause long-term or even permanent impairment in cognitive ability and intelligence when used regularly during adolescence, when the brain is still developing.
- Warning: In some instances, marijuana may trigger acute psychosis or symptoms with other mental illnesses.
- Warning: For medicinal use only
- Warning: Not for resale
- Give information on potency, expiration dates, and a disclaimer that medical marijuana isn't legal outside Hawaii and hasn't been safety-tested.
- Give information to parents and students about the issues surrounding the use of marijuana.
- Warning: The use of marijuana can lead to abuse and addiction.
- Warning: There is no evidence that the use of marijuana is an effective medical solution for any diagnosed illness. Please consult your physician for recommended care.
- Warning: Smoking marijuana elevates your heart rate 20-100% for up to 3 hours and increases your risk of heart attack for at least one hour after smoking. The risk may be greater in older individuals or those with cardiac vulnerabilities.
- Warning: The chronic use of marijuana has been linked with mental illness. High doses of marijuana can produce a temporary psychotic reaction (involving hallucinations and paranoia) In some users, using marijuana can worsen the course of illness in patients with schizophrenia. A series of large studies following users across time also showed a link between marijuana use and later development of psychosis. This relationship was influenced by genetic variables as well as the amount of drug used, drug potency, and the age at which it was first taken—those who start young are at increased risk for later problems. Associations have also been found between marijuana use and other mental health problems, such as depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities.
- Warning: Marijuana use during pregnancy is associated with increased risk of neurobehavioral problems in babies and may alter the developing endocannabinoid system in the brain of the fetus. There is also some evidence that marijuana use during pregnancy may be associated with neurological problems in babies and impaired school performance later in childhood.
- Warning: The use of marijuana may impair judgment and motor coordination. Do not drive vehicles or operate any equipment that could contributes to risk of injury or death.

Federal rules mandate that states must require proper labeling and packaging of products that contain mind-altering substances. A safety concern is that, contrary to common belief, marijuana can be addictive: About 9% of people who try marijuana will become addicted to it.

The number goes up to about 1 in 6 among people who start using marijuana as teenagers, and to 25-50% among daily users.http://www.drugabuse.gov/publications/drugfacts/marijuana-medicine

Regulatory Oversight

HSAC recommends that the State employ Regulatory Inspectors so that regular inspections occur to ensure product integrity.

- Many illicit marijuana products today are laced with other addictive drugs as well as mold and other impurities.
- Medical marijuana must be inspected frequently to ensure the product is safe for consumption.
- Qualified inspectors would protect consumers from both dangerous and counterfeit products, reducing the physical risk from a psychoactive substance.

Beyond keeping marijuana out of the hands of minors, a good regulatory system has to limit the increase in drug abuse that is likely to accompany lower prices as availability of medical marijuana increases. And a well-regulated system should undermine and eventually deter the black market for marijuana.

As a means to fund regulation, a better approach would be to tax the drug based on its potency — which can be measured in various ways, including by the amount of the component THC in in a batch — and increase the rate over time to keep up with inflation. Lawmakers should not repeat the mistakes they made on alcohol in recent years, taxing it too lightly and allowing the industry to become highly concentrated. (Just two companies control about 75 percent of the American beer market today.)

States with an existing medical marijuana market will also have to make sure that users are not abusing it. The problem is that almost anyone can get a card on a doctor's recommendation. Regulators need to tighten access to cards and penalize doctors who churn out recommendations by the hundreds.

Future policing issues will include how to quantify whether someone is impaired from smoking marijuana before driving. Other complexities that will have to be answered include randomly testing pilots, bus drivers, taxi drivers and others.

Prevention Need for Children

HSAC recommends significant funding be legislated to specifically address prevention for adolescent marijuana use because of the potential permanent loss of brain functions in youth when used heavily. Marijuana affects brain development, and when it is used heavily by young people, its effects on thinking and memory may last a long time or even be permanent. While adults who abuse marijuana tend to recover lost brain functions, significant testing has indicated that young abusers do not. Adolescent abusers incur substantially reduced connectivity among brain areas responsible for learning, memory, attention and problem solving. And a large long-term study showed that people who began smoking marijuana heavily in their teens lost an average of 8 points in IQ between age 13 and age 38. Importantly,

the lost cognitive abilities were not fully restored in adolescents who quit smoking marijuana. //www.drugabuse.gov/publications/drugfacts/marijuana. Revised January 2014

Softening attitudes are problematic because research demonstrates that illegal drug use among youth lowers their perception of risk (whether one thinks a drug is dangerous) and social disapproval of use. Studies have substantiated the powerful association between perceived risk and use that cannot be explained away by concurrent shifts in a number of other lifestyle factors.

Universal prevention programs to help build strong families and provide youth with the skills to make good, healthy decisions are necessary components of effective drug prevention. Drug prevention efforts also need to focus specifically on community risk and protective factors explicitly related to the initiation and use of marijuana.

Prevention science in the field of substance abuse has made great progress in recent years, resulting in effective intervention to help children reduce the risk of initiating drug use at every step of the developmental path. Working more broadly with families, schools and communities, scientists have found effective ways to help people gain skills and approaches to stop problem behaviors — such as drug use — before they occur.

Over 51% of students in school-based and community treatment programs report that their primary problem is marijuana. While this increase in marijuana use happened in a cultural shift over several years, it is evident that the use of marijuana under the guise of medicine has affected youth drug use patterns.

Treatment Need for Adults and Adolescents

HSAC recommends that significant resources be allocated to provide treatment for marijuana treatment. Contrary to common belief, marijuana is addictive. Final answer. Research suggests that about 9% of users become addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent), according to the National Institutes of Health.

The potency concentrations in marijuana have increased from 4% to about 15%. For frequent users, it means a greater risk for addiction if they are exposing themselves to high doses on a regular basis. Keep in mind that marijuana addiction is a condition in which a person cannot stop using a drug even though it interferes with many aspects of his or her life.

Because marijuana addiction produces a withdrawal syndrome such as anxiety and drug craving, evidence-based marijuana treatment plays a vital role in any discussion of marijuana. For those who have not progressed to full marijuana addiction, an initial drug screen by general primary care physicians or counselors can identify at-risk people. Brief interventions may be performed by physicians. This type of inexpensive care has not yet been developed in Hawaii.

For those people with more chronic conditions, medical practitioners can refer to specialized treatment services (residential or outpatient), case management and follow-up support in the

community. Specialized treatment utilizes evidenced-based treatment methods such as cognitive-behavioral therapy (CBT) and motivational approaches to produce rapid, internally motivated change. Although no medications are currently available, recent discoveries about the workings of the endocannabinoid system offer promise for the development of medications to ease withdrawal, block the intoxicating effects of marijuana, and prevent relapse. http://www.drugabuse.gov/publications/research-reports/marijuana/marijuana-addictive

Medicinal Forms of THC

HSAC recommends that there be some kind of reference in the bill to develop the use of other methods for receiving the benefits of marijuana than just smoking it. Noting that the highest use of medical marijuana is for some kind of pain, there are some compounds within marijuana that have been shown to help. The whole marijuana plant material, on the other hand, has thousands of unknown and carcinogenic components that have not been accepted by scientific and medical authorities as medicines. While more research is needed, there also has to be other avenues to make those compounds available to those who need them without exposing them to harmful side effects.

More research is needed; however, it is clear that for some people, marijuana helps with chemotherapy-induced nausea, appetite enhancement and pain relief. The National Institutes of Health is currently funding cannabinoid research for the relief of pain, addiction, cancer, diabetic neuropathy, Tourette's syndrome, irritable bowel syndrome, multiple sclerosis, brain damage, depression, glaucoma, Alzheimer's disease, stroke, Autoimmune Hepatitis, ALS, viral infection, liver disease, cardiotoxicity, HIV/AIDS, schizophrenia, sleep, Crohn's Disease, bipolar disorder, Post Traumatic Stress Disorder, anorexia nervosa, fibromyalgia, and other diseases. Unfortunately, such research is in the early stages of development.

While the term "medical marijuana" is generally used to refer to the whole unprocessed marijuana plant or its crude extracts, the active chemicals in marijuana, called *cannabinoids*, has led to the development of two FDA-approved medications already that harness the therapeutic benefits of cannabinoids while minimizing or eliminating the harmful side effects.

SUMMARY

We have the opportunity to do better than we have before when approving those drugs for consumption that may have benefits, but also can be harmful or addictive. How we regulate medical marijuana will set the tone for any possible future legislation.

We appreciate the opportunity to testify and are available for questions.

From: mailinglist@capitol.hawaii.gov
To: JDLTestimony
Cc:
Subject: *Submitted testimony for HB321 on Apr 8, 2015 09:55AM*
Date: Tuesday, April 07, 2015 2:13:16 PM

HB321
Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
M. Minn	Hawaiian Standard	Support	No

Comments:

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Committee:	Committee on Judiciary and Labor Committee on Ways and Means
Hearing Date/Time:	Wednesday, April 8, 2015, 9:55 a.m.
Place:	Room 211
Re:	Testimony of the ACLU of Hawaii in **Support of H.B. 321, H.D. 1**, **S.D. 1**, Relating to Medical Marijuana

Dear Chair Keith-Agaran, Chair Tokuda, and Members of the Committees on Judiciary and Labor and Ways and Means:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in **support** of H.B. 321, H.D. 1, S.D. 1, which establishes a system of dispensaries for medical marijuana.

The ACLU of Hawaii participated in the Medical Marijuana Task Force ("Task Force") at the request of the Legislature (via House Concurrent Resolution 48, 2014). The Task Force engaged in a thorough and comprehensive review of policy options relating to the establishment of a medical marijuana dispensary system in Hawaii, and has developed a reasonable, thoughtful, and practical framework to allow patients to obtain their medicine legally and safely.

There is currently no legal way for patients to obtain medical marijuana, besides growing it themselves. This puts patients who are unable to grow marijuana (due to living situation or physical health) in an extremely difficult situation, because they must break the law in order to procure their medication. H.B. 321, H.D. 1, S.D. 1 would alleviate this issue.

However, the ACLU of Hawaii has several suggested amendments that would allow dispensaries established through H.B. 321, H.D. 1, S.D. 1 to better serve patients in Hawaii:

- Vertical Integration: The current draft forces vertical integration through page 4, lines 17-20 (§ 321-B (e)). We recommend amending the bill to separate dispensary licenses from cultivation licenses. This will allow smaller cultivators to operate cultivation sites, thereby increasing the availability of specific strains of

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medication, which is crucial to patients who require a certain type of marijuana to treat their particular illness.

- Buffer Zones: § 321-K(a)(2) is unnecessarily broad. There is no evidence that instituting a 750-foot buffer zone between medical marijuana dispensaries and schools, playgrounds, and public housing complexes decreases crime related to medical marijuana. In addition, the broad definitions of "school" and "playground" in this bill will likely preclude establishment of dispensaries in heavily populated areas – where many patients who need access to a dispensary the most are likely to reside. There is no legal basis for instituting a buffer zone around public housing complexes. Public housing complexes differ in no material way from any multi-family dwelling. We recommend that the Committees amend H.B. 321, H.D. 1, S.D. 1 to decrease the distance of the buffer zone and eliminate the category of public housing complexes from the buffer zone.

In sum, the ACLU of Hawaii respectfully requests that the Committees make these amendments and pass this measure.

Thank you for this opportunity to testify.

Lois K. Perrin
Of Counsel
ACLU of Hawaii

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for 50 years.

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From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Monday, April 06, 2015 6:42:11 PM

HB321

Submitted on: 4/6/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Tischler	Americans for Safe Access Big Island Chapter	Support	No

Comments: Americans for Safe Access Big Island Chapter have advocated for a statewide dispensary system for the past seven years and we are hopeful that a bill creating one will be passed this year. However, although there are many good provisions in the bill before you, we cannot support the bill in its current form as it does not serve the best interests of medical cannabis patients in general. 1. The provision to phase out caregivers from the program once it gets started is definitely not in the patient's interest as caregivers provide low cost or no cost medicine to many patients. To require patients to obtain their medicine only from a dispensary places a huge financial burden on the patient to pay the high cost of medicine from a dispensary. This provision needs to be deleted. 2. Starting the program with only six dispensaries and later adding six more is absurd. The already 13,000 patients in Hawai'i which will continue to increase rapidly will not be well served by only six dispensaries statewide. That would most likely mean that there would be one dispensary per island. On the Big Island with 5,000 patients one dispensary would mean that a patients might have to drive for a couple hours only to find that the strain of cannabis that they need has been sold out. How can one or even two dispensaries provide for the medicine for so large a patient number? We need to remember that we are trying to create a system that benefits (not hinders) the patient. Another detriment to having very few dispensaries is that it creates a monopoly environment where the dispensary can charge a higher price for the medicine. Competition between a number of dispensaries will lower the price and give the patient more choices and a better quality. We need to have a larger number of dispensaries based on how the patient can be best served. That is not to have to wait in long lines, deal with product shortages or pay exorbitant prices. Absent of these amendments patients will continue to buy from the black market. 3. As we testified in the past medical cannabis patients have waited for 15 years for dispensaries and we can no longer wait another two or three to have them begin. Please ensure that dispensaries be placed on a fast track. There is no reason for such a long delay. 4. ASA would encourage a provision in this bill to allow delivery service for home bound patients who are unable to travel to a dispensary. This concept is fast becoming popular in medical cannabis states and would alleviate the hardship patients endure in getting

around. Please carefully consider these suggestions which have come and are coming from Hawai'i's medical cannabis patients. We look forward to an excellent dispensary bill. Mahalo nui loa.

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Subject: Submitted testimony for HB321 on Apr 8, 2015 09:55AM
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HB321

Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Ruggles	Alternative Pain Management Pu`uhona	Oppose	No

Comments: Although I am very supportive of a state-wide, well regulated dispensary system, I do not support HB 321 as it would create a massively flawed dispensary system that is perverted beyond repair for the time remaining in this years legislative session. One of this bills numerous problems, is that section 329-I (c) would make it so many forms of medicine are no longer available to qualifying patients and as such they may no longer be able to achieve the desired therapeutic effect from cannabis. It is important for a dispensary to provide medical cannabis in all forms to qualifying patients, or it will not deter qualifying patients or their caregivers from resorting to the black market to obtain the desired form of medicine. This is why it is important for dispensaries to be allowed to manufacture medicine with flammable solvents. Obviously, safety training and proper precautions should be required to prevent fires or explosions. Section 329-I (c) will prevent many qualifying patients from having access to the forms of medicine that may have successfully been alleviating the symptoms and effects for which they qualify. HB 321 has many other problems which I will not go into at this time, however I would like to see a better dispensary bill passed during next year's legislative session, rather than to see HB 321 enacted this year. If HB 321 is enacted without serious revision, I believe it will greatly diminish Hawai`i's already challenged Medical Use of Marijuana program.

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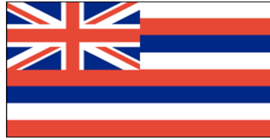

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April 7, 2015

Senator Gilbert S.C. Keith-Agaran, Chair
Senator, Maile S.L. Shimabukuro, Vice Chair
Committee on Judiciary and Labor

Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair
Committee on Ways and Means

RE: HB321 HD1 SD1 Relating to Medical Marijuana

Dear Chair Keith-Agaran, Vice Chair Shimabukuro, Chair Tokuda, Vice Chair Kouchi and Members of the Committee:

My name is John Radcliffe and I am the President of Capitol Consultants of Hawaii a lobbying company and we represent the United Food and Commercial Workers Union in seeking legislation to professionalize and enhance the sale, usage, and quality of medical marijuana in Hawaii.

I am also a stage IV liver and colon cancer patient who has undergone 16 three---day bouts of chemotherapy since June. I have suffered through eight trips to the Emergency Room so far, and have had two extended hospital stays numbering 15 days.

So my interest in getting a medical marijuana law is both professional and personal. Several weeks ago when I was at Kaiser Hospital to get my chemo pump removed, I casually asked the oncology nurse about how many Kaiser cancer patients were being prescribed medical marijuana for pain relief. She had an exact number. None.

Why not? I asked. “Because it is nonsense. The patients simply find it too hard to get. It makes no sense to try.”

Kaiser is a huge HMO system. There are thousands of cancer patients. Medical marijuana works, is working in nearly one half the states right now. The Legislature passed Senate Bill 862, legalizing medical marijuana in 2000, 15 years ago. The vote then was 32 to 18 in the House and the Senate barely passed it, 13 to 12. Since then

22 more states have passed better legislation. Legislation that works in other states because it is sold professionally under strict oversight of State Departments of Health.

Let me be clear: Medical marijuana should be highly regulated. Medical marijuana patients should be under the supervision of medical doctors, and experienced operators should run dispensaries. Dispensaries should have 24-hour security. Even if that presence is made up of off duty officers, it sets a tone. Companies whom are conducting medical research with universities should be granted a medical marijuana business license. Finally, the employees of the licensed dispensaries ought to be unionized because, frankly, having a union presence legitimizes a workforce. All of those things ought to be in any bill that is ultimately passed.

So you should do four things in passing this legislation:

1. End the cruel, fifteen year old, hoax now being perpetrated on Hawaii patients. They can't realistically get medical marijuana.

2. Make sure that any business that has a clinical research relationship with a university is granted a medical marijuana business license. Marijuana business should be highly professionalized and have medical professionals advising them to insure patient safety.

3. Provide enough dispensaries to meet the need, but no more than that. And, finally,

4. Allow for the unionization of the employees, as this gives those employees and the public the knowledge that a competent, organized, employee organization stands behind them.

Thank you for the opportunity to testify here today.

Respectfully Submitted,

John H. Radcliffe
President

Part I: add underscored language:

Accordingly, the purpose of this Act is to establish a regulated statewide dispensary system for medical marijuana to ensure safe and legal access to medical marijuana for qualifying patients, and to facilitate research of medical uses of marijuana.

Part II – add the following:

321- . Licenses for qualified research company. (a) As used this section:

"Accredited college or university" means a college, university or other post-secondary educational institution that is accredited by an accrediting agency recognized by the United States Department of Education.

"Qualified research company" means a person that has an agreement with an accredited college or university to conduct research on the medical uses of marijuana.

(b) The department shall issue a dispensary license to each qualified research company that submits an application for a dispensary license, together with proof of qualification as a qualified research company.

(c) The department shall issue a production center license under section 321- (f)( ) to each qualified research company that submits an application for a production center license, together with proof of qualification as a qualified research company.

Testimony in Opposition to HB 321 HD1 - Relating to Medical Marijuana

Hearing on: April 8, 2015, 9:55 am
Conference Room 211 of the State Capitol

TO: Committee on Judiciary and Labor
Senator Gilbert Keith - Agaran, Chair
Senator Maile Shimabukuro, Vice Chair

Committee on Ways and Means
Senator Jill Tokuda, Chair
Senator Ronald Kouchi, Vice Chair

FR: Alan Shinn, Executive Director
Coalition for a Drug-Free Hawaii
1130 N. Nimitz Hwy, Suite A-259
Honolulu, HI 96817
(808) 545-3228 x29

Please accept this testimony in opposition to ***HB 321 HD1 SD1 – Relating to Medical Marijuana,*** that establishes medical marijuana dispensaries and production centers; appropriates funds, among other things. As the representative from the Coalition for a Drug-Free Hawaii, I sat on the Medical Marijuana Dispensary System Task Force and participated in formulating many of the recommendations that were incorporated into HB 321.

While the task force worked diligently and identified many important issues in establishing medical marijuana dispensaries and production centers in Hawaii, it was unable to adequately address all those issues. A *Minority Report to the HCR 48 Medical Marijuana Dispensary System Task Force* was distributed on 1/23/15 detailing those critical issues. These included the administration and regulation of medical marijuana dispensary and production system and enforcement of regulations and laws.

From a substance abuse prevention point of view, the key issues with establishing a medical marijuana dispensary system in Hawaii are as follows:

- Harm to youth
- Big Marijuana commercialization
- Need to define, “Is marijuana medicine?”

<u>Harm to Youth</u>
Allowing the production and distribution of marijuana for even medical use in Hawaii, sends a conflicting message to our youth and effectively helps to lower the perceived risk of harm. From 40 years of national SAMHSA alcohol and other drug use data, we know that when perceived risk of harm goes down, substance use will likely increase. It follows that States with medical marijuana that allows both home cultivation and legal dispensaries, show increases in marijuana use.

Without a strong regulatory system in place it will be extremely difficult to prevent the diversion of smoked marijuana, edibles, and related products outside of the dispensary system. That could mean more availability and access to marijuana products and potential harm to our children and youth.

New brain research and studies have shown that regular use of high THC content marijuana can cause brain impairment, loss of IQ points, and addiction, especially among youth. Marijuana use has also been linked to mental illness, especially schizophrenia and psychosis.

Parents, especially those who are immigrant, are ill-equipped to discuss marijuana use prevention with their children because of the rhetoric and mixed messages surrounding medical marijuana, decriminalization and legalization.

Big Marijuana

Establishing a medical marijuana dispensary system that is not well regulated, could help set the stage for the establishment of a new Big Marijuana industry, much like alcohol and tobacco, with many unintended consequences and huge social costs.

Historically, we know that the social costs of alcohol and tobacco far exceed the tax revenues by more than tenfold. Alcohol and tobacco industries have not contributed to the overall health of our people and rely on attracting heavy and chronic users as a way to maintain sales and profit.

The environmental costs of cultivating tens of thousands of marijuana plants for distribution to dispensaries was not discussed or calculated. Use of natural resources of land and water, as well as use of electricity, flammable gases for producing by products, and proper waste disposal of contaminates are critical issues for our island communities.

Is Marijuana Medicine?

Only those who truly need marijuana for specific medical and health conditions should have access to it. Recommendations for the use of marijuana for vague pain and anxiety conditions call into question the validity of the medical marijuana program.

Marijuana legalization and wide-scale medical marijuana are not endorsed by the major medical and health organizations including the American Academy of Pediatrics, American Psychiatric Association, and the American Medical Association.

There is no evidence that marijuana is beneficial for the treatment of any psychiatric disorders. More research on non-smoked components of marijuana is recommended for potential treatment of epilepsy and other specific medical conditions. Several CBD based medicines are being fast tracked by the FDA and should be on the market as prescribed medicines in the next few years. These may have a positive effect on how marijuana as medicine is viewed.

Other health related marijuana issues that need research include the long term health effects of marijuana second hand smoke and just emerging studies on the in utero effects of marijuana use on unborn babies.

Issues for the Committees:

- It is unclear how the State will be able to tax and regulate medical marijuana dispensaries, production centers, and other related vendors when these are cash only businesses. It is unlikely that any banking institution in Hawaii will do business with marijuana related entities as marijuana is still classified as a Schedule I drug by the federal government. In turn medical marijuana vendors will be unable to secure financial loans for startup and expansion needs.

- It is unclear whether the Department of Health will use any of its requested medical marijuana dispensary system staff positions for enforcement of regulations to prevent diversion of marijuana products into the community that might harm children and youth. If not, then recommend the appropriation of additional funding for State and local law enforcement positions to assist DOH.

- HB321 HD1 does not include a complete public health approach to medical marijuana use. If it did, it would acknowledge some medical marijuana users, both youth and adults, will likely develop dependency and will require treatment services. In addition, further normalizing the use of marijuana in the community will likely increase use among youth resulting in more referrals for intervention and treatment. Recommend additional funding appropriated for substance abuse prevention and treatment services to DOH/ADAD.

- It is unclear how the State will mandate that all marijuana products be lab tested for contaminants and CBD, and THC levels when facilities do not exist in Hawaii. Recommend funding appropriation to set up lab testing facilities for marijuana dispensaries, production centers, and home cultivation users.

- Other issues needing further study and clarification: permissible amount of smoked and other marijuana products allowed for purchase at dispensaries per card holder, establishing dosage for edibles, disposal of marijuana contaminants, transportation of marijuana products between grow sites and sales outlets, to name a few.

Thank you for the opportunity to testify on HB 321 HD1 SD1 – Relating to Medical Marijuana.

COMMUNITY ALLIANCE ON PRISONS
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COMMITTEE ON JUDICIARY AND LABOR
Sen. Gil Keith-Agaran, Chair
Sen. Maile Shimabukuro, Vice Chair

COMMITTEE ON WAYS AND MEANS
Sen. Jill Tokuda, Chair
Sen. Ronald Kouchi, Vice Chair

Wednesday, April 8, 2015
9:55 a.m.
Room 211

SUPPORT for HB 321 HD1, SD1 – Statewide Medical Marijuana Dispensary System

Aloha Chairs Keith-Agaran and Tokuda and Members of the Committees!

My name is Kat Brady and I am the Coordinator of Community Alliance on Prisons, a community initiative promoting smart justice policies for almost two decades. This testimony is respectfully offered on behalf of the 5,600 Hawai`i individuals living behind bars, always mindful that more than 1,600, and soon to be rising number of Hawai`i individuals who are serving their sentences abroad, thousands of miles away from their loved ones, their homes and, for the disproportionate number of incarcerated Native Hawaiians, far from their ancestral lands.

HB 321 establishes a system of medical marijuana dispensaries and production centers; prohibits counties from enacting zoning regulations that discriminate against licensed dispensaries and production centers; and clarifies the right of qualifying patients and primary caregivers to transport medical marijuana. The SD1 adds various criminal offenses and allows any licensed physician to recommend medical marijuana/cannabis to relieve a patient's suffering.

Community Alliance on Prisons is in strong support of a regulated statewide dispensary system. Hawai`i's sick and dying patients have waited 14 years for a system where they could purchase the strain of cannabis that would relieve their suffering.

TASK FORCE:

On behalf of Community Alliance on Prisons, I attended all of the task force meetings and some of the committee meetings to which the community was invited. I personally visited two dispensaries in California, one in a rural setting and the other in a densely populated urban area to see how they operate, how they interact with law enforcement, and how they sourced the product and tested it for purity. I was really impressed by the knowledgeable people who worked at the dispensaries and then toured a cultivation center to observe how they tracked the plants – "seed to sale" and the science used to develop the different strains of cannabis to treat specific ailments.

Diversion:

A big discussion at the task force meetings was the fear of cannabis/marijuana being 'diverted' to the black market. We find this fear kind of ironic since the state has been responsible for diverting patients to the black market by not providing legal access to medical cannabis! A seed to sale tracking system helps law enforcement because each plant is tagged and tracked and the security cameras at dispensaries and cultivation sites has actually helped law enforcement solve local crimes.

Teens:

An article from the Washington Post[1] addresses this issue:
"…the notion that medical marijuana leads to increased use among teenagers is flat-out wrong. A new study[2] by economists Daniel Rees, Benjamin Hansen and D. Mark Anderson is the latest in a growing body of research showing no connection -- none, zero, zilch -- between the enactment of medical marijuana laws and underage use of the drug.

The authors examined marijuana trends in states that passed medical marijuana laws. They tracked self-reported pot use by high school students in the years leading up to and following the enactment of these laws. They conclude that the effects of medical marijuana on teen use are "small, consistently negative, and never statistically distinguishable from zero."

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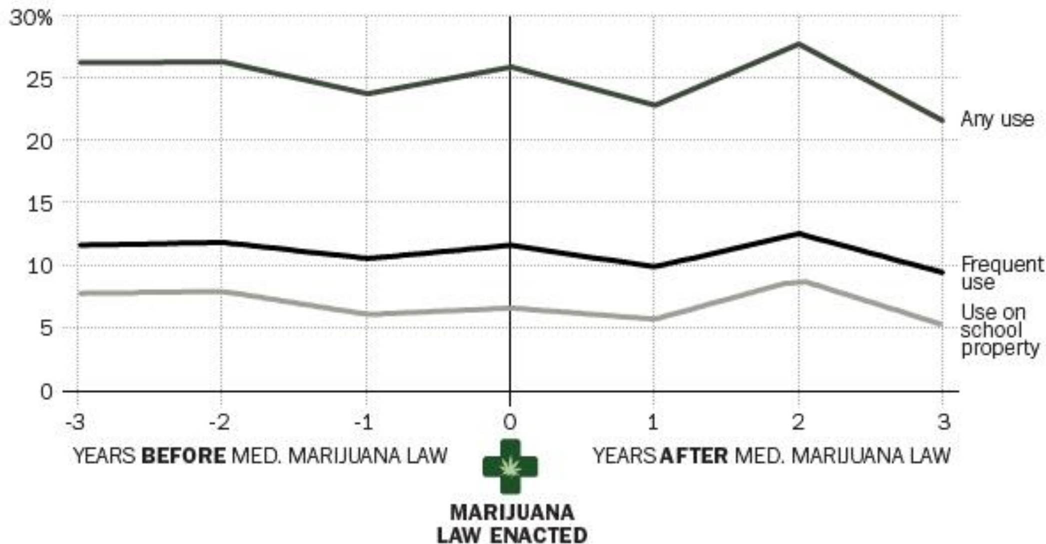
[1] ***Medical marijuana opponents' most powerful argument is at odds with a mountain of research,*** By Christopher Ingraham July 29, 2014. http://www.washingtonpost.com/blogs/wonkblog/wp/2014/07/29/medical-marijuana-opponents-most-powerful-argument-is-at-odds-with-a-mountain-of-research/

[2] ***Medical Marijuana Laws and Teen Marijuana Use***. D. Mark Anderson, Benjamin Hansen, Daniel I. Rees. NBER Working Paper No. 20332, Issued in July 2014. http://www.nber.org/papers/w20332



The chart above shows the trend in teen marijuana use, as measured by state Youth Risky Behavior Surveys, in Alaska, Arizona, Colorado, Delaware, Maine, Mississippi, Montana, Nevada, New Mexico and Vermont. The x-axis is standardized to track the three-year periods before and after each state passed its medical marijuana law. The lines are essentially flat.

I asked study co-author Daniel Rees if there were any significant changes within individual states. He told me that ***"no single state stood out -- the effect of massing a medical marijuana law on youth consumption appears to be zero across the board."*** *These results are consistent with earlier research showing little change in youth pot consumption in Los Angeles after marijuana dispensaries opened there.*

The authors verified their work by running a number of regression tests and examining youth drug use data from other sources, too. They found that, if anything, passage of medical marijuana laws had a slight negative effect on teen use. *In a forthcoming paper, Rees and Anderson hypothesize that this might be because "legalization allows suppliers to sell to adults with some assurance of not being prosecuted, while selling marijuana to a minor is still a risky proposition even with the legalization of medical marijuana."*

There's little doubt that, like alcohol or tobacco, marijuana use can potentially be harmful to teens, particularly to heavy users. ***But this paper, like others before it, provides straightforward evidence that there is no link between medical marijuana laws and teen marijuana use.*** *"*

ISSUES THAT MUST BE ADDRESSED:

Caregivers:

As a caregiver to three terminally ill patients, I understand the relationship that develops between the caregiver and the patient. There has been talk about disallowing caregivers to continue providing compassionate care to their patients after the dispensary system is up and running. I respectfully disagree because some patients will not be able to access the dispensary system on their own. When my Mom was bedridden with cancer, I would go to the pharmacy and pickup her medication that consisted of very heavy and expensive narcotics because she was unable to go herself. I imagine the same is true for many patients in various stages of their illness.

Edibles and Other Ingestion Methods:

Negative experiences in other places with edibles have scared some from allowing our system to carry a range of products. These experiences are instructive for Hawai`i. There are ways to limit the THC content, packaging, and display of products and we sincerely hope that the system is "patient-centric". We understand that many patients ingest their medicine in different ways. Some patients juice the product; some use oils and tinctures; some ingest it in baked goods; some in lozenges, etc. This is not a new concept, Mary Poppins' song highlighted it: *"A spoonful of sugar helps the medicine go down…"* and kids taking their polio vaccine in the 50's took it in a cube of sugar.

85% VOTERS & THE ASSOCIATION OF HAWAIIAN CIVIC CLUBS IN SUPPORT:

There is widespread support for a regulated statewide dispensary system.

- A recent poll showed an 85% favorable response by Hawai`i voters, and
- Resolution # 14-18[3], STRONGLY SUPPORTING THE ESTABLISHMENT OF A STATEWIDE REGULATED DISPENSARY SYSTEM FOR MEDICAL MARIJUANA PATIENTS AND CAREGIVERS was adopted at the Association of Hawaiian Civic Clubs convention at Waikoloa Hawai`i on November 1, 2014.

A regulated statewide dispensary system is long overdue and we respectfully ask the committees to pass this compassionate bill with the initial funding that DOH needs to get the system up and running. Please support our sick and dying patients.

Mahalo for this opportunity to submit testimony.

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[3] Association of Hawaiian Civic Clubs, 2014 Resolutions, Resolution #14-18, pages 12-14, November 1, 2014. http://aohcc.org/images/stories/2014/Shane/FINAL%20RESOS%2013-26.PDF

Hawaii's voice for sensible, compassionate, and just drug policy

COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

COMMITTEE ON WAYS AND MEANS
Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair

Wednesday, April 8 2015,

9:55PM

Conference Room 211
State Capitol
415 South Beretania Street

Executive Director Rafael Kennedy,
Testimony in strong support of HB 321 – Relating to Medical Marijuana

Aloha Chairs Keith-Agaran and Tokuda, Vice Chairs Shimabukuro and Kouchi, and members of the committees.

Thank you for your time and consideration in hearing this bill. The Drug Policy Forum has long considered the establishment of a working, well regulated dispensary system for the medical cannabis program to be one of our **top priorities**. Last year, the legislature passed HCR 48, which formed a task force to look at some of the finer grain details of what a dispensary program would look like in Hawaii.

That Task Force did a tremendous amount of work, met for a total of **22 hours** of official meeting time (not counting sub-committee meetings) over the course of **six months**, held **two** dedicated public input hearings, and heard from a number of subject matter experts in conference calls and in person. Throughout, while we did not agree on every aspect of the issue, there was a broad recognition of the fact that a dispensary system is urgently needed. The Task Force looked closely at questions of security, diversion, and quality control, to ensure that the system recommended would meet patient needs, while at the same time ensuring that public safety is protected through rigorous and proven inventory control systems, security measures, and a dedication to education of patients and the wider community. The task force has taken a great many

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lessons from other states experience implementing these systems, and has **agreed upon a framework that will work for Hawaii**.

This is an urgent need for the state. Hawaii was at the vanguard of this issue in 2000, when it was the first state to pass a medical cannabis law through the state legislature. Now though, we are the last remaining state with a medical marijuana program that has neither operational dispensaries nor a law to create them.[1] This "gap in the law" is urgent, and for the first time, the state has a workable framework to finally address it. Not only this, but the Department of Public Safety, the Department of Taxation, and the Department of Health among many other stakeholders have agreed that the Task Force Recommendations **will be a successful program**.

One of the many virtues of the approach taken by HB321 is that the bill consistently puts patients first. This bill ensures that patients are safe by **requiring laboratory screening** for contaminants and for its component cannabinoids. This is something that has been sorely lacking for far too long. Likewise, the bill provides **resources for education**. This is important for patients who until now have had no one who can help inform them about the differences between strains, and the indications of their particular conditions. It is also important because educating the public about medical cannabis is a hugely important part of insuring that medical cannabis is not used accidentally by unauthorized people or diverted for use by people without a qualifying condition.

Unfortunately, in the most recent draft of the bill, a few problematic changes were made, that we hope can be addressed in your committees. For the sake of clarity, I will enumerate them in bullet points:

- **<u>This bill creates a number of new felonies</u>.** This is a problematic strategy for enforcement of marijuana laws. We are currently in the process of moving toward more realistic approaches to marijuana violations, and creating several new felonies that will take up resources while harming our communities is the wrong approach. These new felonies should all be stripped from the law. The one that is **especially abhorrent** is the felony for "**improper storage**" of medical marijuana. This can only serve to make patients feel like criminals, and to allow for the prosecution of a handful of grandmothers and cancer patients who did not think to store their marijuana in an airtight safe. If this is in response to a fear about accidental use by children, then the approach should be one of education, an approach that is **already taken in this bill**. It should not be the prosecution of sick people for what is at best a mistake.
- **<u>This bill removes any flexibility for the department of health.</u>** In the most recent hearing, it was clear that the intent of this bill is to provide for a "phased in" approach that gets dispensaries up and running more quickly, by beginning with a small number. Unfortunately, the new bill does not contain any provisions allowing the department to expand the program in the future. These should be included in the bill, an approach taken by the house version of the bill, SB 682 SD2 HD1. That way there need not be a repeat of this bill to expand the program.
- **<u>This bill requires that dispensary applicants "Be a licensed health care provider organized in the State."</u>** We *support* the intent here, of requiring that there be medical

1 See the appended Document from the Marijuana Policy Project.

expertise involved in the process of dispensary operations, and in conversation with Senator Green, who introduced this provision, he explained that the intent was to require that a dispensary partner with a person who holds such a license, but as it is currently written, that provision seems to require that the "legal entity" hold such a license.

- **The numbers of licenses to be granted are not yet included in the bill.** In order to be viable, both from a **regulatory** and **financial** stand-point, it is critical that there be **at least 2 licensees** on each island. This is because if there is only one licensed provider, that provider will face no competition in either price or quality of service from anyone except for the black market. Furthermore, it is important that dispensary licensees be able to **lose their licenses if they do not obey the rules** established in this law and by the department of health. If there is only one licensee, that licensee cannot be stripped of its license without denying hundreds or thousands of patients access to a medicine that they depend on overnight. A monopoly is inherently unstable, and will be more problematic. It should be specified that the number of licensees in each county must be **at least 2.**

Again, mahalo for your time and consideration in hearing this bill, and other measures to improve the medical cannabis law. Creating dispensaries is an important step that we need to take, let's take it **this year**.

Rafael Kennedy
Executive Director
The Drug Policy Forum of Hawaii

The Drug Policy Forum of Hawaii works to educate policymakers and the public about effective ways of addressing drug issues in Hawaiʻi with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources.

From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Monday, April 06, 2015 12:06:33 PM

HB321

Submitted on: 4/6/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Matthew Brittain, LCSW	Effective Change, LLC	Support	No

Comments: Matthew Brittain, MA, LCSW, DCSW, DABFSW Diplomate, Clinical Social Work, NASW Diplomate, American College of Forensic Examiners 56 Waianuenue Ave. Suite #207 Hilo HI 96720-2474 (808) 934-7566 (phone) 934-9442 (Fax) License # LCSW-3048 Date: 04-01-2015 COMMITTEE ON FINANCE- Rep. Sylvia Luke, Chair, Rep. Scott Y. Nishimoto, Vice Chair REGARDING: Support of, and Suggestions for, SB682 SD2 HD1 Relating to Medical Marijuana Dispensaries Thank you for hearing this important bill. Our organization represents approximately 3,800 medical marijuana patients, served by us over the past 12 years. As such, we are the most consistent, long-standing organization serving the medical marijuana community it the State of Hawaii. I submitted the following Financial Projections report to the Working Group that was tasked with the chore of writing the preliminary bill, which was originally submitted to the legislature. I have edited the original document here, to reflect the more refined research that I have tabulated since then. In addition, I have made specific recommendations that are tailored to the Finance Committee, with other appropriate items. The entire tenet of my work here is to improve overall public safety, Public Health, State finance, patient access, reduction of police/judicial workload, and improvement of the overall economy. Summary: Financial projections Allow caregivers Require dispensary owners to be Hawaii residents Eliminate the 750 foot prohibition zone Scale, and make progressive, dispensary licensing fees Eliminate additional regulations relating to number of plants on one property Require verification of out-of-state medical marijuana certificates prior to purchase Eliminate the requirement that the location of the marijuana be printed on the certificate Allow for inter-island transportation of medical marijuana Clarify the definition of Medical Use of Marijuana Eliminate travel restrictions Clarify definition of Marijuana Manufacture ESTIMATED PATIENT POPULATION/FINANCIAL STREAM PROJECTIONS: Currently, about 2.8% of the Big Island population is a MUM patient. This is probably about half to one-third of the eligible population. The reason that this number is a fraction of the potential total populations is because there are no dispensaries. Many patients currently do not choose to legally register their procurement of black-market cannabis because it is folly to sign up with the Narcotics Enforcement Division (NED) the fact that they are doing that. The former NED MUM application form had no method to register as a

non-growing patient with no caregiver. Using this logic, it is safe to estimate that the actual MUM population is closer to 8% of the overall population. Based on the population percentage of the general population that have a qualifying diagnosis, and percentage of other states' MUM populations, about 8% of the State of Hawaii (104,000 people) qualifies and would participate in the program. With the average patient consuming about one gram of cannabis per day, the daily consumption would be about 3,700 ounces. With each ounce valued at $350, the daily value for the medicine alone would be about $1,295,000. Total annual consumption would then be estimated at about $472,675,000. Please note, though, that this does not mean that all patients will be buying from the dispensaries. Many will continue to produce their own. This total does not take into consideration the spin-off benefit to the larger economy through stimuli such as rent/utilities/payroll/ supplies and other services/products paid for/bought by the MUM industry. A fair estimate is that spinoff benefit to the overall economy would be the approximate equivalent of the value of the actual product, making medicinal cannabis a BILLION DOLLAR INDUSTRY in Hawaii, once it is well established. Please see further economic projections related to MUM tourism, below, and also note that the above projections do not include the potential for production of medical-grade cannabis for export to other locations throughout the world. Once the medicinal cannabis industry matures over the next decade, Hawaii will be poised to catapult this billion-dollar industry to become a multi-billion dollar industry, most likely by 2025, if the required infrastructure and policy/legal/resource components are developed in a thoughtful fashion beginning now. O'ahu is very under-represented in the MUM population, by percentage. The most commonly cited reason for this is that most of the people who live on Oahu can not produce their own, as garden space is at a premium. Those who do have space to grow a garden are often wary of neighbors who would steal their crop. Another factor to consider is that there is a large military population on Oahu, and this demographic is prohibited by Federal law from using cannabis. Tourist utilization of medicinal cannabis dispensaries would result in additional benefits to the State through increased tourist visits/spending. According to the Hawaii Tourism Authority, there are about 4,900,000 visitors from the USA Mainland (combined East and West areas) per year to Hawaii. Each visitor stayed for about ten days. Projecting that about 1/3 of the overall US population is now living in a MUM state, there should be about 1,617,000 visitors from those MUM-legal states. Further projections of 8% of those visitors as qualifying and needing medicinal cannabis would be faulty, for other states may not have a similar percentage of approved patients as will be present here. For this reason, a more conservative estimate of 4% of the population will be used. Given this more conservative estimate, there should be about 64,680 annual visitors needing access to medical marijuana, based on current numbers. At ten days per trip, that equates to about 646,800 additional grams that will be needed, or 23,100 ounces worth about $8,085,000. When Hawaii approves a reciprocity clause for it's dispensary system, the number of MUM visitors from other states are projected to quadruple, resulting in an additional $32,340,000 revenue per year, just on cannabis purchases, not their overall spending for their vacations, bringing the total revenue to about $505,015,000 per annum. Tourism to Hawaii would most likely increase significantly once there is a reciprocity- based dispensary system. The reason for this increase is based upon tourist decision- making processes leading to their choice of vacation destination. Many MUM patients from other states would

definitely prefer to vacation in a state where they can legally procure their medicine. Given that there are tens of millions of tourism-days spent in other locations per year, an estimate of increased tourism to Hawaii would be difficult to calculate in any precise fashion. The supposition, however, is that tourism to Hawaii would increase significantly. I have the following recommendations for the current bill: Allow caregivers. Reasoning: Many patients have skilled and efficient caregivers. Eliminating this capacity will put a major limitation on safe and reliable access to cannabis. This limitation would especially affect poor patients, who do not have adequate money to buy their medicinal cannabis. The average use is one gram per day, which would cost about $300 to $400. Given that many poor patients are living on SSI or SSDI, at less than $1,000 a month, they would not be able to afford their medicinal cannabis. Include language that requires owners of dispensaries to be Hawaii residents. Reasoning: If not, then out-of-state operators will come in, set up the dispensaries, and extract the money from the state. Local ownership of the dispensaries will more likely assure that most of the money generated will remain in the local economy. Eliminate the 750 foot "buffer zone". Reasoning: The current thought about creating a 750 foot "buffer zone" between dispensaries and schools, parks and public housing projects is arbitrary and capricious. Stores that sell tobacco, alcohol, and pharmaceutical drugs like Oxycontin and Morphine have no similar restrictions. Logically considered, if a registered cannabis patient has a choice to walk 750 feet to buy their medicine legally, or go to the park across the street to buy weed from a drug dealer, the patient will, on occasion, choose to buy from the illegal drug dealer in the park. Also, the same logic goes for restrictions in relationship to potential dispensary locations close to public housing projects; impoverished patients with no car will have a choice to go to the local legal dispensary to get their medicine, so far away, or buy from the illegal drug dealers who live in the housing projects. this way the zoning restrictions actually encourage illegal activity, rather than control it. In addition, it is patently obvious that school children are not going to go into a dispensary on their lunch break or after school to buy illegal dope. In fact, when dispensaries are close to schools then what will actually happen is that the illegal drug dealers that hang out around schools will not have the market share of desperate medical patients who can not walk 750 feet (or more) away to buy their medicine. The actual outcome of this zoning buffer zone would be the actual encouragement of illegal drug dealers closer to the schools. Furthermore, when legal patients visit illegal drug dealers, they are often offered hard drugs by the drug dealers, not just cannabis. Once again, the prohibitionist idea of restricting dispensaries by imposing arbitrary zoning requirements would result in the (apparently unforeseen) impact on continuing the illegal drug market. Contrary to the logic of the prohibitionists, wherever cannabis dispensaries are outlawed, the illegal dealers will thrive. Clearly, the only reasonable conclusion is to do away with this misguided concept. To be fair, the proponents of the buffer zone concept should be questioned as to their motivation for creating this buffer zone. If they have realistic and thoroughly thought-out reasons, other than simply limiting marijuana access, then they should say so. Buffer zones would appear to have, as its sole reason, the purpose of restricting access to medicinal cannabis; this restriction of access is exactly the problem that the dispensary system is being designed to overcome. Scale the licensing fees over the first three years. Reasoning: Given that many qualifying patients will need to register with the Dept. of Health prior to actual

purchases of cannabis, and also given that only a percentage of the current patients would buy from the dispensaries, the first two years of dispensary operation will have fewer than the optimum number of patients. For this reason, the licensing fees should not be exorbitant, and should be reasonable enough for local operators to begin operations. Once adequate patients are licensed, then the fees should be raised. Connect licensing fees to actual sales. Reasoning: A flat fee for licensing is regressive, in that it does not allow for the State to realize the amount of money that it could, and also does not allow for start-up businesses to succeed. Tagging licensing fees to gross, or net, sales, would be more fair. However, this could be seen as a “hidden tax”. Specific number of plants allowed per production facility. Suggestions: Prior versions of this bill stated that licenses for production of 500 and 1,000 plants would be issued. This is a good number of plants per production facility if many licenses are to be issued, which I suggest. The reason for this higher number of production licenses is to convert the current productive, local caregivers to become licensed producers. In this way the current production capacity will be converted; if large-scale, industrial production is mandated then many of the current growers will simply divert their production to the black market. From a financial and public safety perspective, the existing farmers should be encouraged to integrate into the medical marijuana industry, and should not be alienated from it. Delete language that requires special permission from the Dept. of Health for locations with more than 28 plants. This requirement is arbitrary and pernicious. 28 plants is barely enough to maintain an adequate supply for 4 patients, and many growers collect several certificates together on one location to engage in economy of scale such that efficient production may be maintained on an ongoing basis. Creating limits on this aspect of current production will simply generate another class of criminality, which the dispensary bill is attempting to eliminate. To sum up, adding additional limitation for those who grow more than 28 plants is counter to the intent of the dispensary law itself. Require that dispensaries verify out-of-state patient medical marijuana certificates. Most out-of-state patients get their certificates through systems that have online verification systems. Just as pharmaceutical prescriptions and driver licenses are recognized as valid in all of the USA, so should medicinal cannabis certificates. Eliminate the requirement that the location of the marijuana be printed on the certificate. Reasoning: In case of theft or loss of the card, or phishing by way of unauthorized snooping in a patient’s wallet or personal files, criminals do indeed become aware of the location of the marijuana, and that opens up patients and caregivers to robbery, home invasion, theft, extortion, or other criminal acts. Law enforcement is required to verify the validity of a certificate when they see one, so at that time they can, privately and confidentially, confirm the location of the plants. In this way the privacy of the patients is maintained, public safety improved, and no barrier to police process is created. Allow for inter-island transportation of medical marijuana. Reasoning: There is no reasonable excuse to prohibit inter-island transportation, other than for arbitrary and capricious reasons pursuant to continued prohibition and maintenance of access limitations. All of the airports in Hawaii are located on State owned or controlled land. TSA agents defer to local law enforcement authority. Therefore, State law rules in terms of airport access. There is no similar prohibition on transporting other, much more addicting drugs, such as legally prescribed Oxycontin or morphine. Furthermore, the actual physical properties of cannabis are not dangerous, as bottled oxygen could be. Creation of the inter-

island prohibition simply puts an additional burden on patients to buy their medicine on the island that they are going to. Most importantly, some islands may not have a dispensary, such as Niihau and Lanai. In addition, the county of Kalawao is accessed only via airplane, for its aged and disabled population. Imposition of inter-island prohibition would eliminate these patients' access, and is directly contradictory to the purpose of establishing a dispensary system. In addition, legal precedent has been set that protects patient's ability to transport medical marijuana on inter-island flights. That decision is found here: [Hawaii Supreme Court on May 31, 2013 ruled on State of Hawaii v. Woodhall ("Woodhall decision"), overturning the marijuana possession conviction of a Hawaii Island-based medical marijuana program participant, arrested while attempting to travel by air to Oahu with his medicine.] Therefore, enactment of legislative law that is contradictory to judicial law is unfounded. For the reasons of the intent of increasing access, allowing for cohesion between Judical law and Legislative law, and the simple human compassion, travel restrictions should be not only prevented, but lifted in its current language. Clarify the definition of "Medical Use of Marijuana". Reasoning: Currently, the "Medical Use of Marijuana" is codified in HAR Title 23, Section 23-202-2, "Definitions", as the following: "Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition. As per this definition, simply possession of cannabis qualifies as the "use" of it. By projection, then, simple possession of alcohol would mean that the person is using it, and anyone transporting alcohol, even in new, sealed containers, would be guilty of a DUI. Eliminate Travel Restrictions. Reasoning: Patients travel to visit family and friends. Once a patient is in a private location then they should be allowed to use their medicine. There is no current law that prohibits the transportation of any other medication, and the imposition on prohibitions on travel with medical marijuana is arbitrary and capricious. In addition, Precedent has been set in that transportation of medical marijuana has already been protected in terms of patient taking medical marijuana through airports for inter island travel. This is found here: [Hawaii Supreme Court on May 31, 2013 ruled on State of Hawaii v. Woodhall ("Woodhall decision"), overturning the marijuana possession conviction of a Hawaii Island-based medical marijuana program participant, arrested while attempting to travel by air to Oahu with his medicine.]Therefore, travel restrictions should be lifted, otherwise another lawsuit that is based on the precedent found in Woodhall v State of Hawaii would occur, thereby incurring legal expenses, or forcing the Judicial branch to create law that is best enacted here at the Legislative level. Clarify the Definition of "marijuana", "marijuana manufacture", and other references to include all of the cannabinoids found in cannabis. The definition of "manufacture", in this bill, states that "a substance containing marijuana or its principal psychoactive constituent tetrahydrocannabinol" is the sole definition. Science should be allowed the ability to identify, manufacture, refine, and sell compounds that have other cannabinoids without requiring there to be THC as the defining characteristic of said product. According to the University of Washington, Alcohol and Drug Abuse Institute: ["There are over 480 natural components found within the Cannabis sativa plant, of which 66 have been classified as "cannabinoids;" chemicals unique to the plant. The most well known and researched of these, delta-9-tetrahydrocannabinol (Δ9-THC), is the substance primarily responsible for the psychoactive effects of cannabis. The effects

of THC are believed to be moderated by the influence of the other components of the plant, most particularly the cannabinoids. The cannabinoids are separated into subclasses. These are as follows: • Cannabigerols (CBG); • Cannabichromenes (CBC); • Cannabidiols (CBD); • Tetrahydrocannabinols (THC); • Cannabinol (CBN) and cannabinodiol (CBDL); • Other cannabinoids (such as cannabicyclol (CBL), cannabielsoin (CBE), cannabitriol (CBT) and other miscellaneous types).”] Thank you for the privilege of submitting this testimony. Please have a wonderful day. Sincerely, Matthew Brittain, MA, LCSW, DCSW, DABFSW Clinical Forensic Social Worker

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HB321
Submitted on: 4/6/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Alyssa Miller	Individual	Support	No

Comments: There are more than 13 thousand medical marijuana patients in Hawaii. They deserve adequate support, including a dispensary. Mahalo.

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Date: Tuesday, April 07, 2015 2:20:55 PM

HB321

Submitted on: 4/7/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Breene	Individual	Support	No

Comments:

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Date: Tuesday, April 07, 2015 7:07:42 AM

HB508

Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Bonnie Marsh	Individual	Support	No

Comments: Please support industrial Hemp to help clean up the polluted soil from heavily sprayed monocrops and to usher Hawaii into self-sufficiency and stainability. Mahalo, Dr. Bonnie Marsh

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Date:	Tuesday, April 07, 2015 1:53:53 PM

HB321
Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Brent Neal	Individual	Oppose	No

Comments: I am very supportive of a state-wide, well regulated dispensary system, but I do not support HB 321. One of this bills numerous problems, is that section 329-I (c) would make it so many forms of medicine are no longer available to qualifying patients. It is important for a dispensary to provide medical cannabis in all forms to qualifying patients, or it will not deter qualifying patients or their caregivers from resorting to the black market to obtain the desired form of medicine. Dispensaries should be allowed to manufacture medicine with flammable solvents. Obviously, safety training and proper precautions should be required to prevent fires or explosions. I would like to see a better dispensary bill passed during next year's legislative session, rather than to see HB 321 enacted this year. If HB 321 is enacted without serious revision, I believe it will greatly diminish Hawai`i's already challenged Medical Use of Marijuana program.

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Date: Tuesday, April 07, 2015 1:58:09 PM

HB321
Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Neal	Individual	Oppose	No

Comments: I do not support HB 321. The proposed dispensary system is greatly problematic in many ways and is not truly viable as currently written. I would like to see a better dispensary bill introduced next legislative session.

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Date:	Saturday, April 04, 2015 6:41:54 PM

HB321

Submitted on: 4/4/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Byron Harrison	Individual	Support	No

Comments: There are a lot of line items in HB321 that seem simply driven by fear and would make very unnecessary laws. In general, all concerns for youth and patient safety are valid. But, there were a couple of line items (12 and 21, I believe) that seek to LIMIT the level of THC in cannabis products that a dispensary could carry. This would be one of the biggest mistakes of this new law!!! THE VERY REASON that we need dispensaries is so that patients CAN OBTAIN the medicine that they need. Chronic patients build a tolerance and desperately NEED the stronger cannabis products. Limiting potency is senseless in my opinion, especially since overdosing is practically non-existent with cannabis in any potency. We create safety for other strong drugs. We can do the same for cannabis. Maybe requiring dispensaries to do a mandatory consult when selling products with THC above a certain level or requiring child proof containers isn't a bad idea either. But, don't limit what the patient really needs. Thanks for all you are doing. Aloha! Byron Harrison Former Evangelical Pastor in Imperial Beach, CA and Lake Havasu City, AZ

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HB321

Submitted on: 4/7/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Okazaki	Individual	Oppose	No

Comments:

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HB321
Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Daniel Montoya	Individual	Support	No

Comments:

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Date: Monday, April 06, 2015 8:31:38 PM

HB321
Submitted on: 4/6/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Support	No

Comments:

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DENNIS "FRESH" ONISHI
Council Member
District 3

PHONE: (808) 961-8396
FAX: (808) 961-8912
EMAIL: *donishi@co.hawaii.hi.us*

HAWAIʻI COUNTY COUNCIL
25 Aupuni Street, Hilo, Hawaiʻi 96720

April 7, 2015

The Honorable Gilbert Keith-Agaran, Chair
and Members of the Senate Committee on Judiciary and Labor

The Honorable Jill N. Tokuda, Chair
and Members of the Senate Committee on Ways and Means

Dear Chair Keith-Agaran, Chair Tokuda and Joint Committee Members,

Thank you for the opportunity to provide comments on House Bill No. 321, H.D.1, S.D.1, Relating to Medical Marijuana.

A chief concern in this current version, is prohibiting the Counties from zoning against medical marijuana production centers or dispensaries. Essentially removing County authority to self-govern areas in which dispensaries would be placed.

I suggest amending this measure to remove Part III, Section 3, (f). Thank you for your consideration and for the opportunity to provide comments.

Sincerely,

Dennis "Fresh" Onishi
Hawaiʻi County Council Member

Senate Judiciary / Ways and Means Committee

HR321 HD1 Establishment of Marijuana Dispensaries

My name is Diane Kusaka of Honolulu, Hawaii; I am writing on behalf of Maile Jen Kaneshiro. She is one Hawaii's youngest patients currently benefitting from medical marijuana to control her seizures, after a plethora of traditional prescription medication, diets, were less effective.

I humbly ask that you keep considerations in mind as stated below by Jari Sugano, Maile's mother. She is more knowledgeable than me and her family has spent an exorbitant amount of personal time and resources to make medical marijuana dispensaries legal in Hawaii for her daughter and other patients.

When sculpting the final medical marijuana dispensary bill, please consider:

- We oppose the recommendation of establishing dispensary as a means to strip current cannabis patients/ caregivers of their growing rights.
    - Please retain and protect the rights of patients / caregivers who out of necessity have learned to cultivate and medicate themselves appropriately.
    - Build accountability into the state's MMJ program versus taking away a patient's right to grow their own medicine (controlling growing practices, crop inputs and price)

- Please ensure the cost of medical cannabis products through dispensary systems are affordable so those that need these products are able to obtain their medicinal products at a fair market price.

- Ensure dispensary systems are able to provide patients with consistent products so there is no lapse in service or supply.

- With increased safeguards in place to minimize youth access, please re-consider and expand the range of products (beyond smokables) & formulations.

- Please also recognize medical cannabis as a state approved agricultural crop in Hawaii so DOH, dispensary systems, banks, Hawaii's agricultural organizations and farmers can wor
market without unnecessary limitations.

- If Hawaii legislatures can not reach an agreement on the establishment of dispensaries in Hawaii, at the very least, I urge you to please provide a mechanism for Hawaii patient's to test their cannabis products by providing laboratory access.
    - Since Hawaii does not allow laboratories to test cannabis without penalty, it is virtually impossible to know what dosage a cannabis

user is administering. Without understanding the compounds in our locally grown cannabis products, it is evident that long term seizure control is highly improbable for Maile.

Thank you for the opportunity to express my STRONG SUPPORT of HB321.

From:	mailinglist@capitol.hawaii.gov
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Subject:	Submitted testimony for HB1075 on Apr 8, 2015 09:45AM
Date:	Tuesday, April 07, 2015 10:05:03 AM

HB1075

Submitted on: 4/7/2015

Testimony for JDL/WAM on Apr 8, 2015 09:45AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Doreen N. Canto	Individual	Support	No

Comments: I will not be testifying in person as an individual, however: I will be submitting testimony and testifying in person as a member of an Organization. Mahalo.

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Date:	Friday, April 03, 2015 6:37:34 PM

HB321

Submitted on: 4/3/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Elijah Ariel	Individual	Comments Only	No

Comments: I recently turned 60 years old and ancient injuries of my youth are coming back to haunt me. Please make dispensaries legal in Hawaii as my medical marijuana permit helps to make my life easier. Thank you

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Date:	Monday, April 06, 2015 11:47:34 PM

HB321

Submitted on: 4/6/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Frederick M. Mencher	Individual	Support	No

Comments: Dear Chairs Keith-Agaran and Tokuda, Vice Chairs Shimabukuro and Kouchi, and Members of the Committees: I am sending this testimony to express my strong support for HB 321 HD1 SD1, "Relating to Medical Marijuana," which would establish a system of medical marijuana dispensaries and production centers. This issue affects me because I know a woman whose small child suffers from Dravet's syndrome, which causes frequent and potentially life-threatening epileptic seizures. Standard treatments have failed, and only cannabidiol – a component of marijuana – has proven effective in helping to control her seizures. At present, there is no legal means for her to obtain a secure supply of consistent potency. Regulated dispensaries would satisfy this need, and almost every state that has legalized medical marijuana has also permitted such dispensaries. Patients with a legitimate need for medical marijuana products deserve a safe and legal means of obtaining their medication. Please support HB 321 HD1 SD1. Thank you for the opportunity to support this important bill. Sincerely, Frederick Mencher Nuuanu

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Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Tuesday, April 07, 2015 7:28:18 AM

HB321
Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Gale Beardsley, MD	Individual	Support	No

Comments: To: COMMITTEE ON JUDICIARY AND LABOR- Senator Gilbert S.C. Keith-Agaran, Chair, Senator Maile S.L. Shimabukuro, Vice Chair To: COMMITTEE ON WAYS AND MEANS- Senator Jill N. Tokuda, Chair, Senator Ronald D. Kouchi, Vice Chair From: Gale Beardsley, MD POSITION: Strong Support of HB 321, HD1, SD1 Dear Chair Keith-Agaran, Chair Tokuda, Vice Chair Shimabukuro, Vice Chair Kouchi, and Committee Members: I am writing in Strong Support of HB 321, HD1, SD1. I am a practicing medical doctor (in Hawaii for 36 years). I have observed the benefits that medical cannabis (marijuana) has had with many of my patients. I would like qualified patients to have the means to more easily obtain the medical cannabis. The current system in place since 2000 needs improvement. Currently patients must become expert horticulturists if they intend to grow their own medicine. That is difficult and presents a huge hurdle to many. I believe that the legislation being considered has appropriate safeguards in it to allow it to become law. Please vote to approve this vital legislation forward. Sincerely, Gale Beardsley, MD

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Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Monday, April 06, 2015 10:59:48 AM
Attachments:	My child is 9 years old attending an elementary school.doc

HB321

Submitted on: 4/6/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Harvey Lee	Individual	Oppose	No

Comments: My child is 9 years old attending an elementary school. I might be wrong, but the bill does not address a teaching smoking on campus? This bring me to another concern. A teacher with a marijuana medicine, are they allowed to come to work? A student with a medical condition that must smoke marijuana medicine, are they allowed to attend school? There are a lot of holes in this bill. I oppose the bill for the safety of my child.

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From:	mailinglist@capitol.hawaii.gov
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Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Monday, April 06, 2015 6:48:08 PM

HB321

Submitted on: 4/6/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
James Barry	Individual	Support	No

Comments: Patients in California can look up clinics and call for medically valuable, potentially life saving information. No reason we should not be able to do that in Hawaii.

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SENATE JUDICIARY / WAYS AND MEANS COMMITTEE
HR321 HD1 Establishment of Marijuana Dispensaries

Chairs Keith-Agaran & Tokuda, Vice Chair Shimabukuro & Kouchi and members of the Senate Health & Public Safety Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries.

My name is Jari Sugano of Mililani, Oahu. I am also the mother and caregiver of a local keiki name Maile Jen Kaneshiro who has been living daily with intractable seizures since the age of 4 months.

Hawaii cannabis patients have been advocating for 15 years for safe assess as there is no legal means for local patients to obtain a consistent, lab tested product in Hawaii. Had this gap been fixed 15 years ago, our family would not be in the situation we are today; cultivating & manufacturing our daughter's cannabis based medication; wasting precious time.

We are asking for due process on behalf of Hawaii's medical marijuana patients who have waited patiently for fifteen years and those who have passed away in hopes that this day would one day come. Let's work to put forth a program where no patient has to worry about taking care of themselves and cultivating their medicine at the same time, unless they choose to do so. Establishment of dispensaries will help to ensure services are in place for (new and existing) patients and their caregiving families at a time when they desperately need them.

When sculpting the final medical marijuana dispensary bill, please keep these final considerations in mind:

- We oppose the recommendation of establishing dispensary as a means to strip current cannabis patients/ caregivers of their growing rights.
    - Please retain and protect the rights of patients / caregivers who out of necessity have learned to cultivate and medicate themselves appropriately.
    - Build accountability into the state's MMJ program versus taking away a patient's right to grow their own medicine (controlling growing practices, crop inputs and price)
- Please ensure the cost of medical cannabis products through dispensary systems are affordable so those that need these products are able to obtain their medicinal products at a fair market price.
- Ensure dispensary systems are able to provide patients with consistent products so there is no lapse in service or supply.
- With increased safeguards in place to minimize youth access, please re-consider and expand the range of products (beyond smokables) & formulations.
- Please also recognize medical cannabis as a state approved agricultural crop in Hawaii so DOH, dispensary systems, banks, Hawaii's agricultural organizations

and farmers can work together in bringing this crop to market without unnecessary limitations.

- If Hawaii legislatures can not reach an agreement on the establishment of dispensaries in Hawaii, at the very least, I urge you to please provide a mechanism for Hawaii patient's to test their cannabis products by providing laboratory access.
    - Since Hawaii does not allow laboratories to test cannabis without penalty, it is virtually impossible to know what dosage a cannabis user is administering. Without understanding the compounds in our locally grown cannabis products, it is evident that long term seizure control is highly improbable for our daughter.

After witnessing the legislative process for the past two years, I am deeply appreciative of your time, commitment and serve to the people of Hawaii. We ask you to move Hawaii's Medical Marijuana forward this session, without delay. Because, in a time of medical need, no family should have to struggle with growing, manufacturing, supply lapse, and estimating the potency of their medication.

Thank you for the opportunity to express my <u>strong support</u> of HB321.

From: mailinglist@capitol.hawaii.gov
To: JDLTestimony
Cc:
Subject: *Submitted testimony for HB321 on Apr 8, 2015 09:55AM*
Date: Thursday, April 02, 2015 3:15:05 PM

HB321

Submitted on: 4/2/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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Date:	Friday, April 03, 2015 8:09:04 PM

HB321

Submitted on: 4/3/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Martin	Individual	Support	No

Comments: Hello, Thank you for finally creating a way for medical marijuana patients to legally obtain their medicine. I'd like to add my opinion to the proceedings that we should hasten the time period between now and when applications can be submitted and dispensaries opened. We should begin the application process by this fall, in my opinion. We've already waited 15 years. Since the bill contains reciprocity with other states, I think we need more than 6 dispensaries licensed at first. I support the original idea of 1 per 500 patients at the minimum. Further, although I know law enforcement wants the dispensaries to be their own producers of cannabis, this hugely complicates the process of opening and operating a dispensary. Local residents should be allowed the opportunity to become part of the supply chain, having their own production licenses. The bill also needs to allow for how dispensaries can obtain their medicine if they cannot produce enough on their own, or if the cannabis they produce fails to meet quality standards, which can happen to even the best of cultivators now and then. Thanks for your time, Jennifer Martin

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Subject: Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date: Monday, April 06, 2015 10:05:39 PM

HB321
Submitted on: 4/6/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
jodie Lum	Individual	Support	No

Comments: SENATE JUDICIARY / WAYS AND MEANS COMMITTEE HR321 HD1 Establishment of Marijuana Dispensaries Chairs Keith-Agaran & Tokuda, Vice Chair Shimabukuro & Kouchi and members of the Senate Health & Public Safety Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries. My name is Jodie Lum and I am a close friend of a care giver /mother to a child who uses cannabis as a medicine. Hawaii cannabis patients have been advocating for 15 years for safe assess as there is no legal means for local patients to obtain a consistent, lab tested product in Hawaii. Had this gap been fixed 15 years ago, our family would not be in the situation we are today; cultivating & manufacturing our daughter's cannabis based medication; wasting precious time. We are asking for due process on behalf of Hawaii's medical marijuana patients who have waited patiently for fifteen years and those who have passed away in hopes that this day would one day come. Let's work to put forth a program where no patient has to worry about taking care of themselves and cultivating their medicine at the same time, unless they choose to do so. Establishment of dispensaries will help to ensure services are in place for (new and existing) patients and their caregiving families at a time when they desperately need them. When sculpting the final medical marijuana dispensary bill, please keep these final considerations in mind: We oppose the recommendation of establishing dispensary as a means to strip current cannabis patients/ caregivers of their growing rights. o Please retain and protect the rights of patients / caregivers who out of necessity have learned to cultivate and medicate themselves appropriately. o Build accountability into the state's MMJ program versus taking away a patient's right to grow their own medicine (controlling growing practices, crop inputs and price) Please ensure the cost of medical cannabis products through dispensary systems are affordable so those that need these products are able to obtain their medicinal products at a fair market price. Ensure dispensary systems are able to provide patients with consistent products so there is no lapse in service or supply. With increased safeguards in place to minimize youth access, please re-consider and expand the range of products (beyond smokables) & formulations. Please also recognize medical cannabis as a state approved agricultural crop in Hawaii so DOH, dispensary systems, banks, Hawaii's agricultural organizations and farmers can work together in bringing this crop to market without unnecessary limitations. If Hawaii

legislatures can not reach an agreement on the establishment of dispensaries in Hawaii, at the very least, I urge you to please provide a mechanism for Hawaii patient's to test their cannabis products by providing laboratory access. o Since Hawaii does not allow laboratories to test cannabis without penalty, it is virtually impossible to know what dosage a cannabis user is administering. Without understanding the compounds in our locally grown cannabis products, it is evident that long term seizure control is highly improbable for our daughter. After witnessing the legislative process for the past two years, I am deeply appreciative of your time, commitment and serve to the people of Hawaii. We ask you to move Hawaii's Medical Marijuana forward this session, without delay. Because, in a time of medical need, no family should have to struggle with growing, manufacturing, supply lapse, and estimating the potency of their medication. Thank you for the opportunity to express my strong support of HB321.

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Date:	Saturday, April 04, 2015 10:50:29 AM

HB321
Submitted on: 4/4/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Moniuszko	Individual	Support	No

Comments: I support this bill because it aims to establish a responsible system that also recognizes safeguards to be put in place for public safety.

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Date:	Friday, April 03, 2015 9:33:49 PM

HB321

Submitted on: 4/3/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph A. Bobich	Individual	Support	No

Comments: I support this measure. Joseph A. Bobich,PhD Professor of Chemistry, Emeritus

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Date:	Monday, April 06, 2015 9:57:49 PM

HB321
Submitted on: 4/6/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
k maile	Individual	Support	No

Comments: I am writing in strong support of HB321. When considering this bill please take the following into consideration: Please protect the rights for individuals to grow and cultivate their own medicine. Please ensure the mmj is affordable so patients are able to continue to obtain the necessary medication. Please ensure the products supplied by the dispenciares are tested and consistent. Thank you for your consideration in strongly supporting this bill and allowing individuals to obtain their life saving medicine. 15 years is too long to wait.

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Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Tuesday, April 07, 2015 6:51:12 AM

HB321
Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Karen	Individual	Support	No

Comments: Chair, Vice-Chair for my district, and the rest of the state, and everyone wiling to take the time to read this: Fist off, thank you for taking time to focus on this very important bill. I tried to send testimony, but my computer said it didn't go through so I am starting over and hopefully not duplicating. I am obviously not experienced with technology, nor am I with politics. I am, however, with children, families, and the love it takes to thrive as a family. When I see how long a process like this takes, it saddens me to know there even is such a long process to do something that would end the struggle so many children and their families deal with on a daily basis. I STRONGLY SUPPORT HB321 because I know many families that haven't been able to support eachother during "difficult" times, then I see families like MJ Kaneshiro's with so much love still, after all they have been through.......THIS BILL NEEDS TO PASS!!!!!!!!! Huge mahalo for your time and efforts, Karen

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TESTIMONY ON HOUSE BILL 321 HD1 SD1
RELATING TO MEDICAL MARIJUANA
By
Keith Kamita

Senate Committee on Judiciary and Labor
Senator Gilbert S.C. Keith-Agaran, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

Senate Committee on Ways and Means
Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair

Wednesday, April 8, 2015, 9:55 AM
State Capitol, Conference Room 211

Chairs Keith-Agaran and Tokuda, Vice Chairs Shimabukuro and Kouchi, and Members of the Committees:

I am testifying today as a private citizen with 29 years of narcotics enforcement experience here in Hawaii I would like to comment on House Bill 321 HD1 SD1 which proposes to establish a system of medical marijuana dispensaries and production centers. There are numerous other issues with this bill that have been addressed by the testimony of the Honolulu prosecutor's office and County Police Departments. But I would like to add a few of my recommendations:

Page 5, line 5 there needs to be a definition added for a "licensed health care provider."

NOTE: The current definition of a licensed health care provider presently used in Section 329 HRS Hawaii's Medical Use of Marijuana program require that all physicians utilizing the program must be licensed in the State with a valid medical license and State controlled substance registration. I would also request that the definition also include language that no practitioner actively issuing medical use of marijuana permits may own or actively involved in a medical use of marijuana dispensary or cultivation center this is necessary to remove the possibility of improprieties.

Page 9, lines 14-17 delete this section presently out of state permits are not honored by Hawaii dispensaries due to the fact that there is no way to verify the validity of the permit.

Page 15, line 8 (A) should be a real time computer tracking system that will also block a patient sale if over authorized amount similar to the one utilized to track and restrict over the counter pseudoephedrine purchases.

Page 15, line17 amend to read:

(9) Procedures for disposal of marijuana (a) Any dispensary or cultivation center desiring to dispose of marijuana that is old, outdated, manufacturing by product, contaminated or unfit for human consumption may do so in the following manner:

(A) By delivery to an authorized State of Hawaii controlled substance disposal firm.

In 2000 Hawaii legislated marijuana for medical use and now in 2015 is attempting to pass legislation to allow for marijuana dispensaries in an attempt to address the issue of providing marijuana for those patients that cannot obtain it through growing it themselves. Law enforcement on the whole supports the medical model of dispensing controlled substances to patients. House Bill 321 attempts t do this however, in its current form does not go far enough to restrict the production of marijuana in a “home grow system” if the State is serious about utilizing marijuana as medicine then I recommend the following amendments:

The House tried to partially address the issue of “home grow” in Senate Bill 682 SD2 HD1 SECTION 5 that proposed a new sections §329-B Joint possession of medical marijuana; registration; security requirements; medical marijuana production center license and §329-C Authorized sources of medical marijuana.

I would recommend the following language that would alleviate some of law enforcement’s problem with questionable medical use of marijuana “home grows” and treat the program in a medical model where all medical marijuana would be only dispensed out of a regulated dispensary. This would protect the public by treating the dispensing of medical marijuana like any other drug, by requiring accountability, labeling, testing and quality control of all products produced at these dispensaries while making all other marijuana illegal and regulated by the laws of the State.

I would recommend the following amendment to Section 329-121 to phase out “home grows” and encourage only the use of dispensaries (pharmacy model).

Amendment to Section 329-121 (*Definition effective June 30, 2016)*

"Medical use" means the acquisition, possession, cultivation, use, distribution, or transportation of marijuana or paraphernalia relating to the administration of marijuana to alleviate the symptoms or effects of a qualifying patient's debilitating medical condition by the qualifying patient. [~~For the purposes of "medical use", the term distribution is limited to the transfer of marijuana and paraphernalia.~~]

"Assisted Medical use” means the acquisition from a dispensary, possession, distribution, or transportation of marijuana, marijuana product or paraphernalia relating to the administration of marijuana to alleviate the

symptoms or effects of a qualifying patient's debilitating medical condition by a patient's primary caregiver. For the purposes of "medical use", the term distribution is limited to the transfer of marijuana and paraphernalia to the primary caregiver's qualifying patient.

"Primary caregiver" means a person eighteen years of age or older, other than the qualifying patient and the qualifying patient's physician, who has agreed to undertake responsibility for managing the well-being of the qualifying patient with respect to the assisted medical use of marijuana. In the case of a minor or an adult lacking legal capacity, the primary caregiver shall be a parent, guardian, or person having legal custody.

"Adequate supply" means an amount of marijuana jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to assure the uninterrupted availability of marijuana for the purpose of alleviating the symptoms or effects of a qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed seven marijuana plants, whether immature or mature and four ounces of usable marijuana at any given time and that no qualifying patient or primary caregiver shall grow more than 21 plants per registered grow location.

"Adequate supply" *[Definition effective January 1, 2019].* means an amount of marijuana jointly possessed between the qualifying patient and the primary caregiver that is not more than is reasonably necessary to assure the uninterrupted availability of marijuana for the purpose of alleviating the symptoms or effects of a qualifying patient's debilitating medical condition; provided that an "adequate supply" shall not exceed [~~seven marijuana plants, whether immature or mature, and~~] four ounces of usable marijuana at any given time [~~and that no qualifying patient or primary caregiver shall grow more than 21 plants per registered grow location~~].

Thank you for the opportunity to testify on this bill.

From:	mailinglist@capitol.hawaii.gov
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Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Saturday, April 04, 2015 1:33:41 AM

HB321

Submitted on: 4/4/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kellen Smith	Individual	Support	No

Comments: Aloha, I support HB321 regarding medical marijuana dispensaries. Please consider my comments also. Whatever permitting fees you decide, please keep the costs to a minimum or you will be setting up a greater black market. What good is a dispensary if the licensing costs are so high that it out-prices the market? Mahalo for your time. Kellen Smith

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Date: April 6, 2015
To: Committee on Finance
Representative Sylvia Luke, Chair
Representative Scott Y. Nishimoto, Vice Chair
From: Kevin Baiko, M.D.
Regarding: HB321 Relating to Medical Marijuana
Hearing Time: Wednesday, April 8 @ 9:55AM
Position: SUPPORT (with reservations)

I am testifying in support of HB321 Relating to Medical Marijuana, principally in relation to its establishment of a dispensary system for registered medical cannabis patients to acquire medicine. As a physician who has been practicing cannabinoid medicine in this state for over five years, I can attest to the need for a statewide dispensary system. However, I do have some reservations in the current form of these bills as proposed.

First off, I applaud this bill's preservation of registered patients' privilege to grow their own medicine. Self-cultivation is an empowering (and healing) process in which patients develop a relationship with the plants providing their medicine. By overseeing the cultivation process from start to finish, patients can:

1) Grow and/or develop the best cannabis strain to meet their specific medicinal needs;
2) Control exactly what goes into their medicine in terms of *mana*, plant nutrition, and pest control;
3) Consume their medical cannabis in raw/juiced form.*

> *(Educational sidebar: Live cannabis has negligible amounts of mind-altering Delta-9-Tetracannabinol (THC), and same goes for its freshly harvested leaves and flowers, which rather contain Delta-9-Tetracannabinol Acid (THC-A), the non-psychoactive precursor of THC. Drying/heating/aging converts (non-psychoactive) THC-A into (psychoactive) THC. Consuming fresh raw cannabis or its juice enables patients to consume greater quantities of its medicinal phytocannabinoids, including the very powerful cannabidiol (CBD) without getting "high".)

On the other hand, not all patients are equipped to grow their own medicine well. Even experienced growers face challenges of pests and mold corrupting their medicine, not to mention outright theft. Under such circumstances, having the option to purchase medical cannabis from a trustworthy state-sanctioned source would benefit registered patients greatly. A steady supply of medical cannabis helps keep some from medicating with drugs that are (unlike cannabis) actually addicting and dangerous, like prescription pain medications and alcohol, helps keep others from turning to questionable black market sources, and most importantly, helps keep most adequately manage their health, easing their suffering and empowering them to live as well as possible. This is why Hawaii needs a medical cannabis dispensary system for its registered patients.

I do have reservations concerning the proposed list of allowable manufactured cannabis products being limited to "capsules, lozenges, oils and pills". What about teas? What about tinctures? Why the effort to make an herbal medicine appear to be a pharmaceutical medicine? And why forbid medicated candies? As the song says, "A spoonful of sugar helps the medicine go down." I realize the irony in this statement given that refined sugar is far more addicting and deleterious to health than cannabis has ever been shown to be, but why the double standard? The flavor of cannabis is unpleasant for many. Why not make it more palatable? Should cough medicine be unflavored? What about antacids? How about children's vitamins? Children continue to die each year from these and many more flavored over-the-counter medications. Not one has ever died from ingesting any form of cannabis. Not one! Some of my patients are severely ill minors who regularly put up resistance to taking any medicine. Why make them (and their caregivers) suffer a "capsule" or "pill" when a medicated taffy or lolly would be happily received? That being said, this is but a minor reservation of mine in regards to this bill.

I am seriously opposed to the insertion of language which prohibits the use of "flammable solvents" by qualifying patients or primary caregivers to extract THC from cannabis plants. "Flammable solvents" is too broad a term! Cannabinoids (not just THC) are fat soluble compounds. <u>Alcohol, butter and vegetable oils are flammable solvents</u> and are regularly used by patients to extract cannabinoids from herbal cannabis for their preferred uses, be they tinctures, concentrates, edibles or topicals (applied to skin). If cooking using alcohol, butter and vegetable oils is so dangerous, shouldn't all Hawaiian kitchens be disallowed from cooking with such "flammable solvents"? This provision would create another ridiculous double standard against medical cannabis users and would technically criminalize patients who prepare medicated edibles (like cookies and brownies) from their cannabis plants. If there's a particular solvent of concern, like butane, then forbid its use, but please don't use such an inclusive term as "flammable solvents". Better yet, why not just allow patients prepare their own medicine as works best for them? They've been doing it since Hawaii legalized medical cannabis over ten years and I can testify that a great percentage of my patients (maybe a third) regularly use flammable solvents to prepare the medicine that alleviates their suffering. Extrapolate this figure to the entire population of registered medical cannabis users in Hawaii and compare that to the reasoning (whatever that may be) behind criminalizing such healthcare activities.

In conclusion, I urge you to pass HB321, but to remove the provision of "allowable manufactured cannabis products" and especially the provision "prohibiting the use of flammable solvents" by patients and caregivers to extract cannabinoids from their plants. I want to see my patients have more choices, not have different ones imposed upon them. Despite these two reservations, I stand in support of HB321. The need for dispensaries here in the Hawaiian Islands is certainly great.

Sincerely,
Kevin Baiko, M.D.

From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Monday, April 06, 2015 6:22:46 PM

HB321
Submitted on: 4/6/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Kurt Amundson	Individual	Support	No

Comments: Please pass this bill

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Testimony of
Kylie Matsuda-Lum
HB 321 HD1
Establishment of Marijuana Dispensaries

Committee on Judiciary and Labor
Committee on Ways and Means

Wednesday, April 8, 2015
9:55 am
Conference Room 211

Chairs Keith-Agaran & Tokuda, Vice Chair Shimabukuro & Kouchi and members of the Senate Health & Public Safety Committee. Thank you for this opportunity to provide personal testimony in **Strong Support** of HB321 relating to the establishment of marijuana dispensaries.

My name is Kylie Matsuda-Lum of Kahuku, Oahu.

Establishment of dispensaries in Hawaii based on the HCR48, Multi-Agency Task Force recommendations would provide patients with timely access to medical grade marijuana products which could greatly benefit the lives of patients like Maile Kaneshiro, as well as other kama'aina living with a qualifying, medical condition in Hawaii.

Task force recommendations addressed many of the concerns brought forth by law enforcement and drug free activists with safeguards which may heighten security and restrict minor access to medical marijuana dispensary & production facilities. These safeguards in combination with a trace back mechanisms may minimize additional risk and public safety concerns regarding unauthorized access and reckless misuse.

Regulated dispensaries will help to ensure services are in place for patients and their caregiving families at a time when they desperately need them. I ask you to embrace the opening session words of House of Representatives' speaker, Joe Souki when he said, "“I am speaking of those who need better access to medical marijuana. Yes, it is legal in Hawai'i. But there is no legal access to it. The time has come to fix this contradiction.”

Thank you for the opportunity to express our strong support of HB321.

Kylie Matsuda-Lum

To COMMITTEE ON JUDICIARY AND LABOR- Senator Gilbert S.C. Keith-Agaran, Chair, Senator Maile S.L. Shimabukuro, Vice Chair

To COMMITTEE ON WAYS AND MEANS- Senator Jill N. Tokuda, Chair, Senator Ronald D. Kouchi, Vice Chair

From Laurie Baron

Hearing Wednesday, April 08, 2015, 9:55 am
Conference Room 211, State Capitol, 415 South Beretania Street

Strong Support of HB 321, HD1, SD1

Dear Chairs Keith-Agaran and Tokuda, Vice-Chairs Shimabukuro and Kouchi and Members of the Committees,

Mahalo for considering this bill, which will help patients and their caregivers. Patients now need to break the law to take medicine that will ease their pain and discomfort.

This bill will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. It will spare sick patients from having to go to the black market to get their medicine. This bill is a result of the Task Force's recommendations. It's thorough and comprehensive, and strikes the right balance between patients' needs and public safety.

This bill puts patients' needs at the top of its priorities. It correctly limits the taxation of medical cannabis to the general excise tax so that medicine will be affordable to patients.

The bill has strong protections to protect public safety, including

requiring strict security measures for dispensaries and producers and proven inventory control safeguards.

This bill does require one amendment; please amended to allow for and require the dispensary system to begin operating more quickly. The bill should allow the Department of Health to begin operating dispensaries as soon as possible, and should require that the Department begin issuing licenses no later than 2016. While we understand that creating a dispensary program is not a simple process, we ask that the legislature take into account that patients have been waiting for a dispensary system for fifteen years.

The HD1 limits the types of products that can be produced to: capsules, pills, lozenges and oils. Please include edibles in this list.

Mahalo,

Laurie Baron
Manoa

From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Sunday, April 05, 2015 3:38:33 PM

HB321
Submitted on: 4/5/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Lucia You	Individual	Support	No

Comments: Some very ill patients need access to the medicinal benefits of marijuana. Please pass HB 321, HD1, SD1

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From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	*Submitted testimony for HB321 on Apr 8, 2015 09:55AM*
Date:	Tuesday, April 07, 2015 2:10:25 PM

HB321

Submitted on: 4/7/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
M. Minn	Individual	Support	No

Comments:

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SUPPORT FOR HB321 HD1
Establishment of Medical Marijuana Dispensaries in Hawaii

Chairs Keith-Agaran and Tokuda, Vice Chairs Shimabukuro and Kouchi, and members of the Committees on Judiciary and Labor and Ways and Means

Thank you for this opportunity to provide personal testimony in strong support of HB321 HD1 relating to the establishment of marijuana dispensaries.

My name is Maria Eloisa Reyes. My only child, Nathaniel Kalani Reyes, has intractable seizures. He was diagnosed with an idiopathic seizure disorder when he was 11 months old; he will be 20 years old next month. He has traits of Lennox-Gastaut Syndrome, a rare and severe form of epilepsy that is characterized by frequent seizures, multiple seizure types, resistance to medication and therapies, which eventually results in some degree of impaired intellectual functioning and/or information processing. He has been on multiple medications that have failed to get his seizures under control. Except for one medication, Felbatol, where deaths have been reported, we have tried all other medications that were prescribed by his doctors.

Kalani's seizures last anywhere from a few seconds to 30 minutes.

In case Kalani has prolonged seizures, those that do not stop at 5 minutes, we are instructed to administer Diastat (Diazepam Rectal Gel), a Schedule IV controlled drug substance. Diastat is administered via a syringe via the rectum. My husband and I used to carry this syringe all the time. Now that my son is older, it is more challenging to give him privacy in public when we need to administer Diastat. Now we carry Lorazepam - a tablet that we crush and put in his mouth, in the area between his teeth and cheeks. If the seizure doesn't stop, we need to call 911.

Kalani is on four medications right now. He is also on the Ketogenic Diet, a very strict, medically-prescribed, special, high-fat, low-carbohydrate diet that has been shown to help control seizures in some patients with epilepsy. Despite taking four medications and being on this very restrictive diet, we have not achieved seizure freedom yet. Kalani continues to have seizures.

Kalani is not a candidate for brain surgery.

My husband and I are out of options. We are desperate to get our son's seizures under control. With Kalani's condition, he has a higher risk for SUDEP (Sudden Unexpected Death in Epilepsy), the same condition that took the life of John Travolta's son several years ago.

There are many stories of success that some patients have with using medical marijuana and CBD oil to control or better manage their seizures. My husband and I are ready to explore the use of medical marijuana to control Kalani's seizures.

My educational background is in agriculture and horticulture. I am willing to learn how to grow marijuana, extract the oil, and administer it to Kalani. I need legal access to specific strains of marijuana that have a higher cannabidiol (CBD) content. I need guidance on how to extract the CBD oils. I need to be able to go to a laboratory that will not be penalized for analyzing extracts to test for CDB content/levels/potency and/or contaminants. I need guidance on dosing.

In finalizing the medical marijuana bill, please consider the following:

- retain and protect the rights of patients and caregivers who are willing to grow marijuana and extract the oils themselves,
- provide a mechanism for patients and caregivers to test medical marijuana extracts at accredited laboratories,
- ensure that the cost of medical marijuana products supplied by dispensaries are affordable to the patients that desperately need them,
- ensure that dispensaries are able to provide patients with a reliable supply of high quality medical marijuana products, and
- recognize that medical cannabis is a State-approved agricultural crop to help ensure that all stakeholders will be able to work together to bring these life-saving products to market without unnecessary limitations.

Kalani will always need supervision and support from family and caregivers. My husband and I would like to be able to give Kalani a long and seizure-free life.

I strongly support the establishment of a system of medical marijuana dispensaries and production centers. Hawaii has a lot of families like us who will benefit from these dispensaries and production centers.

Thank you for the opportunity to express my **strong support** of HB321 HD1.

Maria Eloisa Q. Reyes, Ph.D.
Kaimuki, Oahu

Testimony in FAVOR of HB 321

Aloha All

Please SUPPORT HB 321 !!

This Bill will allow patients a safe and legal way for patients to get their medicine from licensed, controlled, and regulated dispensaries, rather than having to resort to the Black Market to get their medicine.

- This Bill takes the right approach by putting **patients first.**
- It correctly limits the taxation of medical cannabis to the general excise tax so that **medicine will be affordable** to patients.
- It requires rigorous **quality control** to protect patients' health, and **promotes the education** of doctors, patients, dispensary workers and the general public, This again provides assurance to patients that their medicine is safe by meeting quality control standards.

However, it is strongly requested that the current Bill be amended to allow for – and require – the dispensary system to begin operating more quickly. The Bill should be revised to allow the Hawaii Department of Health (DOH) to begin operating dispensaries as soon as possible. In addition, it is requested that the current Bill be amended to require the DOH to begin issuing licenses no later than December, 2015. It is understood that creating a dispensary program is not a simple process. However, I request that the Legislature consider that patients have been waiting for a dispensary system for **15 years !!**

The HD1 limits the types of products that can be produced to the following: capsules, pills, lozenges and oils. It is requested that edibles and concentrates be included in this list.

Your Vote in FAVOR of HB 321 is much appreciated.

Mahalo

Respectively submitted,

Mark Gordon
Waikoloa, Hawaii

From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Friday, April 03, 2015 4:19:31 PM

HB321

Submitted on: 4/3/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Binder	Individual	Support	No

Comments: Aloha Committee Members, This bill is long overdue. I look forward to the day when patients don't have to become criminals to get their medicine. This bill will allow patients a safe and legal way to get their medicine from licensed, controlled, and regulated dispensaries. It will spare sick patients from having to go to the black market to get their medicine. This bill comes straight out of the Task Force's recommendations. It's thorough and comprehensive, and strikes the right balance between patients' needs and public safety. Thank you, Matt Binder, Kamuela

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Matthew

Aloha, To whom it may concern:

My name is Matt I have been with the Medical Marijuana program in Hawaii going on my 4th year I am prescribed medical Cannabis for persistant Knee pains and inflammation since I had Knee surgery in 2005. I also get headaches from a skull fractor and TBI (tramatic brain injury) from a car accident in 1999. I feel its important for people to have access to medical marijuana in a dispensary settting instead of growing it at home due to alot of heat in Hawaii its typically not a easy task to grow some people don't have the time or money it takes to supply adaquate Cannabis for their Medical condition. I feel it would be easier for me to go to a Dispensary to get my meds not only is it safer for the patient but they dont have to worry about it being grown wrong some issues that happen in the grow room are molds,mildew,pests such as fungus knats or spider mites that can kill the Medical Cannabis quickly. If its also hot outside they need watering more then usual if not enough is supplied they can die quickly or be a smaller quantity their is a lot of care needed to grow the plant I feel it would do better being grown by professionals so not only is it healthier and the patient wont have to worry about it being grown the wrong way or with too much fertlizers. Another reason is seeds are hard to aquire in Hawaii and the lighting and fans are expensive to buy and to use. It takes 3 months or longer just for one plant to mature and another month to dry the cannabis and cure it properly.

If the Medical Cannabis patient is older say a senior all this work could be overwhelming to them and costly just to get the supply of medicine needed for their health condition if someone is very sick they won't want to do all the work needed even a family member or caretaker it would be difficult for them to cultivate. A more convienient and safer way would be a Dispensary. I used to work in a Pharmacy called IPC Pharmacy that was on South Beretania a large number of our patients came in for pain meds and many of them were dependant on the meds having medical marijuana gives them another alternative to these Opiate based medicinces some people don't wish to take them because of addiction issues or even just bad reactions/side effects. I think if Dispensarys were in Hawaii all of this could be resolved and make it much more easier and less time consuming to the patient if they don't have the means of growing their medical Cannabis Thank you so much for your time.

Sincerely,

From: mailinglist@capitol.hawaii.gov
To: JDLTestimony
Cc:
Subject: Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date: Friday, April 03, 2015 11:10:19 AM

HB321
Submitted on: 4/3/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Flynn	Individual	Support	No

Comments: Dear Members of the Committee, I am a 100% disabled Hawaii state resident since 1974 who has been prescribed medical marijuana by my doctor. I am writing in support of setting up a regulated and stable system of Medical Marijuana Dispensaries. Even though I am 100% disabled because of how Marfans Syndrome effects my connective tissue including: heart, arteries, eyes, spinal cord, joints, hands, feet, spine, skin, organs, lungs, digestion and others; I have been able to participate in supporting non-profits in Hawaii for the last 15 years as a volunteer. I was able to do this because of Medical Marijuana. Due to my being born with a genetic disorder called Marfans Syndrome I have suffered from pain since birth. This pain responded to marijuana in 1972, and my symptoms continue to be eased by the use of medical marijuana. What has not been eased in the 14 years since medical marijuana was made legal in Hawaii, is my ability to obtain the medicine I need. We need to have a good system for dispensing medicine to patients like myself who find benefit in their application. I hope in your wisdom you will find a way to correct this and set up a dispensary system that is well-regulated, secure, and stable and takes into account all involved - patients, health care professionals and workers. There are many patients like me, and we would all find great benefit from having access to a reliable, safe and convenient way to obtain medical marijuana. I am so ill from my condition that it makes growing it myself inconvenient or impossible. I have visited California dispensaries from Ukiah to San Francisco with my MD's approval. What I learned is that Harborside in Oakland is a model dispensary and I also learned that the price has to be lowered to a reasonable amount so that I have enough medicine to alleviate my symptoms. I don't get high, I feel normal, happy and able to function again. Lab tested medicine, organic, pesticide free, and as many varieties as possible. Concentrates are essential, oil, hash, pollen, make it possible to use it in food and for break-thru pain. Selling clones is important because one of the most ideal ways to use marijuana is as a raw juice. Having access to a professionally run and State regulated system of dispensaries would be a huge help and I hope you will consider the relief this system would make for my health/suffering situation as you work to create such a system. I want to thank you for the opportunity to submit testimony and thinking of us as you consider changes and passage of HB321 and SB682. Sincerely, Michael Flynn

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HB 321 SUMMARY TESTIMONY

§321-C Advertising and packaging.

The requirement (1) Is child-resistant and opaque so that the product cannot be seen from outside the packaging; is very BAD FOR THE CONSUMER. THIS DOESN'T ALLOW CONSUMERS TO INSPECT THE HERBAL MEDICINE FOR QUALITY, FLAVOR, COLOR, OR ANY OTHER DEFINING CHARASTIC. THIS IS A WIDE OPEN DOOR FOR BAD MEDICINE, COUNTERFIET PRODUCTS AND FRAUD.

The intent of being child proof is understandable although Black Market marijuana is currently available to middle school children as it is. So to harm consumers will not protect children. Medical marijuana may be recommended to children under the supervision of their parent or guardian so what is with the child proof container language. Children are more able to open child proof containers than adults and especially seriously ill patients. Since I don't have any children, Longs pharmacy often dispenses medicine in non-child proof containers. Testosterone gel a controlled substance is not in a childproof container.

"What is good for the goose is good for the gander!"

The laws, rules and regulations that are sufficient and functional for society concerning the more dangerous drugs, Alcohol and Tobacco, would be clearly sufficient to protect society from a less dangerous drug, Marijuana. Same is true with opiates and marijuana.

The Federal Prohibition of Marijuana sales ended with the State of Colorado. The 8 point plan for the Commercial Sales of Recreational Marijuana in Colorado applies equally to all 50 States.

The Federal Budget of Dec 2014 recognized and protected medical marijuana. The legal consequence of recognizing and protecting medical marijuana and medical marijuana laws means that MARIJUANA IS RECOGNIZED AND PROTECTED AS A MEDICINE UNDER CURRENT FEDERAL LAW. Marijuana doesn't fit under the Federal definition of Schedule 1 controlled substances.

The prohibition of recreational marijuana has ended on a Federal Level and the recognition of Marijuana as a medicine has been established.

HB321 deals with issues that have been abandoned on a Federal Level and ignores the orders of both the Federal and State Supreme Courts and the intention of the Justice Department "to capture the revenue stream from the Black Market that steals money from Government coffers."

In addition there is too much of a gap for seriously ill patients in Hawaii that are offered only limited protection under HRS 329-121 etc. If there is any minor or unintentional infraction seriously ill patients are raided by SWAT and terrorized with a 20 to 40 year Term in jail.

These problems are based upon an irreconcilable conflict between Medical Science and Law Enforcement Fraudulent and deliberately deceptive lies. Law Enforcement uses county, state and federal taxpayer money to lie to the legislature about medical issues that they have no educational capacity to understand. Law Enforcement protects its cash flow not health care or the health and safety of the consuming public.

The most dangerous aspect of Marijuana is Law Enforcement; the medicine itself is relatively safe for most users and reduces violent crimes and health problems associated with alcohol, tobacco, cocaine, amphetamines and opiates.

State income to regulate marijuana should come from the commercial sales of recreational marijuana, as with alcohol and tobacco, not to fund a Department of Health department to regulate and dispense a necessary, appropriate and relatively safe herbal medicine. Most medicines in the pharmacy are in fact herbal extracts put in pharmaceutical form. Currently the natural whole herb marijuana extract is available as an oral spray approved in Canada and Europe.

The problems are all due to fraudulent testimony by law enforcement and the lack of medical knowledge by the Legislators. Financially, nationally, the funding for these anti-marijuana crimes comes from the Alcohol and Opium Industry and taxpayers.
Now we will have an additional State Department of Health bureaucracy that will have self-interest in maintaining their cash flow and their personal cash flow and will again support color of law crimes against health care.

It is impossible to get honest health care delivery in the face of law enforcement deception and fraud coupled with the greed, corruption and the Black Market.

The legislative auditor report failed to obey the requirements of Law and review the current market as to a need for regulation.
The Black Market currently serves the health care needs of the consuming public although there is a lack of the public health standards of
accessibility, availability and affordability of health care. Otherwise it is safer and friendlier than law enforcement. An honest review would find that prohibition and over regulation is the health care problem for a medicine that is safer than the law enforcement hoax.

MARIJUANA IS A MEDICINE UNDER CURRENT FEDERAL LAW
RESPECT IT AND PROTECT IT

HB 321 Medical Marijuana Dispensaries

Necessary amendments:

Add:

Nothing within this chapter is meant to limit the practice any school of medicine, medical doctors, osteopathic physicians, naturopathic physicians, oriental and Ayurvedic medicine.

Nothing within this chapter is meant to limit the practice of pharmacy.

Nothing within this chapter is meant to limit or prevent the cordial preparation and administration of medical marijuana for oneself by oneself or through care givers and assistants.

Change:

"Manufactured marijuana product" means any capsule, <u>tablet,</u> lozenge, oil, pill, <u>fluid extract, tincture, sprays or vapor</u> that has been manufactured using marijuana.

USP Cannabis prior to the prohibition in 1939 was used pharmaceutically as tinctures and fluid extracts. Many medical marijuana patients have been recommended the use of vaporizers to avoid the toxic chemicals and particulate matter from smoking, combustion. Modern pharmaceutical extracts approved in Europe and Canada use oral spray for the administration of the essential medicines.

The traditional and modern means of pharmaceutical administration should be included in the language of law

"Physician" section 329-121.

Add, insert, <u>Naturopathic Physicians, Acupuncturists.</u>

USP Cannabis is traditionally used by Physicians who are specifically trained and educated in the use of herbal medicines; this tradition of medicine is now held, trained, taught and practiced in Schools of Naturopathic Medicine. Cannabis seeds are also used in Traditional Chinese Herbal Formulas. Medical doctors are the "new kids on the block" in terms of any education or training in the use of herbal medicine and traditional medicine. Many medical doctors are completely untrained and uneducated on the current or traditional use of medical marijuana; many believe the medical hoax instead of the medical and scientific facts. Naturopathic Physicians are the Specialists in this medical field.

All dates should be moved to 2015, there is no valid excuse or law enforcement power to deprive seriously ill patients in the State of Hawaii immediate access to health care services and medicines. The Hawaii Chief Justice has already declared that the lack of access to medical

marijuana is an ABSURDITY. [I am not aware where in the State Constitution there is language for "absurdity" within the law.]

Medical marijuana, as of the December 2014 Budget Law, was recognized and protected as medical marijuana. The budget law cuts off all funds for the Department of Justice to in anyway interfere or go against State law permitting the use of medical marijuana. Since the Law means what is understood in plain English, the use of the adjective "medical" with the noun "marijuana" means that medical marijuana is a medicine; and, is now recognized and protected as a medicine under federal law. This conflicts with the statutory requirement that Federal Schedule 1 controlled substances be "NOT a medicine". Isn't it is unconstitutional to restrict access to health care in the United States of America? Congress has not rescheduled medical marijuana; therefore medical marijuana currently is not scheduled under the Federal Controlled Substance Act.

The Federal Government's plan, under the Justice Department, is to "capture the revenue stream from the Black Market that steals money from government coffers". Justice Department has promulgated an 8 point guideline for the Commercial Sales of Recreational Marijuana for the State of Colorado which is applicable to all 50 States. Any State that wants to end crime and capture the revenue stream from the Black Market can promulgate law to provide for the Commercial Sale of Marijuana providing they follow the 8 point plan of the Obama Justice Department. Prior to the recognition that marijuana was a medicine under the Federal Budget Law of December 2014; the Justice Department applied these same 8 points to the Commercial Sale of Medical Marijuana.

There isn't the need for the State to go limit itself or over regulate or prohibit recreational or medical marijuana as long as the State follows the 8 point plan.

<u>Fees</u>

All fees are passed onto and paid for by the consumer.

Marijuana is safer than either tobacco or alcohol; neither tobacco nor alcohol has any medical use. Both alcohol and tobacco are dangerous drugs that have associated with high medical cost, chronic disease, disabilities, and early death. The regulations and restrictions that are satisfactory for the regulation of alcohol or tobacco are sufficient to protect against a less harmful more beneficial medicine, marijuana.

Excessive regulation and unnecessary bureaucracy and oversight are not beneficial to the consumer, to the health, safety and welfare of the public, to the public health or to the economy.

Regulations and government oversight that is sufficient to protect the public from alcohol and tobacco, the more dangerous drugs, are clearly more than sufficient to protect the public from

less harmful essential medicines. We also need to avoid the corruption common in the Honolulu Liquor Commission with a more open economy and greater economic opportunity.

Hawaii State Law Enforcement influences the Legislature under the old model based upon a medical and scientific hoax that promotes crime and corruption. The Obama Administration and the Justice Department is pushing the States to the new model of economic opportunity and appropriate regulations instead of the Black market that steals money from Government Coffers.

Prohibition of Marijuana is all but over on a Federal Level. Justice has an 8 point guideline for capturing the revenue flow from the Black Market.

The Medical Benefits of medical marijuana are also benefit consumers that enjoy recreational marijuana, recreational users as well as medical users both benefit from the same stress reduction and cancer prevention.

§321-D Public education.

Public Education should be directed at telling the TRUTH. The current medical and scientific HOAX and Fraud which began the prohibition of marijuana must be RECTIFIED, the harm must be undone.

I find the word “target” in the phrase “The program shall target” very objectionable. “Target” should be changed to “educate”. Since the language of the bill includes the general public, who exactly are you targeting when you include everyone? Since you are including everyone then no one is being specifically targeted. And why use word “target”, do you need to shoot somebody? Educate is more appropriate.

Weights and Measures are important and must be accurate and informative.

The Laws in the various States have been using the “plant” as a term for weights and measures. But the word “plant” must include all plants of various sizes, shapes, potencies, qualities etc. In other words using the weight and measure “plant” has not specific meaning. It could be a small plant with 7 grams of useable medicine or a huge Christmas tree plant with 250 to 500 grams of useable marijuana. Many users want to eat or juice the leaves which are a non-psychedelic cure for prostate cancer [per the NIH PubMed] and provide none to minimal THC. I think that it is impossible to avoid the use of the word plant although <u>language could permit the combining of small plants to an accumulated dry weight of 4 to 8 ounces to be considered one plant</u>. I had a flowering plant that was less than an inch high.

§321-F Types of manufactured marijuana products should include any capsule, <u>tablet,</u> lozenge, oil, pill, <u>fluid extract, tincture, sprays or vapor</u> that has been manufactured using marijuana.

USP Cannabis prior to the prohibition in 1939 was used pharmaceutically as tinctures and fluid extracts. Many medical marijuana patients have been recommended the use of vaporizers to avoid the toxic chemicals and particulate matter from smoking, combustion. Modern pharmaceutical extracts approved in Europe and Canada use oral spray for the administration of the essential medicines. Pills includes both capsules and tablets so if you are using capsule then linguistically you should also use tablets you may also include the word pills.

The traditional and modern means of pharmaceutical administration should be included in the language of law.

§321-C Advertising and packaging.

The requirement (1) Is child-resistant and opaque so that the product 7 cannot be seen from outside the packaging; is very BAD FOR THE CONSUMER. THIS DOESN'T ALLOW CONSUMERS TO INSPECT THE HERBAL MEDICINE FOR QUALITY, FLAVOR, COLOR, OR ANY OTHER DEFINING CHARASTIC. THIS IS A WIDE OPEN DOOR FOR BAD MEDICINE, COUNTERFIET PRODUCTS AND FRAUD.

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Page 15

…provided that the department may adapt rules exempting from this paragraph a person who was convicted of a felony that was specifically related to marijuana, if the conviction was at least ten years prior to the licensure or employment;

Unfortunately, The State has been actively targeting medical marijuana patients under prior administrations for political gain. Terrorizing patients for their own political agenda. Where is the "equal protection under the law" with a 10 year closed door policy? It is completely illogical to harm persons again that have already been harmed by prior bad public policy and law enforcement's medical hoax. Especially, since the political crimes have become more intense as the medical understanding and public demand has been improving.

Page 25--zoning

The areas in which residential uses may be regulated or prohibited;--This is overreaching by the Legislature to not permit access to medicine within one's own home or residence. In any area where alcohol, tobacco or opiates are permitted then the safer medicine should also be permitted. In areas were smoking is prohibited the use of other means of cordial administration of medical marijuana should still be permitted and approved.

In multiple parts of the bill the use of medical marijuana is prohibited in various public places, language needs to be clear that the use of medical marijuana in clinics, hospitals, group homes, hospice facilities and in other public places where health care is delivered shall be exempt from these prohibitions.

Much of the bill reflects the 1939 HOAX AND FRAUD committed against health care and the Health and Safety of the American People. Regulations that are sufficient for alcohol, tobacco or opiates are clearly more than sufficient to protect the public from a much less harmful medicine. Understanding that marijuana, medical and recreational, protects against the harms associated with alcohol, tobacco and opiates, the overregulation of marijuana is a disservice to the health, safety and welfare of the consuming public and the State.

Keeping medical marijuana only half legal and half illegal is lagging behind the Justice Department's authorization for the Commercial Sales of Recreational Marijuana. Funding of the marijuana programs should be coming from the recreational side not the medical side. Medical Marijuana is currently recognized and protected under federal law including the Federal Right of Privacy in health care.

This bill is not sufficient to capture the revenue flow from the Black Market. Although a small step in the right direction this bill over taxes health care delivery with excessive bureaucracy and unreasonable fees which will be passed onto the patients. Law enforcement finds it necessary to continue the prohibition of recreational marijuana, which based solely upon its own medical HOAX. The goal of capturing the revenue stream from the Black Market that steals money from government coffers is only accomplished with sensible regulation of recreational marijuana. No one is benefited by excessive regulation on medical marijuana, a medicine that is safer than aspirin, Tylenol, opiates and mostly all other psychiatric medicines.

HB321

To: COMMITTEE ON JUDICIARY AND LABOR- Senator Gilbert S.C. Keith-Agaran, Chair, Senator Maile S.L. Shimabukuro, Vice Chair

To: COMMITTEE ON WAYS AND MEANS- Senator Jill N. Tokuda, Chair, Senator Ronald D. Kouchi, Vice Chair

From: Randal S. Kobashikawa

POSITION: Strong Support of HB 321, HD1, SD1

Aloha,

My name is Randal Kobashikawa, and I'm a 100% (service connected) disabled veteran with 30 yrs. of service. I've been using cannabis for almost a year now, and have been able to live independently.

First of all I'm glad to see this bill is moving forward (it's been a long time in coming), because getting my medicine off the black market is very uncomfortable for me getting ripped-off, or beaten are among a few of my worries. And the safety of the product is another big issue I have. I would have choices of varying strengths, and pain relieving properties, and knowing it was grown without the use of harmful chemicals.

As a disabled person, it's not easy getting around (regardless of the pain levels). With only 6 dispensaries in the first year, and 6 more the following. You would be forcing me to make some very difficult choices. I.E. Where do I have to go to get my medicine (as I live on the Waianae coast), When do I go to get my medicine, it's already challenging enough getting to my medical appointments, let alone going for meds. As you know traffic is getting worse with the rail construction, as well as DOT ongoing maintenance projects. Currently it takes me a min. of 2 hrs. to get from Waianae, to Tripler for my appointments.

It's a quality of life issue for me at this point.

HD1

In this regard I would like to see waxes added to this list as well.

In closing, I'd like to say, I've been working hard to see federal guidance to medical cannabis. As you know, last month Sen. Paul introduced a bill, and I've been urging our HI delegates for such a bill.

Aloha and Mahalo

Randal Kobashikawa

Support for HB321 relating to medical marijuana

Hawai`i has always been a special place to live: extending aloha to the weakest among us, strengthens us all. With medical advances in technology, we are able to diagnose more diseases and afflictions than ever; however, effective treatments and cures are often years, decades, and lifetimes away. Children like Maile Jen (MJ) Kaneshiro coping with Dravet's Syndrome finally have hope of living a relatively normal life free of debilitating seizures with oil extracted from a plant. Unfortunately, that plant's reputation is more notable for its "recreational" abuse, causing otherwise logical citizens to oppose its legitimate medicinal uses. Hawaii is one of the first states to recognize "medical marijuana"; however, what was missing was a way for patients to access a consistent, pharmaceutical quality prescription. MJ's mother, one of the brightest, sincerest, and law-abiding people I've had the pleasure of knowing, has had to grow plants in her backyard, learning by trial and error what conditions will yield the best quality oil consistently. She should not have to turn her kitchen into a chemical lab, trying to extract oil from the plants and hoping each batch supplies the same amount of active ingredient for MJ. Medical dispensaries are needed in the state for patients like MJ to be able to access her medication, assured that it is of pharmaceutical quality of a known dosage. I take prescription medication to control high cholesterol so that I can extend my quality of life – I am not forced to formulate and manufacture my own pills in my kitchen. Please extend this same opportunity to patients who turn to medical marijuana because no other conventional drug has yet been developed for their conditions.

There are several specific issues to consider in the medical marijuana dispensary bill. Please ensure that the bill retains and protects the rights of patients and caregivers who choose to continue to grow their own medicine, which may necessitate checkpoints of accountability versus a ban on cultivation by the patient / caregiver. Please ensure that the bill allows for accessibility to medical marijuana at a fair market price that is consistent in quality and supply, and available in different forms and formulations. Please also recognize medical cannabis as a state approved agricultural crop in Hawaii so Department of Health,

dispensary systems, banks, Hawaii's agricultural organizations, and farmers can work together in bringing this crop to market without unnecessary limitations.

If Hawaii legislatures cannot reach an agreement on the establishment of dispensaries in Hawaii, at the very least, please provide a mechanism for Hawaii patients to test their medical marijuana products by providing laboratory access. Currently, Hawaii law does not allow laboratories to analyze marijuana samples, so patients and caregivers cannot accurately administer consistent dosages. What other prescription drug fluctuates in concentration of its active ingredients from refill to refill? For MJ Kaneshiro and others like her, not knowing the concentration of the compounds in marijuana that control her seizures is great detriment to her treatment and long-term care.

Thank you for ensuring that HB321 is effective and practical immediately for patients whose last hope for the quality of life that they deserve starts with your actions today.

Ruth Niino-DuPonte

From: mailinglist@capitol.hawaii.gov
To: JDLTestimony
Cc:
Subject: Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date: Monday, April 06, 2015 6:27:33 PM

HB321
Submitted on: 4/6/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Herndon	Individual	Support	No

Comments: Support of HB321; It is a sad commentary when the Legislation has delayed decision making on this issue, while patients are literally suffering from side effects and symptoms of diseases/conditions which respond favorably to Medical Marijuana. In the absence of the necessary political will to recognize that this is NOT "a gateway drug" that is going to create additional problems for public safety, but an alternative to more toxic medications promoted by the AMA & Big Pharm. Please pass this into law and complete the job that was started years ago when medical marijuana was approved, Mahalo!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Monday, April 06, 2015 2:03:59 PM

HB321

Submitted on: 4/6/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Sara Steiner	Individual	Support	No

Comments: Dear Legislators, I am a 53-year-old medical marijuana patient on the Big Island. This Bill 321 was good, although some of the changes in the HD1 and SD1 are very distressing to me and should be to you as well as all Hawaii residents. This is the good dispensary bill and we have to get it passed because SB682 is insidious. First off, it is obvious that the definition of "dispensary" has been changed by certain members of legislature being tempted from outside lobbyists who want to be the ones rewarded precious licenses, and they are greedy and want control of more than one operation. Why else would the definition have changed to an "entity that holds a dispensary license and operates one or more cultivation sites, manufacturing sites, and retail dispensing locations." Please keep the licenses for only one thing each (dispensary, production center or cultivation site) and awarded to one person each to give as many Hawaii residents as possible an opportunity here. Do not reward big rich growers from the mainland or tobacco or pharmaceutical companies. The big rich growers already make enough, and the tobacco and pharmaceutical companies have been killing people for decades - do not reward these entities by giving them Hawaii dispensary licenses! Secondly, to own a dispensary you should not need to be a licensed health care provider. That is discrimination plain and simple, as even the "lowliest" patient can grow and decide how to consume their own medicine for the last 15 years, the licensed health care provider is overkill and an impossible condition to meet for most anyone besides a licensed health care provider. Thirdly, you as our Hawaii legislators know better than anyone that Hawaii needs jobs, taxes and income kept here at home and we have been waiting since the year 2000 for a dispensary bill. And the job opportunities need to be offered only to long-time Hawaii residents, and please consider them, medical patients, and cannabis felons be given top priority as we are the collective group of people who have suffered the most from the backwards marijuana laws, have paid the most in legal penalties. Again, please allow cannabis felons opportunity as they have already paid their dues to society. Finally, please, please I am begging that you do not insert language which gives away ownership of businesses that are desperately needed here in Hawaii. Please insert language that retains 100% Hawaii owned into our long-awaited Dispensary Bill! Thank you for your consideration, cooperation willingness to help keep the money in Hawaii. You will not be sorry, we the people of Hawaii will make the state and the nation proud!

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From the Personal Office of Mr. SJ Melendrez

To: **State of Hawaii** **April 03, 2015**
Attention: State Senators and Representatives
415 Beretania Street
Honolulu, Hawaii, 96813

Subject: Testimony opposed to HB 321 concerning Marijuana in the State

---

Dear Honorable Senators and Representatives

As a constituent in your district and speaking as a VP for Parent Student Teacher Organizations in the State of Hawaii, speaking the parents of students in your districts, I am asking that you vote no on HB 321 medical marijuana dispensaries in Hawai'i.

Concerning legislature bills, the below is alarming but truth, when I testified to the Senate against the Pot bill. I was the last one to testify against HB321 concerning marijuana production. I thought the bill had been significantly revised, removing the production aspect of the bill but it had not, so I engaged and weighed in with state senate.

The premise for the bill is to provide the active indegr THC from pot to patents which doctors prescribe medical marijuana to assist with cancers and other treatments to assist in helping patients with eating. Well...instead of that, this bill is setting up a full blown marijuana producing and distribution centers in Hawaii, against and ignoring federal law-why?

From the parents viewpoint, I asked the Senators, what are they doing? Why are we setting up marijuana producing factories and not allowing the counties to not participate.

I stated from the first page of the bill, just add State legislature authorizes DOH to work with health industry (doctors and hmo's) to provide the chemicals which the doctors are prescribing to their patients and set up product distribution thru established pharmacies. Since the request for medicine is from a doctor, would make sense to just setup in the state an import function of the type of product the doctors are prescribing and have it imported into Hawaii and dispensed thru the pharmacies.. When I stated this to the senators, they acknowledged it but appeared to be bent on proceeding to develop a marijuana industry, with all of its problems and costs to the communities in real costs and costs in human welfare.

I am deeply grieved that it appears this bill will move fwd, with amendments. I know what happens when this hits the street, I shared in testimony that Hawaii will have an annual surplus of approx $ 115,000 lbs of pot (conservative estimate), which will be on the street. This is in excess after all of those who are authorized to have medical marijuana has had their fill.

I told the Senate that they cannot constrain the criminal element from coming into Hawaii, they were speechless.. I know the cartels will come into Hawaii, setup dummy front companies to get licenses and acquire major properties on Kauai, Windward Oahu, Haiku in Maui and lots of property on Big Island to setup growing production facilities. Dropping the money for the licenses for them is nothing, to get a piece of the pot pie and of Hawaii.

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Email: DrSJMel@GMAIL.COM

State Attorney General stated (1) person on big island is auth for med marijuana but bill wants a min of 1 facility on the Big Island, this 1 facility will generate approx 6000,000 lbs of pot per growing cycles/annual (from 1000 plants based upon 3 lbs plant per growing cycle & 2 growing cycles per year). Can you image 6 k lbs of pot for 1 person, where do they expect the excess to go...street and export.

This will induce crime and create Hawaii to be the pot capital of the Pacific, (what a legacy).

The irony about the bill is that it is just about money and I stated so in my testimony. told the senate same, Hawaii wants to get the money from the implementation of the law, but the cost in law enforcement, human welfare and services shall skyrocket upon implementation.

Unfortunately where there is drug money, the violent crimes increase tremendously. I have seen it in LA, people get high, do random shootings, people get hurt and killed...senseless. When people go to court, they say temp insanity cause of the drugs. In Hawaii people will say, well they got the pot from State approved growing and dispensary facilities...so the State is to blame. Then, if people need medical marijuana for medical reasons, they will go the state store and receive subsidies, free pot. This may be place receiving the pot, on a pot card, or the feds may add the entitlement to the food (stamps) card or Medicare card. Which we the people will pay for and subsidize their drugs.

One lawyer and legislator group I spoke with last week downtown, stated that Hawaii legislature in time, they expect pot to be legalized, then the state wants to be the only authorized dispensary of the controlled pot substances in whatever form. This business model they are following is from East coast, where persons can only buy alcohol from state stores. So, they want it in Hawaii, that people can only buy pot from State owned stores.

Can you imagine, the largest drug dealer in Hawaii will be The State for marijuana, and since Hawaii will be the capitol of pot distribution for the pacific, with 115,000 excess lbs per growing year. The State will be the largest exporter for pot in the pacific. It could end up being the largest exported cash crop (how sad).

I remember after being in Hawaii for a few years, I went back to California on a visit and I saw a friend of mine who was a family man and I saw some friends pull up a few houses down and open the trunks of their cars. I, (being from Hawaii) thought they were doing a tail gate party (food and drink, pau hana deal) but my friend told me they were showing each others their guns, uzi's, AR-15's, MIG and other guns which they used to protect their crops and their families due to high crime and drive-by shootings. They were showing them off I thought OMG, this was their lifestyle which was acceptable and encouraged. They all carried guns cause others had guns and if/as required they had to protect their families and their property and they backed each other up, family type.

Could this happen in Hawaii, unfortunately yes.

Will law enforcement be able to stop it, unfortunately no, yes mitigate but no to stop.

I am concerned that HB321 will significantly assist Hawaii to lose its innocence and assist to degrade Hawaii to a 3rd world state.

I was not happy when Senator Espero chided a HPD Captain during the Captain's testimony on HB 321. The Captain, who was dressed in his Captain's HPD blues and Senator Espero said essentially your time is over, marijuana has changed, ie, no need to enforce the law anymore, stated the Captain's law enforcement was out dated.
The Captain does his job as all the force does but Senator Espero was very condescending to the Captain, as if he was outdated...well, here we are. The Captain held his own and continued testifying even after being hammered from Senator Espero. I looked for Olelo but they were not in the room to film, but the proceedings were captured from the fixed cameras on the wall.

Summary

This Legislature in HB321 are proud to create pot production and selling centers in Hawaii. The truth be told...the driving force behind all the above is money, greed is a very deceptive and is strong in some in Hawaii.

When I testified at above senate committees, I stated to the Senators, when I reviewed the testimonies online, I noticed most of the ardent supporters of the bills are also to receive benefit (money, business other interests) if the bills go thru, so their testimonies should be excused from the testimony pool because they have conflicts of interest in supporting the bills due to their business or personally, they will receive benefit, generate money if the bills pass. The senators acknowledged and said nothing (as if business as usual, or expected)

With so much excess pot on the streets as this bill and their production centers will create and with Senator Espero stating blatantly comments that he is expecting it to be legalized, (see what happened to Colorado when pot was permitted). The writing is on the wall that Hawaii will experience what Colorado has experienced, only on steroids. Hawaii's tropical environment will breed pot plantations, the bill hb321 states that any agriculture area is open for pot cultivation. When I read the bill on the security requirements for the pot plantation, I knew the cartels would love it, high fences, security cameras, guards (with guns) dogs, search lights (user friendly Hawaii will go out the door). Just before harvesting others will come to try to take the harvest, lots of violence.

Not to mention, all the above for pot is illegal per federal law but the Senators are ignoring the fact, thinking that the Obama admin will just let it slide. But what about the 2016 administration, will they just wink at Hawaii ignoring federal law...I don't think so.

Hawaii is so dependant upon federal dollars for transportation (rail, highways and airports) and many other programs that Hawaii legislature embracing Hawaii to be the pot capitol of the pacific may very well provide the new federal administration the excuse to kill our subsidies.

If that happens, the State will just sell more pot to make up the difference (good luck). So, more pot, more crime, more degrading of society...when will the ruling party stop this nonsense?

This is all about greed, follow the money. This bill, HB321 is not about providing relief and medications for those who may require medical marijuana or its active chemicals, this is just the State setting Hawaii to be the Pot Capitol of the Pacific...if there was no money in it, this bill would not exist.

PLEASE VOTE NO HB 321, IT IS BAD BUSINESS FOR HAWAII.

Attached is a government publication stating outcomes and effects from Colorado legalizing marijuana usage in the state. Hawaii can expect same resultants, only worse due to our climate conditions and accessibility from other regions and criminal elements. Please review, thank you

Sincerely:

SJ Melendrez
VP PTSO MMS
Email: DrSJMel@gmail.com

THE LEGALIZATION OF MARIJUANA IN COLORADO

The Impact

Volume 2/August 2014

Rocky Mountain High Intensity
Drug Trafficking Area

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Executive Summary

Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) will attempt to track the impact of marijuana legalization in the state of Colorado. This report will utilize, whenever possible, a comparison of three different eras in Colorado's legalization history:

- **2006 – 2008:** Early medical marijuana era
- **2009 – Present:** Medical marijuana commercialization and expansion era
- **2013 – Present:** Recreational marijuana era

Rocky Mountain HIDTA will collect and report comparative data in a variety of areas, including but not limited to:

- Impaired driving
- Youth marijuana use
- Adult marijuana use
- Emergency room admissions
- Marijuana-related exposure cases
- Diversion of Colorado marijuana outside the state

This is the second annual report on the impact of Colorado legalizing marijuana. It is divided into ten sections with each providing data on the impact of legalization prior to and during the creation of the marijuana industry in Colorado. The sections are as follows:

<u>Section 1 – Impaired Driving:</u>

- Traffic fatalities involving operators testing positive for marijuana have increased 100 percent from 2007 to 2012.
- The majority of driving-under-the-influence-of-drugs arrests involve marijuana and 25 to 40 percent were marijuana alone.
- Toxicology reports with positive marijuana results for driving under the influence have increased 16 percent from 2011 to 2013.

Section 2 – Youth Marijuana Use:

- In 2012, 10.47 percent of youth ages 12 to 17 were considered current marijuana users compared to 7.55 percent nationally. Colorado, ranked 4th in the nation, was 39 percent higher than the national average.
- Drug-related suspensions/expulsions increased 32 percent from school years 2008/2009 through 2012/2013. The vast majority were for marijuana violations.

Section 3 – Adult Marijuana Use:

- In 2012, 26.81 percent of college age students (ages 18 – 25 years) were considered current marijuana users compared to 18.89 percent nationally. Colorado, ranked 3rd in the nation, was 42 percent higher than the national average.
- In 2012, 7.63 percent of adults ages 26 and over were considered current marijuana users compared to 5.05 percent nationally. Colorado, ranked 7th in the nation, was 51 percent higher than the national average.
- In 2013, 48.4 percent of Denver adult arrestees tested positive for marijuana which is a 16 percent increase from 2008.

Section 4 – Emergency Room Marijuana Admissions:

- From 2011 through 2013, there was a 57 percent increase in marijuana-related emergency room visits.
- Hospitalizations related to marijuana have increased 82 percent from 2008 to 2013.
- In 2012, the City of Denver rate for marijuana-related emergency visits was 45 percent higher than the rate in Colorado.

Section 5 – Marijuana-Related Exposure:

- Marijuana-related exposures for children ages 0 to 5 on average have increased 268 percent from 2006–2009 to 2010-2013.
- Colorado's rate of marijuana-related exposures is triple the national average.

Section 6 – Treatment:

- Over the last nine years, the top three drugs involved in treatment admissions have been alcohol, marijuana and amphetamines.

Section 7 – Diversion of Colorado Marijuana:

- Highway interdiction seizures of Colorado marijuana destined to 40 other states increased 397 percent from 2008 to 2013.
- The average pounds of Colorado marijuana seized, destined for other states, increased 33.5 percent from 2005 to 2008 compared to 2009 to 2013.

Section 8 – Diversion by Parcel:

- U.S. Mail parcel interceptions, with Colorado marijuana destined for 33 other states, increased 1,280 percent from 2010 to 2013.
- U.S. Mail pounds of Colorado marijuana seized, destined for 33 other states, increased 762 percent from 2010 to 2013.

Section 9 – THC Extraction Labs:

- In 2013, there were 12 THC extraction lab explosions and in the first half of 2014 the amount more than doubled.
- In 2013, there were 18 injuries from THC extraction labs and in the first half of 2014 there were 27 injuries.

Section 10 – Related Data:

- Overall, crime in Denver increased 6.7 percent from the first six months of 2013 to the first six months of 2014.
- The number of pets poisoned from ingesting marijuana has increased four-fold in the past six years.
- Colorado estimates for annual revenue from the sale of recreational marijuana varies from $65 million (.6 percent of all expected general fund revenue) to $118 million (1.2 percent of all expected general fund revenue)
- The majority of counties and cities in Colorado have banned recreational marijuana businesses
- THC potency has risen from an average of 3.96 percent in 1995 to an average of 12.33 percent in 2013

There is much more data in each of the ten sections, which can be used as a standalone document. All of the sections are on the Rocky Mountain HIDTA website and can be printed individually; go to www.rmhidta.org/reports.

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Introduction

Purpose

The purpose of this report and future reports is to document the impact of the legalization of marijuana for medical and recreational use in Colorado. Colorado and Washington serve as experimental labs for the nation to determine the impact of legalizing marijuana. This is an important opportunity to gather and examine meaningful data and facts. Citizens and policymakers may want to delay any decisions on this important issue until there is sufficient and accurate data to make an informed decision.

The Debate

There is an ongoing debate in this country concerning the impact of legalizing marijuana. Those in favor argue that the benefits of removing prohibition far outweigh the potential negative consequences. Some of the benefits they cite include:

- Eliminate arrests for possession and sale, resulting in fewer citizens with criminal records and a reduction in the prison population.
- Free up law enforcement resources to target more serious and violent criminals.
- Reduce traffic fatalities since users will switch from alcohol to marijuana, which does not impair driving to the same degree.
- No increase in use, even among youth, because of tight regulations.
- Added revenue generated through taxation.
- Reduce profits for the drug cartels trafficking marijuana.

Those opposed to legalizing marijuana argue that the potential benefits of lifting prohibition pale in comparison to the adverse consequences. Some of the consequences they cite include:

- Increase in marijuana use among youth and young adults.
- Increase in marijuana-impaired driving fatalities.
- Rise in number of marijuana-addicted users in treatment.

- Diversion of marijuana for unintended purposes.
- Adverse impact and cost of the physical and mental health damage caused by marijuana use.
- The economic cost to society will far outweigh any potential revenue generated.

Background

The next two to four years should help determine which side is most accurate. Recently a number of states have enacted varying degrees of legalized marijuana by permitting medical marijuana. In 2010, Colorado's legislature passed legislation that included the licensing of medical marijuana centers ("dispensaries"), cultivation operations and manufacturing of marijuana edibles for medical purposes. In November of 2012, Colorado voters legalized recreational marijuana allowing individuals to use and possess an ounce of marijuana and grow up to six plants. The amendment also permits licensing marijuana retail stores, cultivation operations, marijuana edible factories and testing facilities. Washington voters passed a similar measure in 2012.

Colorado's History with Marijuana Legalization

Early Medical Marijuana 2000 – 2008

In November 2000, Colorado voters passed Amendment 20 which permitted a qualifying patient and/or caregiver of a patient to possess up to 2 ounces of marijuana and grow six marijuana plants for medical purposes. Amendment 20 provided identification cards for those individuals with a doctor's recommendation to use marijuana for a debilitating medical condition. The system was managed by the Colorado Department of Public Health and Environment (CDPHE), which issued cards to patients based on a doctor's recommendation. The department began accepting applications from patients in June 2001.

From 2001 to 2008, there were only 5,993 patient applications received and only 55 percent of those designated a primary caregiver. During that time, the average was three patients per caregiver and there were no known retail stores selling medical marijuana ("dispensaries"). Dispensaries were not an issue because CDPHE regulations limited a caregiver to no more than five patients.

Medical Marijuana Commercialization and Expansion 2009 – Present

In 2009, the dynamics surrounding medical marijuana in Colorado changed substantially. There were a number of factors that played a role in the explosion of the medical marijuana industry and number of patients:

The first was a Denver District Judge who, in late 2007, ruled that CDPHE violated the state's open meeting requirement when setting a five-patient-to-one-caregiver ratio and overturned the rule. That opened the door for caregivers to claim an unlimited number of patients for whom they were providing and growing marijuana. Although this decision expanded the parameters, very few initially began operating medical marijuana commercial operations (dispensaries) because of the fear of prosecution, particularly from the federal government.

The judge's ruling and caregivers expanding their patient base created significant problems for local prosecutors seeking a conviction for marijuana distribution by caregivers. Many jurisdictions ceased or limited filing those types of cases.

At a press conference in Santa Ana, California on February 25, 2009, the U.S. Attorney General was asked whether raids in California on medical marijuana dispensaries would continue. He responded "No" and referenced the President's campaign promise related to medical marijuana. In mid-March 2009, the U.S. Attorney General clarified the position saying that the Department of Justice enforcement policy would be restricted to traffickers who falsely masqueraded as medical dispensaries and used medical marijuana laws as a shield.

In July 2009, the Colorado Board of Health, after hearings, failed to reinstate the five-patients-to-one-caregiver rule.

On October 19, 2009, U.S. Deputy Attorney General David Ogden provided guidelines for U.S. Attorneys in those states that enacted medical marijuana laws. The memo advised "Not focus federal resources in your state on individuals whose actions are in clear and unambiguous compliance with existing state law providing for the medical use of marijuana."

Beginning in the spring of 2009, Colorado experienced an explosion to over 20,000 new medical marijuana patient applications and the emergence of over 250 medical marijuana dispensaries (allowed to operate as "caregivers"). One dispensary owner

claimed to be a primary caregiver to 1,200 patients. Government took little or no action against these commercial operations.

By the end of 2009, new patient applications jumped from around 6,000 for the first seven years to an additional 38,000 in just one year. Actual cardholders went from 4,800 in 2008 to 41,000 in 2009. By mid-2010, there were over 900 marijuana dispensaries identified by law enforcement.

In 2010, law enforcement sought legislation to ban dispensaries and reinstate the one-to-five ratio of caregiver to patient as the model. However, in 2010 the Colorado Legislature passed HB-1284 which legalized medical marijuana centers (dispensaries), marijuana cultivation operations, and manufacturers for marijuana edible products. By 2012, there were 532 licensed dispensaries in Colorado and over 108,000 registered patients, 94 percent of who qualified for a card because of severe pain.

Recreational Marijuana 2013 - Present

In November of 2012, Colorado voters passed Amendment 64, which legalized marijuana for recreational use. Amendment 64 allows individuals 21 years or older to grow up to six plants, possess/use 1 ounce or less and furnish an ounce or less of marijuana if not for remuneration. Amendment 64 permits marijuana retail stores, marijuana cultivation sites, marijuana edible factories and marijuana testing sites. The first retail marijuana businesses were licensed in January of 2014. Some individuals have established private cannabis clubs, formed co-ops for large marijuana grow operations and/or supplied marijuana for no fee other than donations.

What will be the impact of Amendment 64 on Colorado and other states? Only time will tell. The five-year experience with medical marijuana in Colorado may be indicative of what to expect.

NOTE:

- DATA, IF AVAILABLE, WILL COMPARE PRE- AND POST-2009 WHEN MEDICAL MARIJUANA BECAME COMMERCIALIZED WITH RETAIL SALES, CULTIVATION OPERATIONS AND MARIJUANA EDIBLE FACTORIES, AS WELL AS A SUBSTANTIAL-INCREASE IN "PATIENTS."
- MULTI-YEAR COMPARISONS ARE GENERALLY BETTER INDICATORS OF TRENDS. ONE-YEAR CHANGES DO NOT NECESSARILY REFLECT A NEW TREND.
- PERCENTAGE COMPARISONS MAY BE ROUNDED TO THE NEAREST WHOLE NUMBER.
- THIS REPORT WILL CITE DATASETS WITH TERMS SUCH AS "MARIJUANA-RELATED" OR "TESTED POSITIVE FOR MARIJUANA." THAT DOES NOT NECESSARILY IMPLY THAT MARIJUANA WAS THE CAUSE OF THE INCIDENT.

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SECTION 1: Impaired Driving

Introduction

This section provides information on driving fatalities and impaired driving involving drivers testing positive for marijuana. The data comparison, when available, will be from 2006 through 2012 and partial year 2013. The information compares the early medical marijuana era (2006 – 2008), the medical marijuana commercialization and expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.
- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado's medical marijuana trade.
- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

Findings

- Overall, traffic fatalities in Colorado decreased **14.8 percent,** from 2007 to 2012. During the same five years in Colorado, traffic fatalities involving operators testing positive for marijuana increased **100 percent**.[1]
- In 2007, Colorado traffic fatalities involving operators testing positive for marijuana represented **7.04 percent** of the total traffic fatalities. By 2012, that number more than doubled to **16.53 percent**.[1]

- Larimer County Sheriff's Department Driving Under the Influence of Drugs (DUID) reports show that in 2013, of the 131 DUID arrests, 124 (94.6 percent) tested positive for marijuana.
    - The first three months of 2014 show that DUIDs testing positive for marijuana are on pace to exceed the number in 2013.

- The Colorado State Patrol DUID program, initiated in 2014, show that in the first six months of 2014:
    - 77 percent (349) of the 454 DUIDs involved marijuana.
    - 42 percent (191) of the 454 DUIDs involved marijuana only.

- According to Colorado Department of Transportation Drug Recognition Experts (DRE) Coordinator Robin Rocke, in 2013, 192 DREs completed 531 impaired driving evaluations of which 330 (62.15 percent) were for marijuana as confirmed by toxicology results.

Data

NOTE: THE DATA FOR 2012 WAS OBTAINED FROM THE NATIONAL HIGHWAY TRANSPORTATION SAFETY ADMINISTRATION'S FATALITY ANALYSIS REPORTING SYSTEM (FARS), COLORADO STATE PATROL, COLORADO DEPARTMENT OF REVENUE, COLORADO CORONERS, COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT, CHEMATOX LABORATORIES AND NUMEROUS COLORADO LAW ENFORCEMENT AGENCIES. COLLECTION AND ANALYSIS OF DATA WAS CONDUCTED BY ROCKY MOUNTAIN HIDTA AFTER CONTACTING ALL CORONER OFFICES AND LAW ENFORCEMENT AGENCIES INVOLVED WITH FATALITIES TO OBTAIN TOXICOLOGY REPORTS THAT SHOWED CANNABIS. THIS REPRESENTS 100 PERCENT REPORTING. PRIOR YEAR (S) HAD SOME LIMITED REPORTING TO THE COLORADO DEPARTMENT OF TRANSPORTATION, AND SUBSEQUENTLY FARS, SINCE REPORTING IS STRICTLY VOLUNTARY. ROCKY MOUNTAIN HIDTA AND THE COLORADO DEPARTMENT OF TRANSPORTATION WILL WORK TOGETHER TO ASSURE 100 PERCENT REPORTING OF 2013 DATA DUE DECEMBER 31, 2014.

FATALITY ANALYSIS REPORTING SYSTEM (FARS):

- 2012 DATA WILL NOT BE OFFICIAL UNTIL OCTOBER, 2014.
- FROM 2006 THROUGH 2012, AN AVERAGE OF 49.87 PERCENT OF OPERATORS INVOLVED IN FATALITIES WAS NOT TESTED.

Definitions in Reviewing Fatality Data:

- **Marijuana:** Also called "marijuana mentions," is any time marijuana shows up in the toxicology report. It could be marijuana only or marijuana with other drugs and/or alcohol.

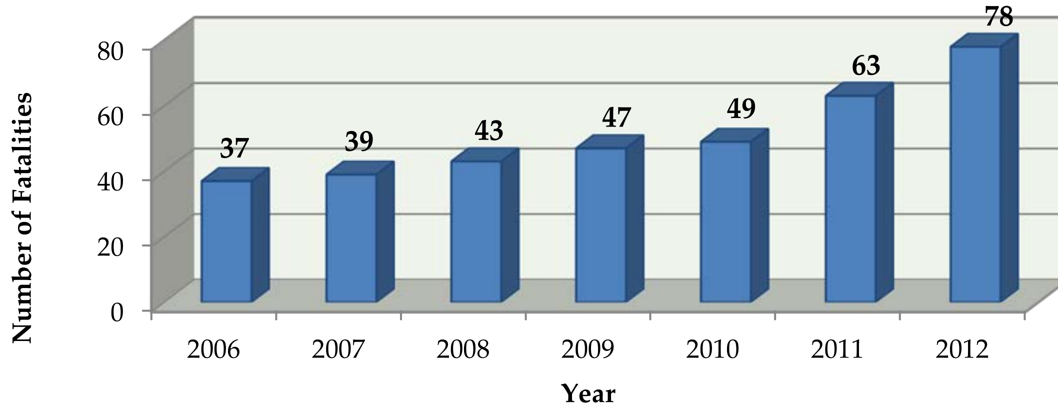
- **Fatalities:** A fatal injury resulting from a traffic crash involving a motor vehicle.

- **Operators:** Anyone in control of their movements such as a driver, pedestrian or bicyclist.

Fatalities Involving Operators Testing Positive for Marijuana			
Crash Year	Total Statewide Fatalities	Fatalities with Operators Testing Positive for Cannabis	Percentage Total Fatalities (Cannabis)
2006	535	37	6.92%
2007	554	39	7.04%
2008	548	43	7.85%
2009	465	47	10.1%
2010	450	49	10.89%
2011	447	63	14.09%
2012	472	78	16.53%

SOURCE: National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)

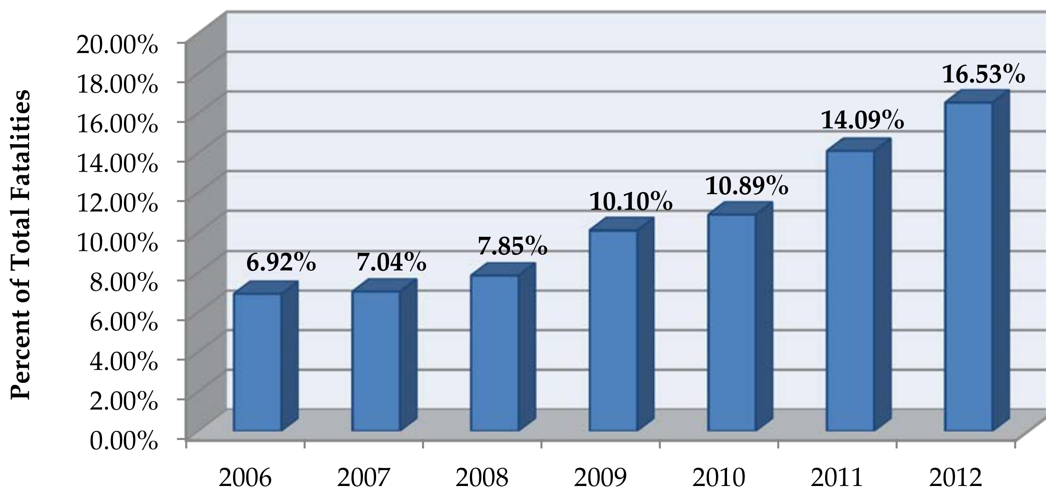
Fatalities Involving Operators Testing Positive for Marijuana



SOURCE: **National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)**

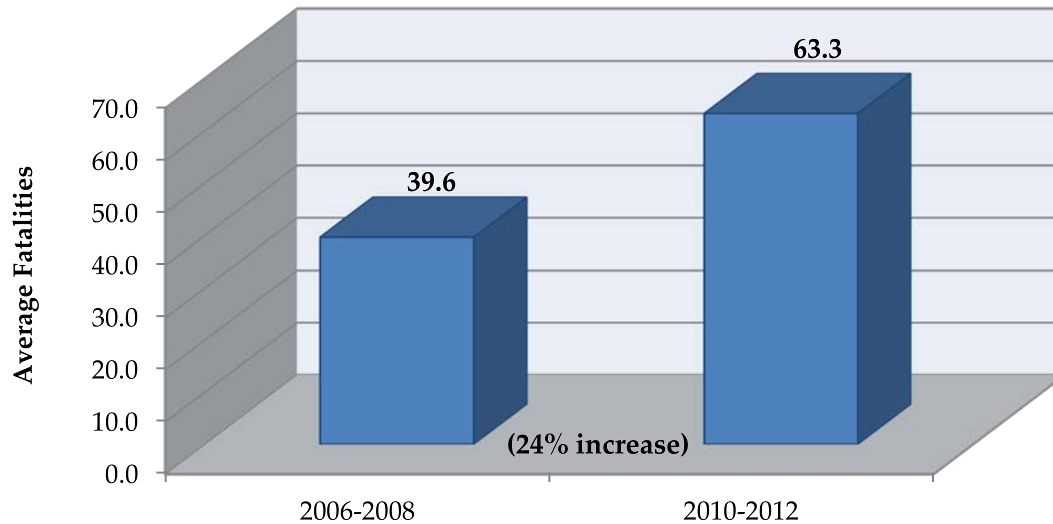
NOTE: BETWEEN 2006 AND 2012 AN AVERAGE OF 70 PERCENT OF THE MARIJUANA-RELATED FATALITIES INVOLVED OPERATORS TESTING POSITIVE FOR MARIJUANA ONLY.

Percent of All Fatilities With Operators Testing Positive for Marijuana



SOURCE: **National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)**

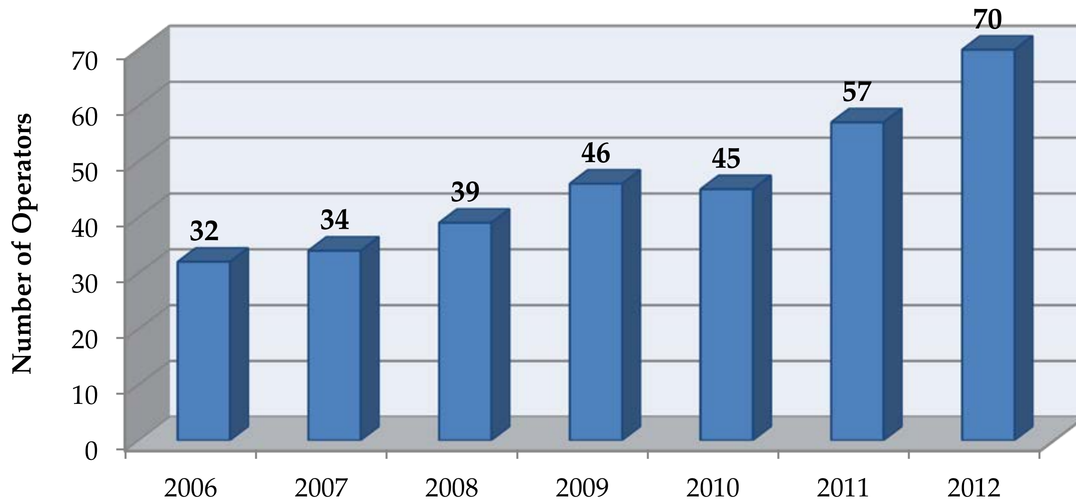
Average Marijuana-Related Fatalities Pre- and Post-Medical Marijuana Commercialization Year (2009)



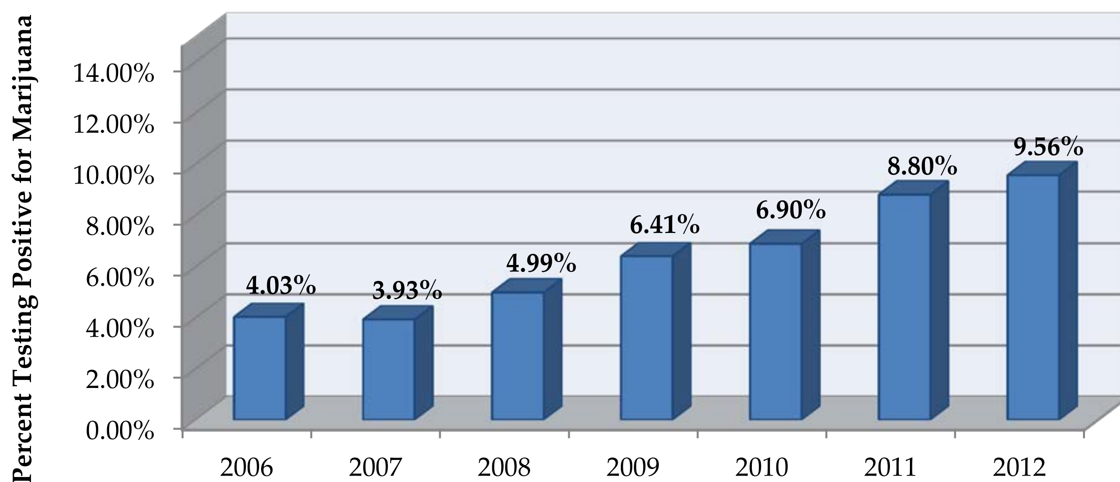
SOURCE: **National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)**

Operators Involved in Fatalities Testing Positive for Marijuana			
Crash Year	Total Operators Involved in Crashes	Operators in Fatal Crashes Testing Positive for Cannabis	Percentage of Total Operators Who Tested Positive for Cannabis
2006	795	32	4.03%
2007	866	34	3.93%
2008	782	39	4.99%
2009	718	46	6.41%
2010	652	45	6.9%
2011	648	57	8.81%
2012	732	70	9.56%

SOURCE: **National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)**

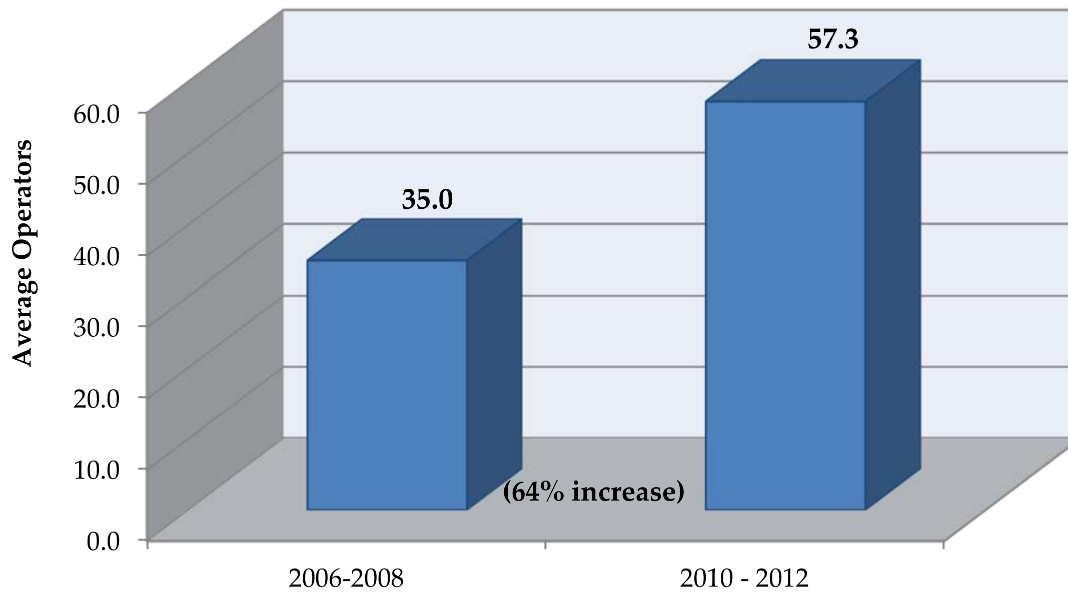


SOURCE: **National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)**

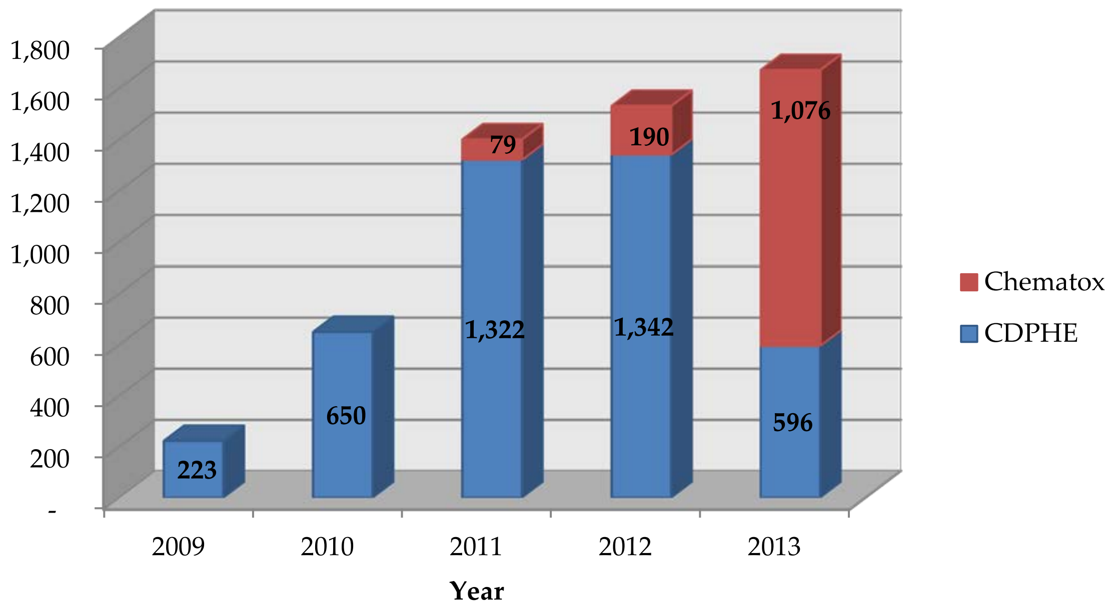


SOURCE: **National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)**

Average Operators Testing Positive for Marijuana Pre- and Post-Medical Marijuana Commercialization Year (2009)



SOURCE: National Highway Transportation Safety Administration, Fatality Analysis Reporting System (FARS), 2006-20011 and RMHIDTA 2012 (See NOTE on page 8)



SOURCE Sarah Urfer, ChemaTox Laboratory, Inc. (July 2, 2014) and Heather Krug, Colorado Department of Public Health and Environment (June 30, 2014)

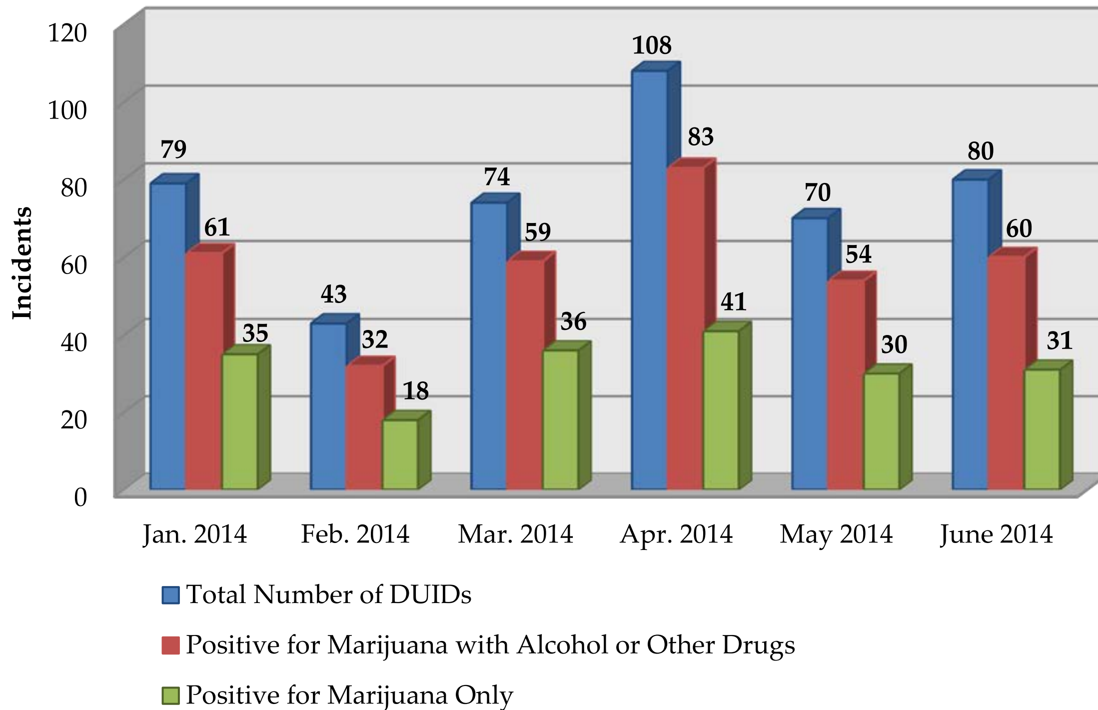
NOTE: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT DISCONTINUED TESTING IN JULY 2013.

Larimer County Sheriff's Department Driving Under the Influence of Drugs (DUID) Report

Year	Total DUIDs	Positive for Marijuana	Pending Results; Marijuana Suspected	Positive for Other Drugs – No Marijuana	Pending Results; Other Drugs Suspected	Percent of All DUIDs Marijuana
2013	131	124	0	6	1	94.6 %
2014 (Jan. – Mar.)	43	28	8	0	7	Pending

Colorado State Patrol Marijuana Citations Report

In January 2014, the Colorado State Patrol began tracking drug impairment by drug type.



SOURCE: Colorado State Patrol

NOTE: MARIJUANA CITATIONS DEFINED AS ANY CITATION WHERE CONTACT WAS CITED FOR DUI OR DWAI AND MARIJUANA INFORMATION WAS FILLED OUT ON TRAFFIC STOP FORM INDICATING MARIJUANA AND ALCOHOL, MARIJUANA AND OTHER CONTROLLED SUBSTANCES, OR MARIJUANA ONLY PRESENT.

DUID – Vehicular Homicide and/or Assault

"In 2012, there were 246 people in Colorado charged with vehicular homicide and/or assault. Eighty-three percent of those were also charged with driving under the influence (DUI) of alcohol and/or drugs. A study was conducted with a sample of 66 of these drivers to determine which of the DUI cases involved alcohol and/or drugs. The

study used court records and laboratory results when available. Thirty-nine percent (26/66) involved drugs or drugs in combination with alcohol, with the majority (69 percent) of drug type being marijuana."[2]

DUI Admissions…Marijuana Nearly Double Since Legalization

"Denver, CO – Arapahoe House is Colorado's largest provider of community detox services with three centers located across metro Denver in Aurora, Commerce City and Wheat Ridge. New data showing the number of clients driving under the influence (DUI) of marijuana from January 1 – May 31, 2014 compared to the same time period in 2013 indicates admissions have nearly doubled from 8 percent to 15 percent since recreational legalization went into effect."[3]

Related Material

Christmas Day Hit-and-Run Left Woman Dead and Three Injured In 2013, a Christmas morning crash in Montbello, Colorado resulted in the death of a 35-year-old woman and injury to three of her family members, including a 6-year-old girl with serious injuries. The driver, reeking of alcohol and marijuana, ran a red light and struck the vehicle. He got out of his wrecked vehicle and ran from the scene but was later located by officers. Witnesses identified him as the suspect.[4]

Mother and Infant Son Killed in a Head-on Collision In early 2010, a 25-year-old mother and her 5-week-old son were driving in their hometown of Dacono, Colorado. A driver hit their vehicle head-on killing the mother instantly, and her young son suffered for several days before dying. A blood test was taken from the driver four hours after the accident, which revealed 4 ng of THC in his system. The suspect subsequently pled guilty to vehicular homicide due to driving under the influence of drugs.[5]

Stoned Driver Hits Two State Police Vehicles In January 2014, a driver stoned on marijuana drove his vehicle into two state patrol vehicles around 9 p.m. The patrol vehicles, with emergency lights on, were there because officers were investigating an accident. Luckily the troopers were not inside the vehicles and not injured. It was later discovered the driver also tested for a high alcohol content.[6]

"Stoned" Driving Arrests Rise Colorado legalized recreational marijuana in 2012, and stoned driving arrests have gone up. State highway officials say marijuana use was

a factor in more than 1,000 driving-under-the-influence cases filed in 2012. CDOT Highway Safety Manager Glenn Davis said, "We may see more customers who used marijuana in the past, or those who have never used it, get behind the wheel." Glenwood Springs, Colorado attorney Kip O'Connor said, "Are you under the influence from one bong hit or a cigarette? It really depends on the strain of marijuana you use and the concentration of the strain." "But when you drink a bottle of beer or a shot of whiskey, you have a pretty good idea of the dosage."[7]

Spike in Stoned Driving Arrests Since Pot Legalization The state of Washington legalized recreational marijuana similar to Colorado. The Washington State Patrol reports that, in the first six months since marijuana has been legal, that they are seeing a spike in drivers stopped for driving under the influence who tested positive for THC. When marijuana became legal, there were 745 drivers testing positive for marijuana. That compares to 1,000 drivers who tested positive over a two-year period of 2011-2012. If that rate continues, that is three times as many drivers being stopped who tested positive for driving under the influence of marijuana.[8]

Fatal Crashes Before and After Commercialized Medical Marijuana In Colorado, since mid-2009 when medical marijuana became commercially available, the trend showed an increase for the proportion of drivers in a fatal motor vehicle crash who were marijuana-positive. Conversely, the study showed no significant changes in non-medical marijuana states or for alcohol-impaired drivers.[9]

Drug Recognition Experts: Marijuana is the Most Prevalent Trained drug recognition experts found that other than alcohol, marijuana was the most prevalent drug among impaired drivers. Marijuana impairs performance for divided attention and multitasking thus making drivers less able to handle unexpected events.[10]

Marijuana Fatalities Tripled Fatal crashes involving marijuana use tripled during the previous decade. "One of nine drivers involved in fatal crashes would test positive for marijuana," said Dr. Guohua Li, director of the Center for Injury Epidemiology and Prevention at Columbia University. "Drugged driving accounted for more than 28 percent of traffic deaths in 2010." "Marijuana proved to be the main drug involved in the increase, contributing to 12 percent of 2010 crashes." Dr. Li found that if a driver is under the influence of alcohol, their risk of a fatal crash is 13 times higher than the risk of the driver who is not under the influence of alcohol. If the driver is under the influence of both alcohol and marijuana, their risk increases to 24 times from that of a sober person.[11]

Decriminalization of Marijuana Linked to More Crashes Cannabis has become the most common non-alcohol drug detected among fatally injured drivers. This trend is true across age groups and gender. "The increase in the prevalence of cannabis was most pronounced among fatally injured drivers less than 25 years of age."

"In driving simulation studies, combined cannabis and alcohol use, even at low levels, was linked to greater impairment than use of alcohol or cannabis alone or the absence of both alcohol and cannabis. In addition, regular cannabis users had higher plasma concentrations of delta-9-tetrahydrocannabinol and poorer driving performance than non-regular users." Although these states have laws that prohibit driving under the influence of marijuana, it is still expected that decriminalization of marijuana may result in increased crashes involving cannabis.[12]

Drugged Drivers Getting Away With Murder "DUI statistics hide the truth about DUID prevalence. A study of 2012 DUI vehicular homicide cases and DUI vehicular assault cases was the first study to estimate of the prevalence of DUID in DUI charges in Colorado. The study found that 39% of the DUI charged involved drugs. Marijuana was the most common drug found, constituting 27% of all DUI cases studied, and 69% of all DUID cases studied."[13]

Cannabis Worsens Reaction Time Maximum impairment is found 20 to 40 minutes after smoking cannabis. "Both alcohol and marijuana use increase reaction time and the number of incorrect responses to emergencies."[14]

Marijuana Impairs Ability to Drive Dr. Christian Thurstone, a medical director at one of Colorado's largest youth substance abuse treatment clinics and an associate professor of psychiatry at the University of Colorado Denver stated, "Marijuana impairs your ability to drive." Currently, the legal limit is five nanograms of THC per milliliter of blood. If one nanogram of THC could double your likelihood of being involved in a fatal accident, how is this five nanogram threshold acceptable? You can be drunk today and fine tomorrow. Marijuana can stay in your system for much longer periods of time, in some cases up to three weeks.[15]

Marijuana Impairs Driving Skills "Marijuana causes serious impairment in motor skills, judgment and perception which are all necessary for operating a vehicle safely."[16]

This is What Happens When You Drive on Pot and Alcohol Teens who mix alcohol and marijuana are terrible drivers, new research suggests. Researchers took a look at yearly surveys of over 72,000 U.S. high school seniors from 1976 to 2011, and assessed their simultaneous use of pot and alcohol. They found that teens who reported using both at the same time were 50 to 90 percent more likely to admit to

unsafe driving than teens who did not smoke pot or drink. About 40 percent of teens who used both at the same time had received a traffic ticket or warning over the last year, and about 30 percent had been in an accident.[17]

Drugged Driving Puts Everyone At Risk Drugged driving not only puts the driver at risk but also passengers and everyone else on the road. "Even small amounts of some drugs can have a measurable effect on driving ability." THC is commonly found in the blood of impaired drivers, fatally injured drivers and motor vehicle crash victims. "Vehicle accidents are the leading cause of death among young people age 16 to 19."[18]

Impaired Driving is a Public Health Concern Cannabis is the most prevalent illicit drug identified among impaired drivers. Driving under the influence of cannabis (DUIC) is a growing public health concern. Driving within one hour of smoking cannabis affects the driver's reaction time, motor skills, tracking and perception. "Impaired driving endangers individuals inside and outside the vehicle. Nearly two thirds of US trauma center admissions are due to motor vehicle accidents with almost 60% of such patients testing positive for drugs or alcohol."[19]

Sources

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[3] Press Release, "DUI Admissions to Arapahoe House Detox Facilities Involving Marijuana Nearly Double Since Legalization," June 25, 2014, <https://www.arapahoehouse.org/dui-admissions-arapahoe-house-detox-facilities-involving-marijuana-nearly-double-legalization>, accessed June 30, 2014

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[12] Joannne E. Brady and Guohua Li, “Trends in Alcohol and Other Drugs Detected in Fatally Injured Drivers in the United States, 1999–2010,” *American Journal of Epidemiology* Advance Access, published January 29, 2014, accessed February 08, 2014

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[14] Sewell M.D, R. Andrew, Poling PhD, James, Sofuoglu MD, PhD, Mehmet, “The Effect of Cannabis Compared with Alcohol on Driving,” *The American Journal on Addictions*, 18: 185–193, 2009, accessed January 30, 2014

[15] Thurstone, Christian, February 04, 2014, Interview. (February 05, 2014)

[16] Wyoming Criminal Intelligence Analysis Center, January 30, 2014, "New Breath Test May Detect Marijuana Use," December 11, 2013

[17] Alexandra Sifferlin, *Time*, April 28, 2014, "This is What Happens When You Drive on Pot and Alcohol," <http://time.com/79189/this-is-what-happens-when-you-drive-on-pot-and-alcohol/>, accessed April 29, 2014

[18] Drug Abuse, "Drug Facts: Drugged Driving," Revised October 2013, <http://www.drugabuse.gov/publications/drugfacts/drugged-driving>, accessed November 27, 2013

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SECTION 2: Youth Marijuana Use

Introduction

The following section reviews youth use rates of marijuana in Colorado and nationally. Datasets examine reported use "within the last 30 days" as opposed to "lifetime" usage. The use of the 30-day data provides a more accurate picture and is classified as current use. The lifetime data collection model typically includes persons who are infrequent or experimental users of marijuana.

Most of the comparisons are between 2006 through 2012. The information compares the early medical marijuana era (2006 – 2008), the medical marijuana commercialization and expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.
- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado's medical marijuana trade.
- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

Findings

- Youth (ages 12 to 17 years) Past Month Marijuana Use, 2012
  - Colorado average for youth was **10.47 percent**.[1]
    - In 2012, the Colorado average was **39 percent** higher than the national average
    - Colorado was ranked **4th** in the nation
    - In 2006, Colorado was ranked **14th** in the nation for past month marijuana usage among youth

- There was a **26 percent** increase in youth (ages 12 to 17 years) monthly marijuana use in the three years after medical marijuana was commercialized (2009) compared to the three years prior to commercialization[1].

- The top ten states for the highest rate of current marijuana use were all medical-marijuana states whereas the bottom ten was all non-medical-marijuana states.[1]
  - School age rate (12 to 17 years): Top ten states average of **10.54 percent** compared to national average of **7.55 percent**

- The top nine states for marijuana use in high school were all medical-marijuana states with an average use rate of 1 in 4 students compared to a national rate of 1 in 5 students; at least **5.37 percent higher** than the national median. This national study did not include California, Colorado, Oregon or Washington.[2]

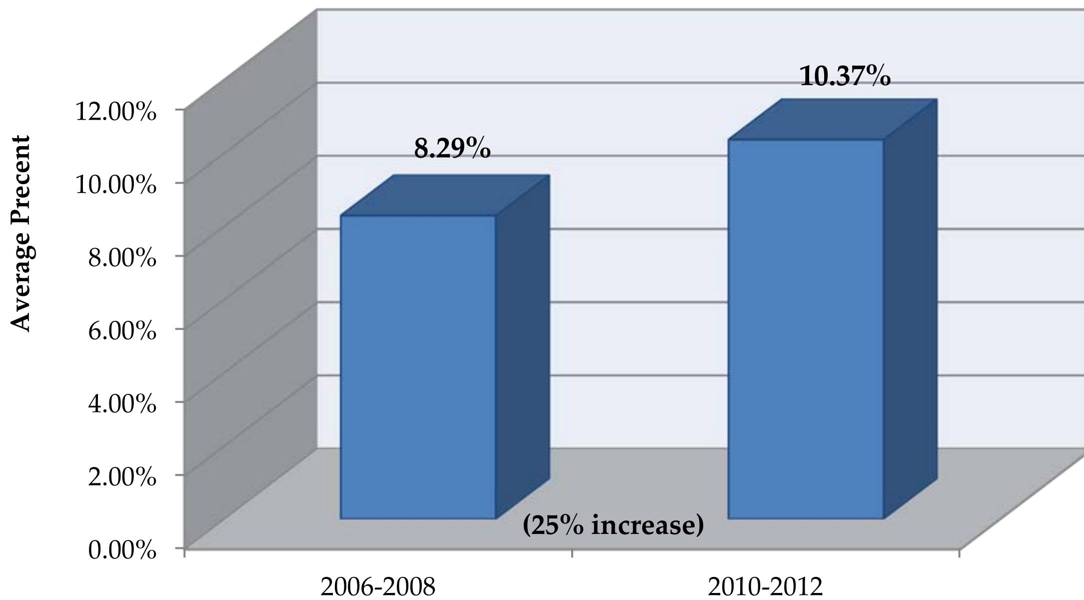
- There was a **32 percent** increase in drug-related suspensions and expulsions in Colorado for academic school years 2008/2009 to 2012/2013.[4]

- A June 2014 Rocky Mountain HIDTA survey of 100 Colorado school resources officers (SROs) revealed:
  - 89 percent have experienced an increase in student marijuana-related incidents since recreational marijuana was legalized with 57 percent handling an average of one incident or more a week
  - The most common violation on campus is possession followed by being under the influence
  - Most students obtain their marijuana from a friend who gets its legally, or their parents

Data

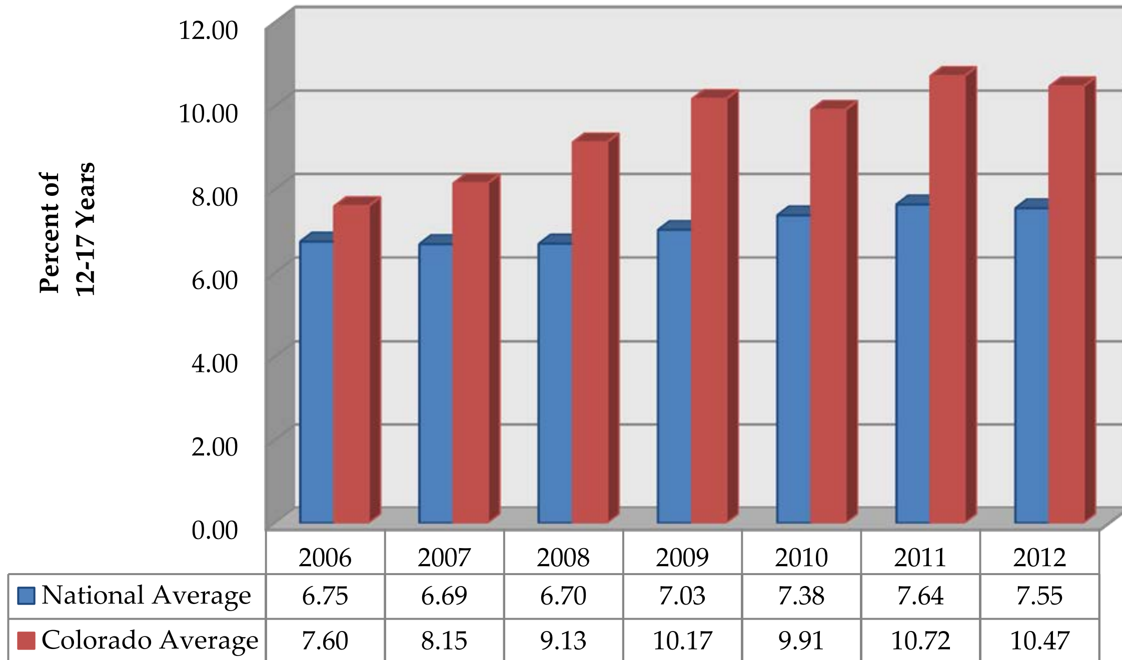
NOTE: **COLORADO HEALTHY KIDS COLORADO SURVEY. HISTORICALLY, COLORADO SUBMITTED DATA TO THE CENTERS FOR DISEASE CONTROL (CDC) FOR THE YOUTH RISK BEHAVIOR SURVEY (YRBS). HOWEVER, COLORADO DID NOT HAVE A SUFFICIENT NUMBER OF SURVEY PARTICIPANTS TO BE INCLUDED IN THE 2014 YRBS REPORT. THE COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE) IS IN THE PROCESS OF FINALIZING THE HEALTHY KIDS COLORADO SURVEY. UNFORTUNATELY, DUE TO SOME DELAYS, THE REPORT WILL NOT BE COMPLETED IN TIME TO BE INCLUDED IN THIS ROCKY MOUNTAIN HIDTA REPORT. A REVISED OR SUPPLEMENTAL REPORT, WITH THE RESULTS FROM THE HEALTHY KIDS COLORADO SURVEY, WILL BE DISSEMINATED ONCE THE SURVEY HAS BEEN FINALIZED.**

Average Past Month Use of Marijuana Ages 12 to 17 Years Pre- and Post-Medical Marijuana Commercialization Year (2009)



SOURCE: **Data from SAMHSA.gov, National Survey on Drug Use and Health 2013**

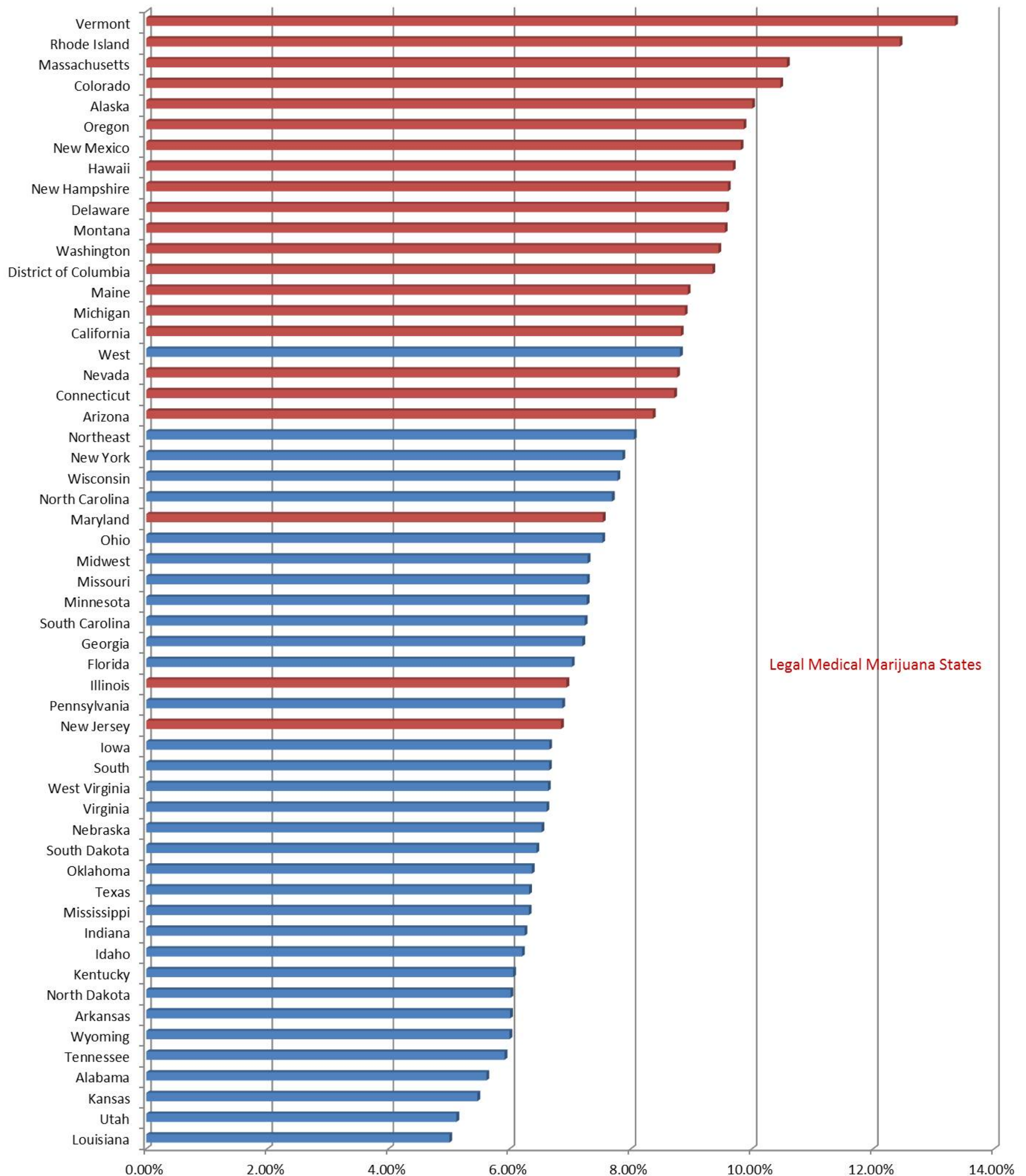
Youth (Ages 12 to 17 Years)
Past Month Marijuana Use
National vs. Colorado



	2006	2007	2008	2009	2010	2011	2012
National Average	6.75	6.69	6.70	7.03	7.38	7.64	7.55
Colorado Average	7.60	8.15	9.13	10.17	9.91	10.72	10.47

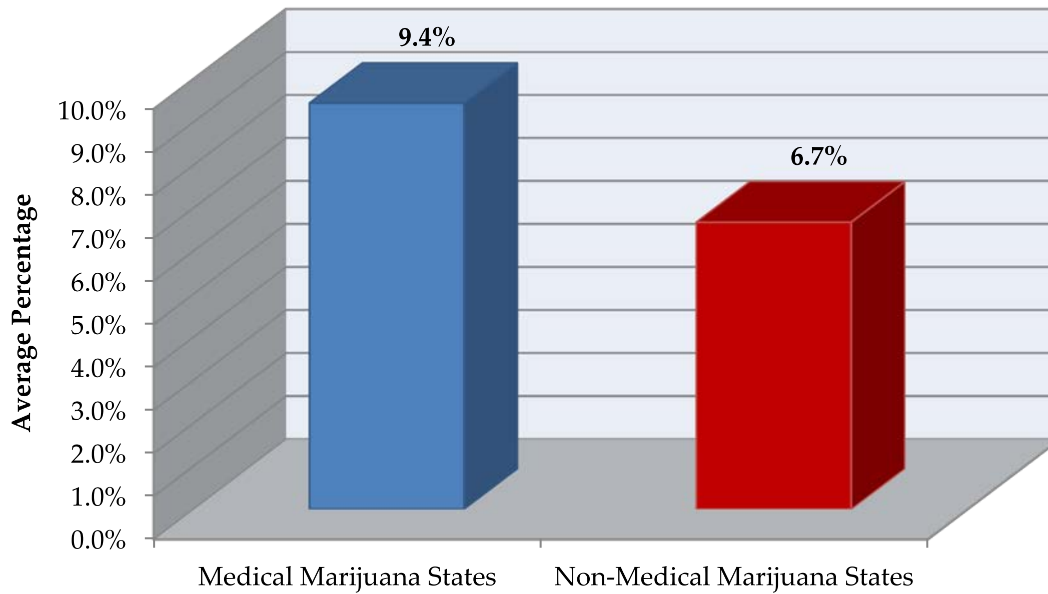
SOURCE: Data from SAMHSA.gov, National Survey on Drug Use and Health 2013

Past Month Usage by 12 to 17-Year-Olds in Medical Marijuana States, 2012



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health, 2013

Past Month Use by 12 to 17-Year-Olds Medical Marijuana States vs. Non-Medical Marijuana States



SOURCE: Data from SAMHSA.gov, National Survey on Drug Use and Health, 2013

Centers for Disease Control Youth Risk Behavior Survey – Use in High School (2013)

National Data:

- The prevalence of current marijuana use did not change significantly from 2011 (23.1 percent) to 2013 (23.4 percent).[2]
- The range for the 42 reporting states was from a low of 7.6 percent to a high of 27.8 percent of high school students. The national median is 19.7 percent."[2]

Limitations of Survey:

- Only youth who attend high school were involved in the survey
- Only 42 states were included in the survey. States not included were:
  - *California
  - *Colorado
  - *Oregon
  - *Washington
  - Indiana
  - Iowa
  - Minnesota
  - Pennsylvania

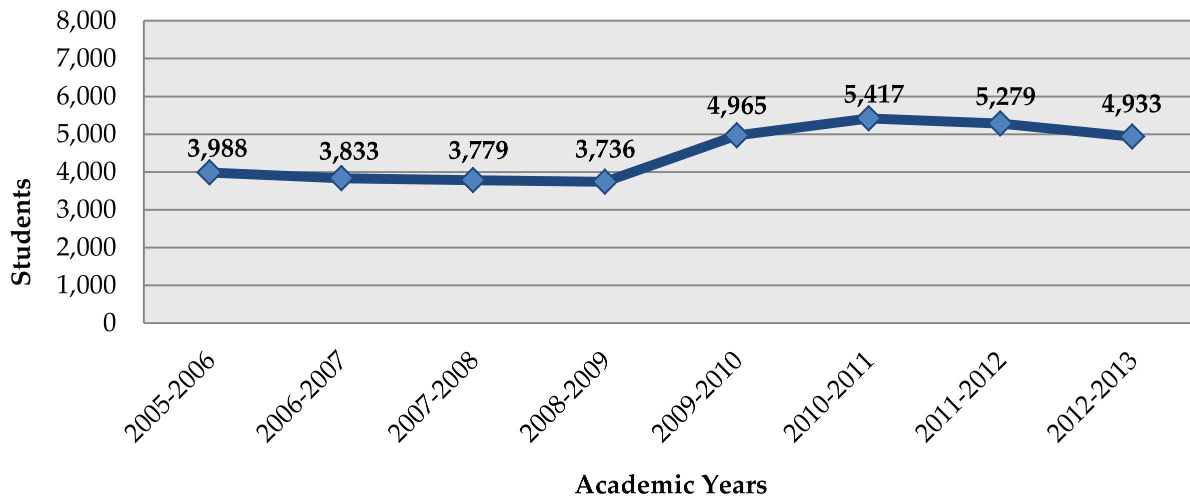
* = Commercialized medical marijuana states

Top Ten States for Current Marijuana Use in High School[2]

1. *New Mexico – 27.8 percent
2. *Connecticut – 26 percent
3. *Vermont – 25.7 percent
4. *Delaware – 25.6 percent
5. *Massachusetts – 24.8 percent
6. *New Hampshire – 24.4 percent
7. *Illinois – 24 percent
8. *Rhode Island 23.9 percent
9. *Arizona – 23.5 percent
10. North Carolina – 23.2 percent

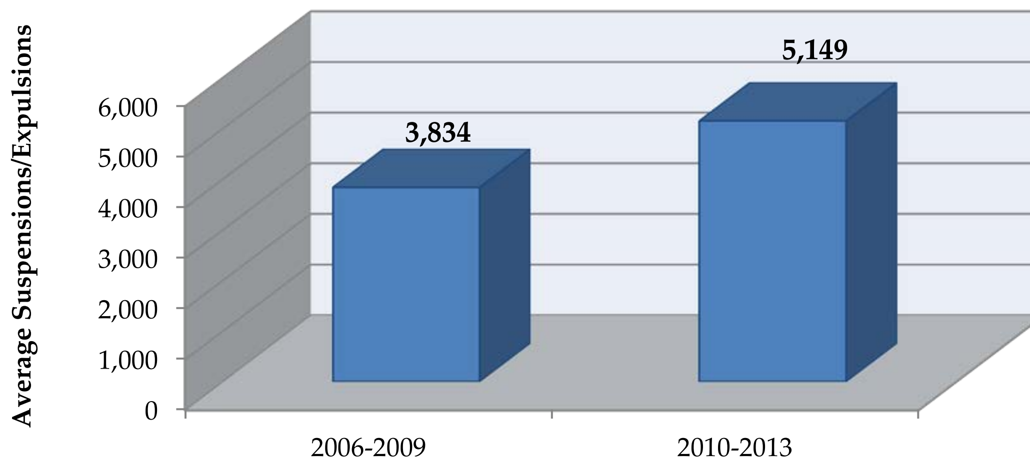
* Medical marijuana state

NOTE: THE MEDIAN RATE FOR ALL 42 STATES REPORTING WAS 19.7 PERCENT. CALIFORNIA, COLORADO, OREGON AND WASHINGTON WERE NOT INCLUDED.



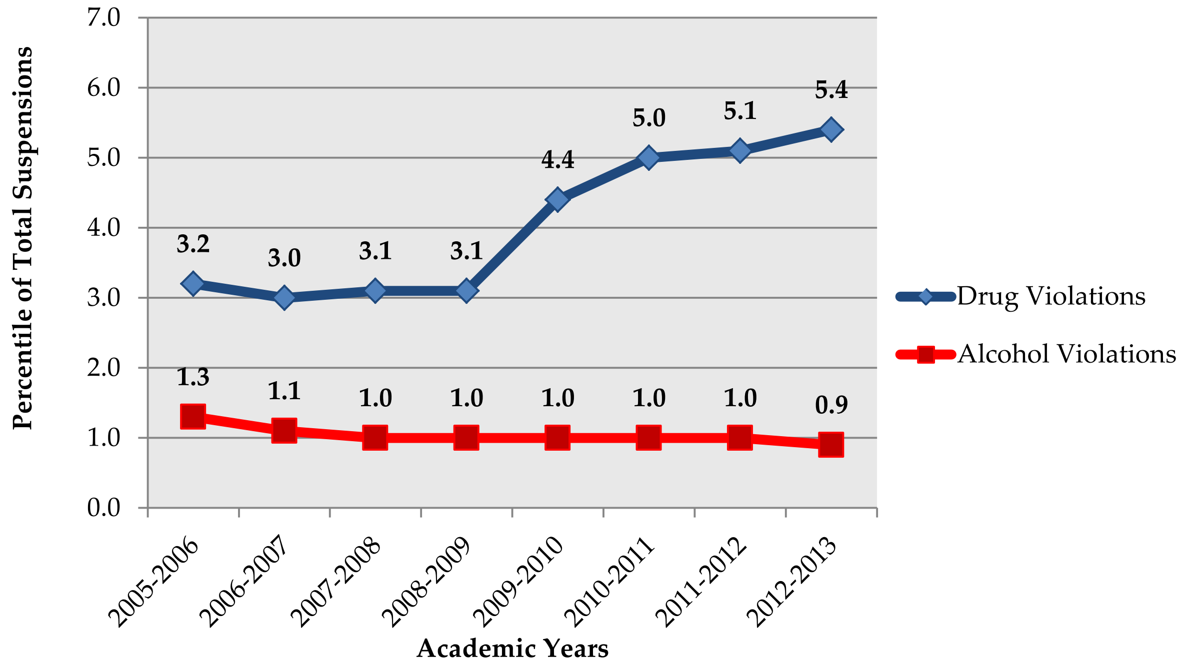
SOURCE: Colorado Department of Education[7], Academic Year 2006-2013

NOTE: THE COLORADO DEPARTMENT OF EDUCATION INCLUDED ALL DRUGS IN THIS DATASET. HOWEVER, DEPARTMENT OFFICIALS REPORTED THAT MOST DRUG-RELATED EXPULSIONS REPORTED SINCE THE 2008-2009 ACADEMIC YEAR HAVE BEEN RELATED TO MARIJUANA.[7]



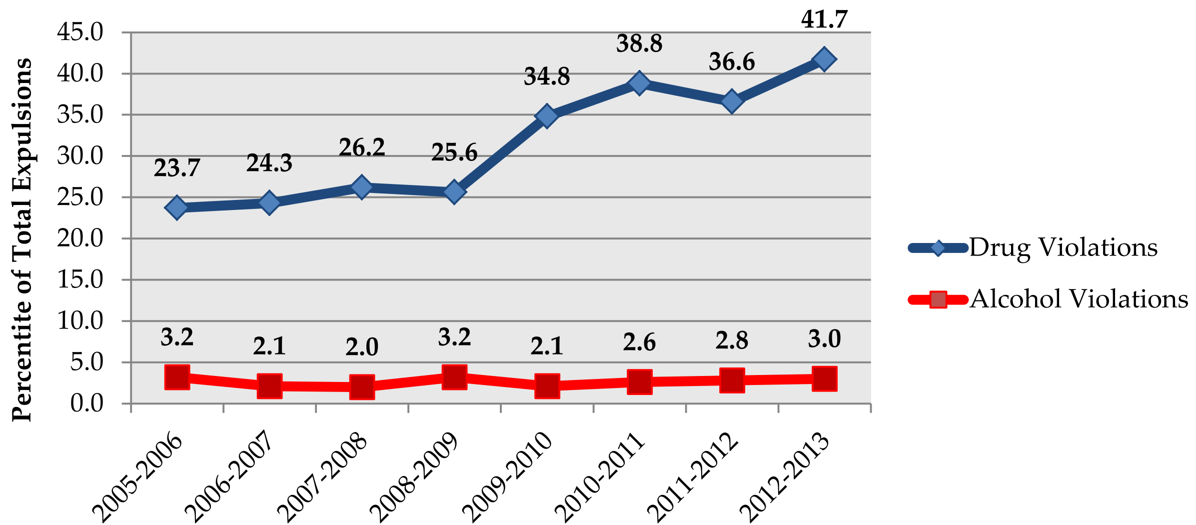
SOURCE: Colorado Department of Education, Academic Years 2006-2013

Percentage of *Total Suspensions* in Colorado, 2005 - 2013 School Years



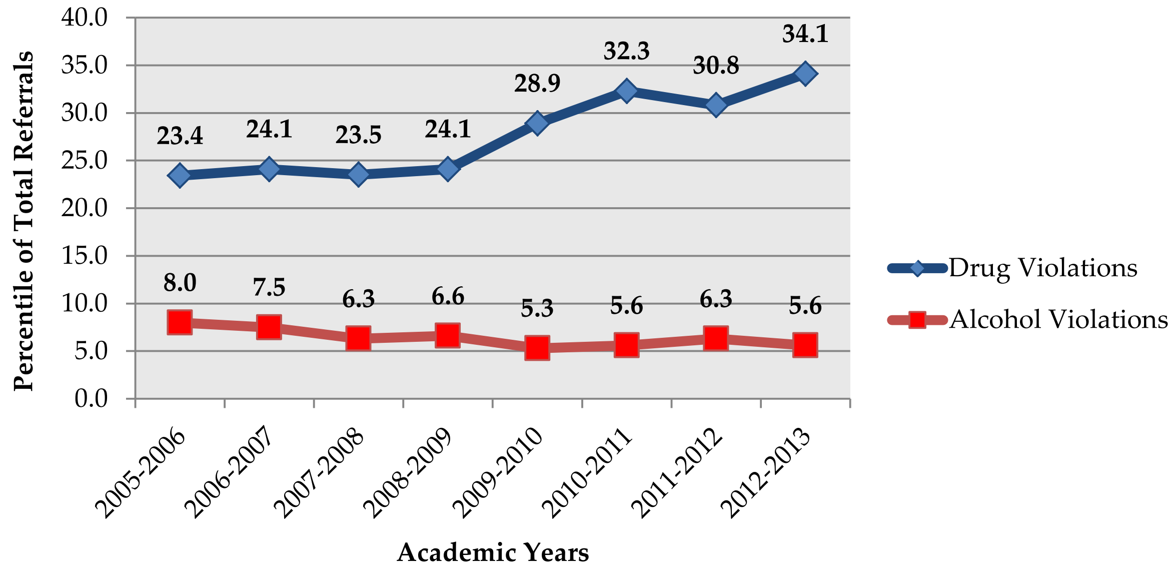
SOURCE: Colorado Department of Education, Academic Years 2006-2013

Percentage of *Total Expulsions* in Colorado 2005 to 2013 School Years



SOURCE: Colorado Department of Education, Academic Years 2006-2013

Percentage of *Total Referrals to Law Enforcement* in Colorado, 2005 to 2013 School Years



SOURCE: Colorado Department of Education, Academic Years 2006-2013

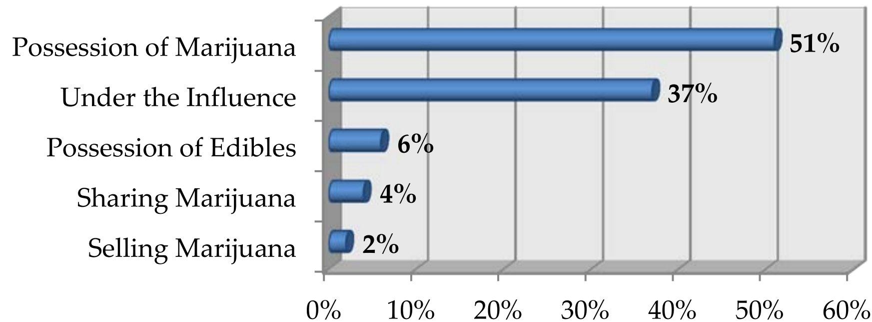
Colorado School Resource Officer Survey

In June 2014, 100 school resource officers (SROs) completed a survey concerning marijuana at schools. The majority were assigned to high schools with an average tenure of 5-1/2 years as an SRO. They were asked for their opinion to a number of questions including:

- Since the legalization of recreational marijuana, what impact has there been on marijuana-related incidents at your school?
    - 89 percent reported an increase in incidents
    - 11 percent reported no change in incidents

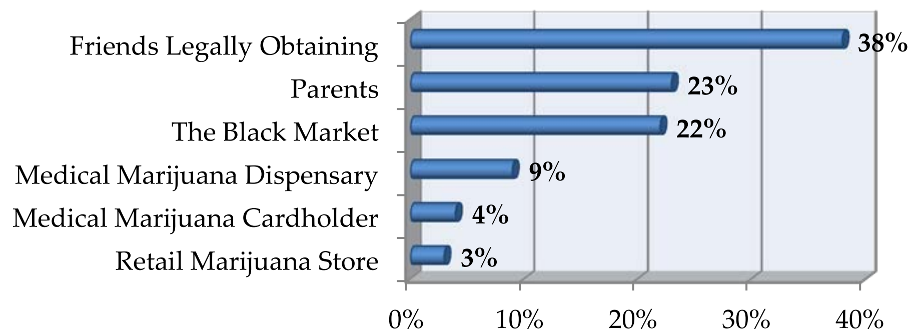
- What were the most predominant marijuana violations on campus?
    - 51 percent reported possession of marijuana
    - 37 percent reported being under the influence during school hours
    - 6 percent reported possession of marijuana-infused edibles
    - 4 percent reported sharing marijuana with other students
    - 2 percent reported selling marijuana to other students

Most Prominent Marijuana Violations on Campus



- Where do the students get their marijuana?
  - 38 percent reported friends who obtain it legally
  - 23 percent reported from their parents
  - 22 percent reported from the black market
  - 9 percent reported from medical marijuana dispensaries
  - 4 percent reported from medical marijuana cardholders
  - 3 percent reported from retail marijuana stores

Where Marijuana is Obtained



- In an average school month, how many marijuana-related incidents do you handle?
  - 16 percent reported 10 or more incidents a month
  - 5 percent reported 8 – 9 incidents a month
  - 13 percent reported 6 – 7 incidents a month
  - 23 percent reported 4 – 5 incidents a month
  - 30 percent reported 2 – 3 incidents a month
  - 10 percent reported 1 incident per month
  - 3 percent reported 0 incidents per month

Related Material

Prevalence of High School Seniors' Marijuana Use is Expected to Increase with Legalization According to New York University, as published in *ScienceDaily*, "…large portions of high school students normally at low risk for marijuana use reported intention to use marijuana if it were legal." Researcher Joseph J. Palamar, PhD, MPH, said, "What I personally find interesting is the reasonably high percentage of students who are very religious, non-cigarette smokers, non-drinkers, and those who have friends who disapprove of marijuana use – who said they intended to try marijuana if it was legal." "This suggests that many people may be solely avoiding use because it is illegal, not because it is 'bad' for you, or 'wrong' to use."[5]

Studies Say Legal Marijuana Encourages Teens to Smoke According to recently published data from the Monitoring the Future Survey, which is a nationally representative survey of students in grades 8, 10 and 12, a reported 10 percent of high school students who would otherwise be at low risk for habitual pot smoking say that they would use marijuana if it were legal. "Low risk" was defined by the researchers as kids who don't smoke cigarettes, have strong religious beliefs, and have non-marijuana-smoking friends.[6]

Schools Reporting Sharp Rise in Marijuana Use by Students The Colorado Department of Education (CDE) reports that, although the statistics are not yet in for 2013/2014, schools are reporting a sharp rise in marijuana-related troubles for students. "Marijuana is the only thing anyone attributes to the problems we're seeing," said Janelle Krueger, program manager for CDE's Expelled and At-Risk Students Services. She says it is important to note that expulsion numbers recorded thus far in academic year 2013/2014 are ahead of where they were at the same point in 2009/2010. The article

noted that the data only reflects students who were disciplined and not those who dropped out of school, were referred to treatment or those who were allowed to sit in class "loaded" as long as they were quiet.[7]

High Times in Schools The *Denver Post* article subtitle is "Since legalization, reports of pot in middle and high schools soar." The article discusses an increase in marijuana use among teens citing school resource officers, counselors, nurses, and other school officials.[8]

Teen Marijuana Use Increases National Drug Czar Gil Kerlikowske said that advocates in states that were moving toward legalization of marijuana ought to regulate it so that teenagers would not get access. "In every state, that promise has been broken."[9]

Weed On Campus in Plain Sight Students are bringing e-cigarettes and using them on campus to smoke hash oil. Marijuana products have been disguised in edibles and inhalers. One Lakewood High School student was expelled for using weed on campus. Many students are using cologne and vaporizer pens to cover the smell from their breath. Another Lakewood High School student claims to have seen classmates smoking their e-cigarettes during class in plain sight.[10]

Youth Regularly Receive Pro-Marijuana Tweets According to a Washington University (St. Louis) report: "Hundreds of thousands of American youth are following marijuana-related Twitter accounts and getting pro-pot messages several times each day, according to researchers. They said the tweets are cause for concern because young people are thought to be especially responsive to social media influences, and patterns of drug use tend to be established in a person's late teens and early 20s."[11]

Perception of Harm Declines Drastically Among High School Students Sixty percent of high school seniors say marijuana is not harmful. More than 6 percent of high school seniors reported smoking marijuana on a daily basis. This is more than a three-fold increase from 1993. A third of the high school seniors got their marijuana supply from a third party's prescription.[12]

Teens' Decreasing Perception of Pot Being Harmful According to the latest federal figures, which were part of an annual survey, *Monitoring the Future*, more than 12 percent of eighth graders and 36 percent of seniors at public and private schools around the country said they had smoked marijuana in the past year. About 60 percent of high school seniors said they did not view regular marijuana use as harmful, up from about 55 percent last year.[13]

Kids Getting Medical Marijuana Seventy-four percent of adolescents in a Denver substance abuse treatment program had used someone else's medical marijuana approximately 50 times or more.[14]

Legalizing Marijuana Could Harm Adolescents, Say Child Psychiatrists The American Academy of Child and Adolescent Psychiatry in a policy statement said, "Marijuana use is not benign, and adolescents are essentially vulnerable to its many known adverse effects." The statement goes on, "Legalization of marijuana for medicinal or recreational purposes, even if restricted to adults, is likely to be associated with (a) decreased adolescent perceptions of marijuana's harmful effects, (b) increased marijuana use among parents and caretakers, and (c) increased adolescent access to marijuana, all of which reliably predict increased rates of adolescent marijuana use and associated problems."[15]

Cannabis and IQ Decline A 25 year study of over 1,000 participants illustrated that regular use of marijuana can have a detrimental effect on IQ. If an individual becomes dependent on marijuana prior to age 18, they could lose up to 8 IQ points. Dr. Meier states, "such a drop could put a person at a disadvantage compared with his or her peers in terms of ability to get an education or find and hold a good job." Studies found that pre-adolescent marijuana users who eliminated or reduced their intake may not restore IQ points. "Effects of cannabis on the brain could result in poor academic performance and school dropout, which might produce further declines in brain functioning."[16]

Brain Changes Associated with Casual Marijuana Use in Young Adults On April 25, 2014, the Society of Neuroscience (SfN) released a study from Northwestern University and Massachusetts General Hospital/Harvard Medical School concerning the brains of 18 to 25-year-olds. The study revealed that even recreational marijuana use could lead to previously-unidentified brain changes in young people. Previous studies on animals revealed that THC causes structural change in brain regions involving motivation, attention, learning and memory impairments. According to Carl Lupica, PhD, of the National Institute on Drug Abuse, "This study suggests that even light to moderate recreational marijuana use can cause changes in brain anatomy." Hans Brieter, MD, of Northwestern University states, "This study raises a strong challenge to the idea that casual marijuana use isn't associated with bad consequences."[17]

Concern About Marijuana Edibles and Youth The easy availability of marijuana in Colorado is raising concerns among police, parents and teachers who worry that kids are getting sick from eating pot-infused "edibles." Manufacturers are adding marijuana

to everything from cookies to chocolate bars, sodas and candies; strength and serving size vary widely. On January 1, 2014, Colorado permitted stores to sell marijuana to adults but retained a legal ban on possession of pot by minors. That hasn't stopped them getting hold of it: Twelve students were suspended last month after they ate marijuana-infused candies at their suburban Denver middle school. The two students who supplied the candies were being expelled.[18]

Parents of 2-year-old Boy Who Died in House Fire Charged After It's Revealed They Encouraged Him to Smoke Marijuana "A Colorado couple is being blamed for the death of their 2-year-old son, after the toddler died in a house fire. During the course of their investigation, authorities discovered that 27-year-old Julia Welton and her husband Christopher Welton, 33, encouraged their son Levi to smoke. The boy and his older brother Dean, 5, tested positive for THC two times before the house fire broke out at their home in Sterling (Colorado) in mid-January." "According to authorities, the two boys had been left without parental supervision in one of the bedrooms while their parents smoked weed with friends in another room."[19]

Middle School Kid Brings Pot to Colorado Schools Marijuana is believed to be more available. Parents or other adults who might have kept marijuana hidden in the past may now leave it in the open, where it is easier for kids to dip into it to sell, use or, in some cases, simply to show off, said school officials and law enforcement. A school resource officer at a local middle school reported a student bringing a half ounce to school.[20]

16-year-old Student Expelled for Selling Pot at School A local school resource officer recalls a student bringing marijuana to school and sharing it with five other students in December of 2013. One student went to the school nurse after they started feeling ill from smoking marijuana. The student who brought the marijuana was expelled. This was that student's third drug violation during the first semester of 2013-2014. She said that a friend of hers buys the marijuana from a dispensary for her. She would not identify her source.[21]

9th Grade Student Brings Medical Marijuana to School A 9th grader was suspended for possession of marijuana on school grounds. He told the school resource officer that he got the marijuana from his dad's medical marijuana supply at home.[21]

Top Shelf Marijuana From Dispensaries A group of Denver East High School students share a joint a few blocks from campus during lunch. One of the 16-year-old boys brags about getting top shelf marijuana from his cousin who works at a dispensary. His cousin brings two zip-lock baggies that are to be discarded. Students

claim that the marijuana from a dispensary is more potent and higher quality compared to what they get on the street.[22]

Comments

Marijuana Use Up Among Youth

"It seems improbable that we could have as many states having medical marijuana laws, and now two states having full legalization, and that wouldn't have an impact on how young people see marijuana."

Lloyd Johnston, professor, University of Michigan
("Study: Teens Smoking More Pot as Medical Use Lowers Fears," The Hill, December 18, 2013)

"If Denver Public High Schools were considered a state, that state would have the highest past month marijuana use rate in the United States, behind New Hampshire. Denver has more marijuana dispensaries than liquor stores or licensed pharmacies."

Christian Thurstone, M.D., attending physician, Denver Health Medical Center

"In the past four years, Health Policy Solutions found that Colorado schools saw a 45 percent increase in drug violations, and in Denver, there was a 71 percent hike in cases of schools calling in police for drug violations."

Katie Kerwin McCrimmon, reporter, Health Policy Solutions

"New state numbers show marijuana is the number one reason students are being kicked out of Colorado public schools -- and pot expulsions dwarf all other causes, like alcohol, disobedience and weapons violations."

Lindsey Sablan and Alan Gathright, reporters, 7 News
(7 News Denver, November 12, 2013 "Marijuana is by far the No.1 cause of student expulsions from Colorado public schools")

"Drug violations shot up dramatically in Colorado schools during the 2009-2010 school year, reversing a decade of steady decline…"[9]

Rebecca Jones, reporter, EdNews Colorado

"A typical kid (*is*) between 50 and 100 nanograms. Now we're seeing these (*test results in nanograms*) up in the over 500, 700, 800 and climbing."[8]

Jo McGuire, director, Compliance and Corporate Training, Conspire!

"There is no way to properly 'regulate' marijuana without allowing an entire industry to encourage use at a young age, to cast doubt on the science, and make their products attractive – just like Big Tobacco did for 50 years. Today's Big Marijuana is no different."

Dr. Kevin Sabet, director, Smart Approaches to Marijuana

"They'd go out and get high over lunch and told me that it helped them focus in the afternoon, that they'd do better in math and art when they're high."

Katie Kerwin McCrimmon, reporter, Health Policy Solutions
("Many Colorado Kids View Smoking Pot as Healthy," Here & Now,
<http://hereandnow.wbur.org/2013/01/17/colorado-kids-marijuana>)

Health Impact on Youth

"What is most worrisome is that we're seeing high levels of everyday use of marijuana among teenagers," Dr. Volkow said. "That is the type that's most likely to have negative effects on brain function and performance."

Anahad O'Connor, reporter, New York Times
(Anahad O'Connor, NY Times.com, December 18, 2013
"Increasing Marijuana Use in High School Is Reported")

"The study links the chronic use of marijuana to these concerning brain abnormalities that appear to last for at least a few years after people stop using it."

Matthew Smith, assistant research professor, Northwestern University
(Marla Paul, "Marijuana Users Have Abnormal Brain Structure and Poor Memory/Drug Abuse Seems to Foster Brain Changes that Resemble Schizophrenia" Northwestern Medicine Study, December 12, 2013)

"We are inundated with young people reporting for marijuana-addiction treatment." "Every day, we see the acute effects of the policy of legalization. And kids are paying a great price."

Christian Thurstone, M.D., attending physician, Denver Health Medical Center
Kevin Sabet, "National Survey Finds that Over One Third of 12th Graders Use Someone Else's Medical Marijuana and 60% View it as Not Harmful," Smart Approaches to Marijuana, December 18, 2013

"We should be extremely concerned that 12 percent of 13- to 14-year-olds are using marijuana," Volkow added. "The children whose experimentation leads to regular use are setting themselves up for declines in IQ and diminished ability for success in life."

Dr. Nora Volkow, director, National Institute on Drug Abuse
(NIDA, "Sixty percent of 12th graders do not view regular marijuana use as harmful/NIH's 2013 Monitoring the Future Survey shows high rates of marijuana use; decreases in abuse of pain relievers and synthetic drugs," <http://www.drugabuse.gov/>)

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[2] Centers for Disease Control and Prevention - Colorado Youth Risk Behavior Survey Results (YRBS) - 2013, <http://collaboration.omni.org/sites/hkc/Data%20Tables%20and%20Results/Forms/Front%20Page.aspx>, accessed June 13, 2014

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Nancy Lofholm, *The Denver Post*, November 11, 2013, “Pot problems in Colorado schools increase with legalization,” <http://www.denverpost.com/breakingnews/ci_24501596/pot-problems-colorado-schools-increase-legalization>, accessed November 12, 2013

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SECTION 3: Adult Marijuana Use

Introduction

The following section reviews rates of marijuana use by adults in Colorado and nationally. Data sets examine reported use “within the last 30 days” as opposed to “lifetime” use. Use of the 30-day data provides a more accurate picture and is classified as current use. The lifetime data collection model includes those persons who were typically infrequent or experimental users of marijuana.

Data comparisons are from years 2006 through 2012. The information compares the early medical marijuana era (2006 – 2008), the medical marijuana commercialization and expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.
- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado’s medical marijuana trade.
- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

Findings

- There was a **20 percent** increase in college age (18 to 25 years) monthly marijuana use in the three years after medical marijuana was commercialized (2009) compared to the three years prior.[1]

- College Age (ages 18 to 25 years) Past Month Marijuana Use, 2012[1]
    - Colorado average was **26.81 percent**.
        - In 2012, the Colorado average was **42 percent** higher than the national average.
        - Colorado was ranked **3rd** in the nation for monthly marijuana use among young adults.

- There was a **36 percent** increase in adults (26+ years) monthly marijuana use in the three years after medical marijuana was commercialized (2009) compared to the three years prior.[1]

- Adult (ages 26+ years) Past Month Marijuana Use, 2012[1]
    - Colorado average for adults was **7.63 percent**.
        - In 2012, the Colorado average was **51 percent** higher than the national average.
        - Colorado was ranked **7th** in the nation for past month marijuana use among adults.

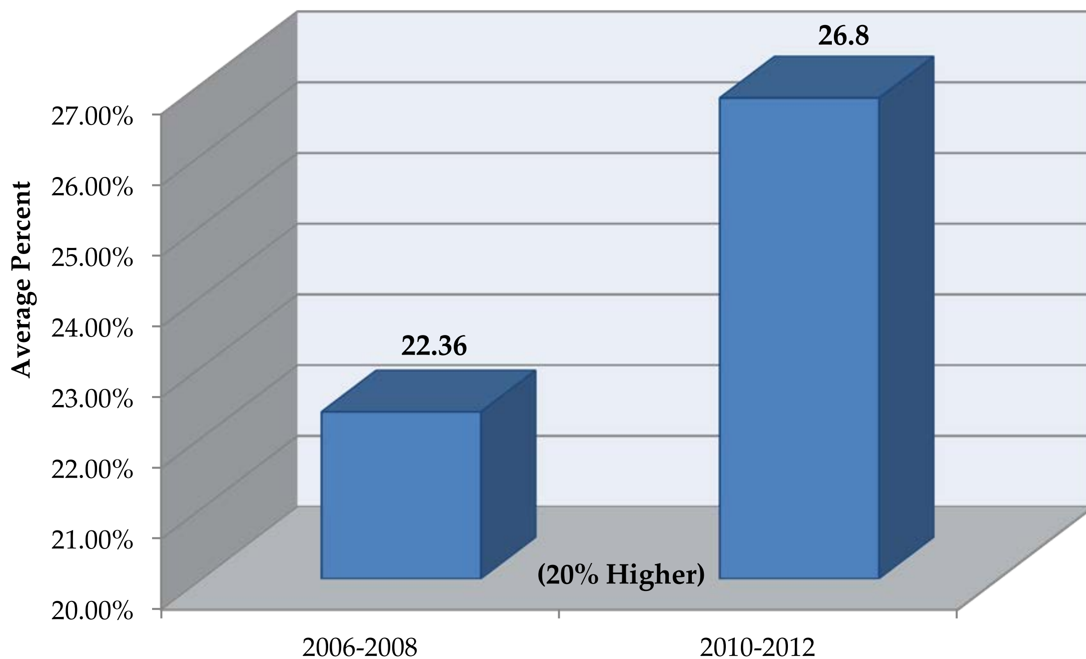
- The top ten states for the highest rate of current marijuana use were all medical-marijuana states. The bottom ten was all non-medical-marijuana states. The age breakdown for the top ten states:[1]
    - College age rate (18 to 25 years): Top ten states average of **26.65 percent** compared to national average of **18.89 percent**
    - Adult rate (26+ years): Top ten states average of **8.45 percent** compared to national average of **5.05 percent**

- The percentage of Denver adult male arrestees testing positive for marijuana increased from **41.6 percent** in 2008 to **48.4 percent** in 2013.[2]

- Considering the five cities (Atlanta, Chicago, Denver, New York and Sacramento) participating in the ADAM II study, Denver arrestees reported the least difficulty in obtaining marijuana in 2013.[2]

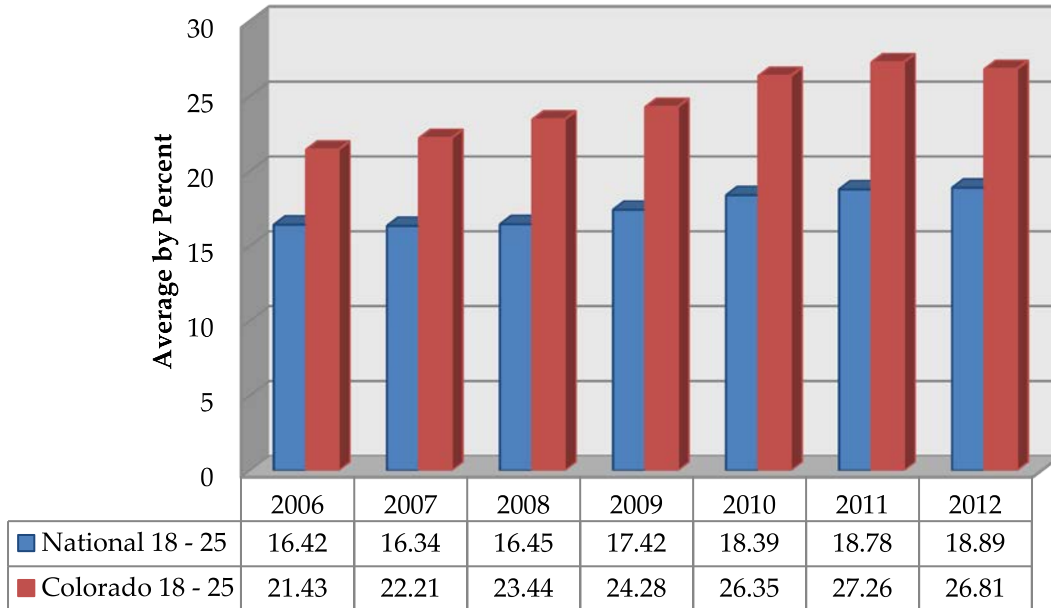
- Comparing current use of marijuana for those ages 12 and older from 2004-2006 to 2008-2010:[15]
  - The Denver area and Colorado both increased over **50 percent**; whereas the national increase was only **8.8 percent**
  - The Denver area rate of current marijuana use was **12.2 percent** compared to **6.58 percent** nationally for 2008-2010

Data



SOURCE: **Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health**

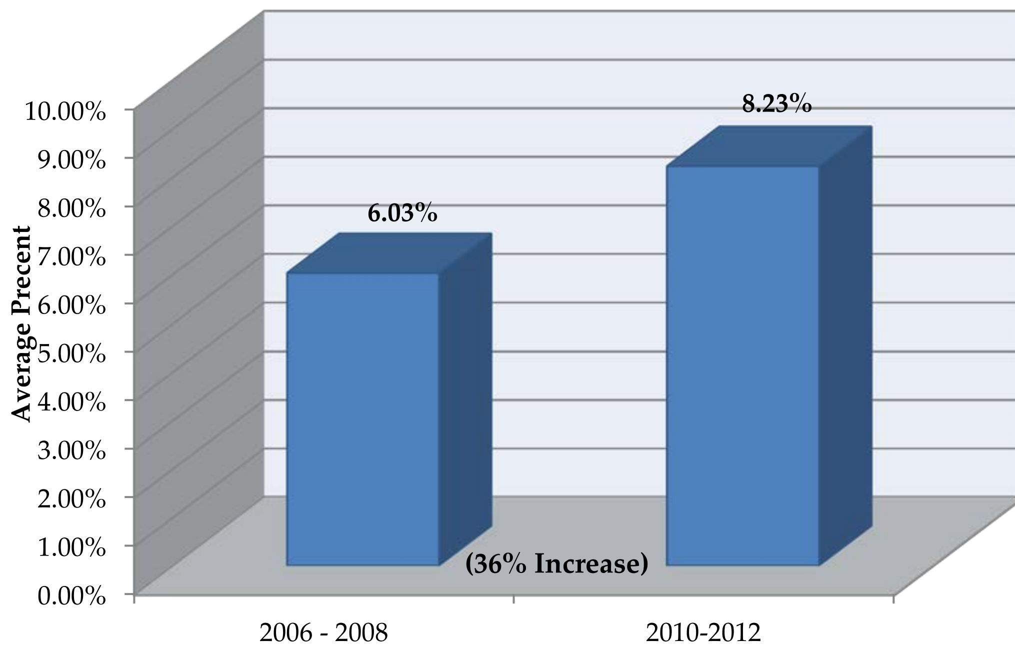
College Age (18 to 25 Years Old)
Past Month Marijuana Use



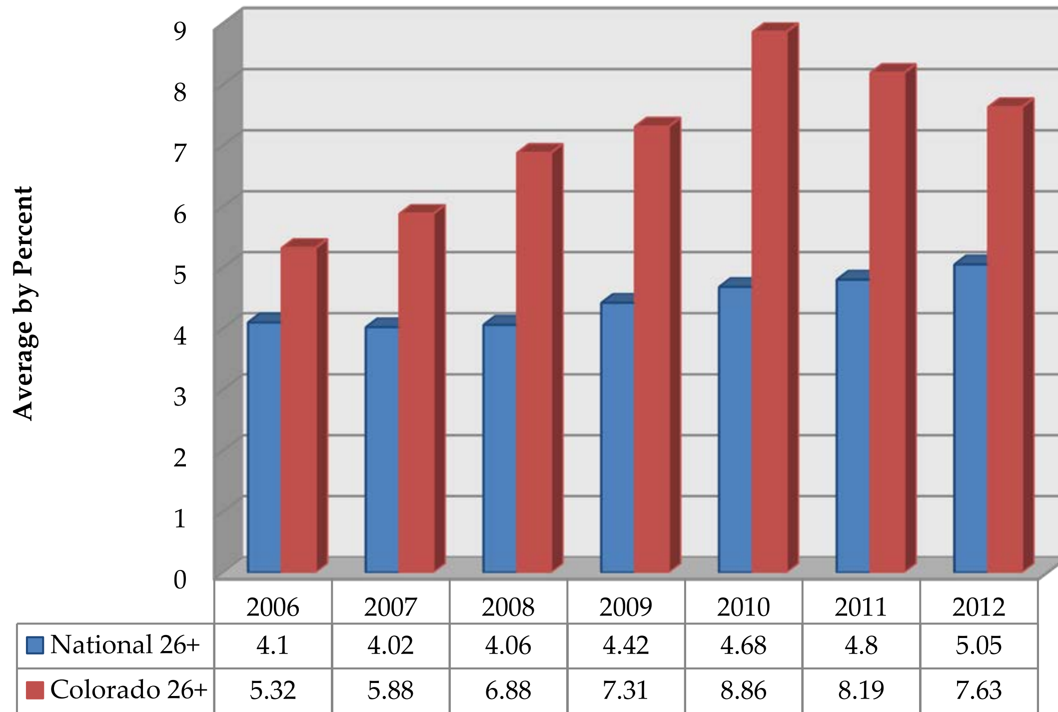
	2006	2007	2008	2009	2010	2011	2012
National 18 - 25	16.42	16.34	16.45	17.42	18.39	18.78	18.89
Colorado 18 - 25	21.43	22.21	23.44	24.28	26.35	27.26	26.81

SOURCE: **Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health**

Average Past Month Use of Marijuana
Adults (Age 26+)
Pre- and Post-Medical Marijuana
Commercialization Year (2009)



SOURCE: **Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health**



	2006	2007	2008	2009	2010	2011	2012
National 26+	4.1	4.02	4.06	4.42	4.68	4.8	5.05
Colorado 26+	5.32	5.88	6.88	7.31	8.86	8.19	7.63

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey on Drug Use and Health

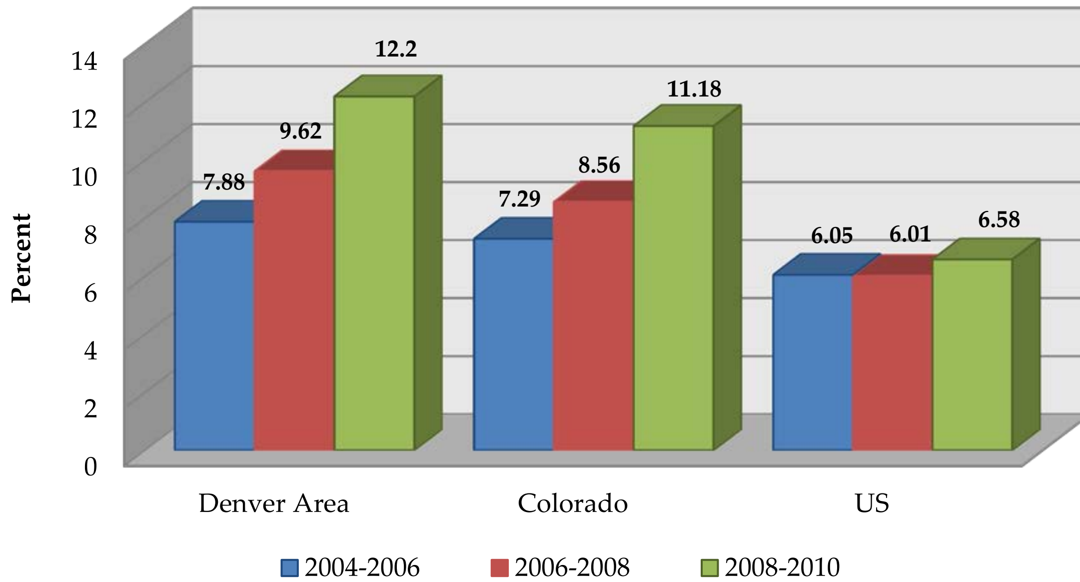
States for Past Month Marijuana Use College-Age (18 to 25 Years), 2012[1]

Top 10 (Medical Marijuana States in 2012)	Bottom 10 (Non-Medical Marijuana States in 2012)
National Rate = 18.89%	
1. Vermont – 33.18%	41. North Dakota – 14.44%
2. Rhode Island – 30.16%	42. Alabama – 14.34%
3. Colorado – 26.81%	43. Oklahoma – 14.14%
4. Montana – 26.51%	44. South Dakota – 13.95%
5. New Hampshire – 26.37%	45. Texas – 13.76%
6. Oregon – 25.81%	46. Idaho – 13.09%
7. Massachusetts – 25.77%	47. Wyoming – 13.06%
8. Alaska – 24.77%	48. Louisiana – 13.0%
9. Connecticut – 23.66%	49. Kansas – 11.34%
10. Washington – 23.44%	50. Utah – 9.83%

States for Past Month Marijuana Use Adults 26 Years and Older, 2012[1]

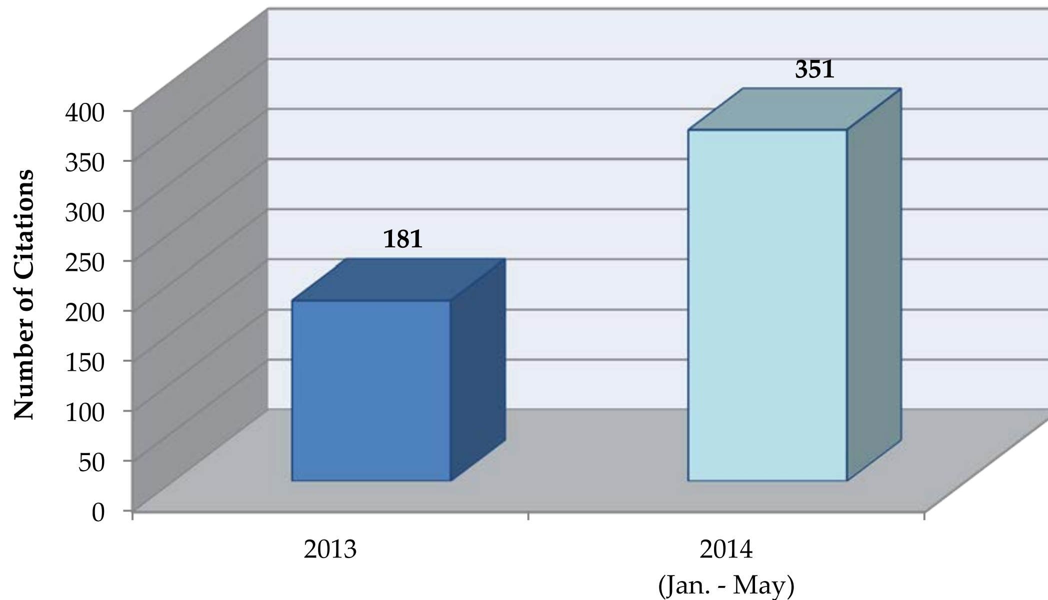
Top 10 (Medical Marijuana States in 2012)	Bottom 10 (Non-Medical-Marijuana States in 2012)
National Rate = 5.05%	
1. Alaska – 11.18%	41. Kentucky – 3.65%
2. Oregon – 10.25%	42. Arkansas – 3.61%
3. Rhode Island – 9.74%	43. Virginia – 3.44%
4. Vermont – 9.34%	44. Alabama – 3.38%
5. Washington – 8.11%	45. Texas – 3.30%
6. Montana – 7.94%	46. West Virginia – 3.29%
7. Colorado – 7.63%	47. North Dakota – 3.07%
8. New Mexico – 6.94%	48. Utah – 3.04%
9. California – 6.74%	49. Louisiana – 3.02%
10. Michigan – 6.61%	50. Kansas – 2.55%

Ages 12 Years and Older Marijuana Use in the Past Month: Comparison of 2004-2006, 2006-2008 and 2008-2010



SOURCE: Denver Epidemiology Workgroup (DEWG), Denver Office of Drug Strategy, April 18, 2014

Denver Citations for Public Use of Marijuana[16]



Related Material

Lure of Legal Marijuana Tied to Influx of Homeless in State "Madewell is among the homeless lured to Colorado by legal marijuana who are showing up at shelters and other facilities, stressing a system that has seen an unusually high number of people needing help this summer. Of the new kids we're seeing, the majority are saying they're here because of the weed. They're traveling through. It is very unfortunate, said Kendall Rames, deputy director of Urban Peak, a nonprofit that provides food, shelter and other services to young people in Denver and Colorado Springs."

- Father Woody's Haven of Hope: Normal rise in summer months – 50 people
2014 rise in summer months – 300+ people
- Urban Peak: May 1 to July 15: – 5 percent increase in new visitors
- Salvation Army: Summer of 2013 – average 225 single men per night
Summer of 2014 – average 300 single men per night

"In the past, the shelter's [Salvation Army's single men's Crossroads Shelter in Denver] residents averaged between 35 and 60 years old. 'Now we are seeing a much larger number of 18 to 64 year olds'" "An informal survey performed at the shelter suggested that about 25 percent of the increase in population was related to marijuana,"

said (Murray) Flagg, divisional services secretary for the Salvation Army's Intermountain Division.[18]

Welfare Cash for Weed in Colorado "Recipients are withdrawing thousands in cash at pot dispensaries, and Republicans want to stop it. At least 259 times in the first six months of legalized recreational marijuana in Colorado, beneficiaries used their electronic-benefit transfer (EBT) cards to access public assistance at weed retailers and dispensaries, withdrawing a total of $23,608.53 in Temporary Assistance for Needy Families (TANF) cash, National Review Online's examination found."[19]

19-Year-Old Jumps Out of Balcony After Eating a Marijuana-Infused Cookie On March 11, 2014, Pongi a 19-year-old exchange student from the Republic of Congo traveled to Denver for his spring break. A marijuana infused cookie was purchased from a local Denver retail dispensary by one of his of-age friends. Friends reported that after Pongi ate some of marijuana infused cookie he started speaking erratically and becoming destructive. He then went outside to the hotel balcony and jumped over the railing to his death. The medical examiner's office tested Pongi's body for over 250 different substances. His blood tested positive for only THC. He had 7.2ng/ml of THC in his blood.[3]

Man Kills Wife After Eating Marijuana Edible On April 14, 2014, Kristine Kirk called 911 stating that her husband Richard Kirk may have eaten marijuana edibles and that he was hallucinating and scaring their three young children. Kristine stated that Richard said the world was coming to an end and asked her to shoot him. Kristine told the dispatcher Richard had taken a gun out of the safe. The call ended with Kristine's scream and a gunshot. Kristine was talking to dispatch for 12 minutes before she was shot and killed in their Denver home. All three children were home during the incident. When Richard was taken into custody, he admitted to killing his wife. Richard is in jail without bond for first degree murder. This is an ongoing investigation but Denver Police are considering the marijuana aspect involved in this case.[4]

Shooting – "Smoked a Little Weed" On January 13, 2014 at 2:30 a.m., a tow-truck driver was driving east on I-270 when he came across a blue Mazda in the median, which appeared to have struck the guard rail. The tow operator contacted the driver of the blue Mazda, who then tried to bribe the tow operator into towing his vehicle without notifying the police. The tow operator subsequently notified the police of the accident. When officers arrived on scene the suspect fled on foot and started shooting at the officers. The officers fired back, striking the suspect in the leg. The suspect was ultimately taken into custody. Fortunately, no officers were injured during the incident. Detectives later interviewed the suspect and he made a statement. The suspect told

detectives he had fallen asleep while driving his car on I-270 and crashed into the median guardrail. During the course of the interview, the suspect admitted he had "smoked a little weed" and "drank a little brandy." The suspect made the statement that he tried to shoot the officers. The suspect had previously been sentenced to the Department of Corrections (DOC) for motor vehicle theft, fraud and forgery. While in the DOC he was convicted of an assault. Upon release the suspect failed to comply with the conditions of his parole and had an active escape warrant for his arrest at the time of the shooting incident.[5]

***New York Times* Columnist Comes to Colorado for the Marijuana, Has Bad Experience** *New York Times* columnist Maureen Dowd came to Denver to write about the recreational marijuana industry and her experience wasn't what she was expecting. Dowd was staying in an unnamed Denver hotel room when she tried a "caramel-chocolate flavored candy bar" that she purchased at a local marijuana dispensary. "I nibbled off the end and then, when nothing happened, nibbled some more," she wrote. Dowd writes that after an hour, she felt nothing. Then the marijuana kicked in as Dowd "felt a scary shudder go through my body and brain. I barely made it from the desk to the bed, where I lay curled up in a hallucinatory state for the next eight hours. I was thirsty but couldn't move to get water. Or even turn off the lights. I was panting and paranoid, sure that when the room-service waiter knocked and I didn't answer, he'd call the police and have me arrested for being unable to handle my candy." "I strained to remember where I was or even what I was wearing, touching my green corduroy jeans and staring at the exposed-brick wall. As my paranoia deepened, I became convinced that I had died and no one was telling me."[6]

Marijuana Use: Decline Worldwide – Increase in U.S. According to the United Nations Office on Drugs and Crimes, "World Drug Report 2014, marijuana use around the world is declining. "However, in the United States, the lower perceived risk of cannabis use has led to an increase in its use."[17]

Drug Courts See Problem Marijuana Use Increase Denver Drug Courts provided the following stats:[7]

- Between 2010-2011 and 2012-2013, there was an increase of 2.99 percent in the number of problem-solving court participants that reported experiencing moderate to severe problems relating to their use of marijuana in the past year. (11.45 percent, 220 vs. 12.44 percent, 294)

Public Marijuana Use Increasing Denver (Colorado) Police have written more tickets for public consumption of marijuana by mid-2013 than they had in all 2012. However, the crime is rarely punished. According to Diane Carlson of Smart Colorado,

"…said she saw people smoking marijuana at the Denver's Zoo Lights event in December as children walked nearby. Some visitors to the city also say public marijuana use is a problem in Denver, with one Chicago resident writing in a letter to *The Denver Post* indicated that he and his family observed pot smoking 'literally every block' on the 16th Street Mall." "*Visit Denver* spokesperson Rich Grant said the tourism office has received several letters from visitors dismayed at the public pot smoking they saw in the city."[8]

Increased Marijuana Use Legalization of marijuana could increase marijuana use by almost 40 percent versus current rates among 18-year-olds and above and 18 – 25-year-olds. This is according to a newly-released Quinnipiac poll (August 2013). This would be much higher than the current use rate in Colorado. According to NSDUH, estimates of current use in Colorado are 11 percent among 18-year-olds and older and 27 percent among 18 – 25-year-olds. This is above the national average of 7 percent and 19 percent respectively.[9]

Colorado #3 Which states smoke the most marijuana? According to the report, Colorado is ranked #3 behind Alaska and Vermont.[10]

Colorado Cities in Top 10 for Marijuana Use According to the Movoto Real Estate Blog, the top five cities for smoking marijuana are Denver, Colorado; Colorado Springs, Colorado; Seattle, Washington; San Bernardino, California; and Aurora, Colorado. California cities round out the top ten with Santa Ana, Irvine, San Francisco, Sacramento and Los Angeles. This list states the following:

- "Denver actually has one marijuana store per every 3,780 residents and there are at least 100 more opening in the near future. 2.1 percent of residents have a medical marijuana card. (Hmm.)
- Colorado Springs, Colorado – Thirteenth in dispensaries and 31st in head shops. Colorado Springs has one marijuana store for every 14,213 residents.
- Aurora, Colorado – actually first in medical marijuana cardholders; that is slightly more than 2.1 percent. It is pretty low on dispensaries (ranking 38th) and head shops (ranking 57th), getting in mostly by virtue of full legalization."[11]

Smoking Marijuana Can Be Lethal to the Heart and Arteries of Young and Middle-Aged Adults Researchers in France, in a report published in the *Journal of the American Heart Association*, showed cannabis use among approximately 2,000 young and middle-aged adults linked to cardiovascular complications. The lead scientist, Dr. Emilie Jouanjus, from the University of Toulouse, said, "The general public thinks marijuana is harmless, but information revealing the potential health dangers of marijuana use needs to be disseminated to the public, policy makers and healthcare

providers." The doctor continues, "There is now compelling evidence on the growing risk of marijuana-associated adverse cardiovascular effects, especially in young people." The average age of participants in the study was 34.3 years and most of the patients were male.[12]

Marijuana Users Twice as Likely to Have Serious Suicidal Thoughts According to a 2012 national survey on drug use and health, 3.9 percent of adults (9 million adults) aged 18 or older had serious thoughts of suicide in the past year. That percentage increases with drug use and, in the case of marijuana, 9.6 percent of past-year users of marijuana had serious thoughts of suicide.[13]

College Students with Psychiatric Disorders Abuse Marijuana Researchers at Brown University found that almost 25 percent of college students being treated for a mental illness also abused cannabis. They say this is linked to significant functional impairment and a greater likelihood of medical leave from school. Lead investigator Meesha Ahuja, MD said, at a 2014 American Psychiatric Association Annual Meeting, that nearly half the patients with bipolar disorder also had a cannabis use disorder.[14]

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SECTION 4: Emergency Room and Hospital Marijuana-Related Admissions

Introduction

The following section summarizes emergency room (ER) and hospital data related to marijuana in Colorado. The information, when available, compares the early medical marijuana era (2006 – 2008), the medical marijuana commercialization and expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.
- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado's medical marijuana trade.
- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

Findings

- Colorado emergency room visits per year related to marijuana:[1]
    - 2011 = **8,198**
    - 2012 = **9,982**

  - 2013 = **12,888**

- From 2011 to 2013 there was a **57 percent** increase in emergency room visits related to marijuana.[1]

- Emergency room visits related to marijuana per 100,000 in 2012:[16]
  - Denver rate = **331.22**
  - Denver Metro rate = **176.22**
  - Colorado rate = **179**
    - Denver's rate was almost two times **higher** than either Denver Metro or Colorado's rates

- Hospitalizations related to marijuana have increased by **82 percent** from 2008 (4,441) to 2013 (8,070).[2]

- The percent of all hospitalizations that were marijuana related increased **91 percent** from 2008 to 2013.[2]

- Hospital discharges related to marijuana per 100,000 in 2012:[16]
  - Denver rate = **190.51**
  - Denver Metro rate = **122.2**
  - Colorado rate = **123.65**
    - Denver's rate was over **50 percent higher** than either Denver Metro or Colorado's rates

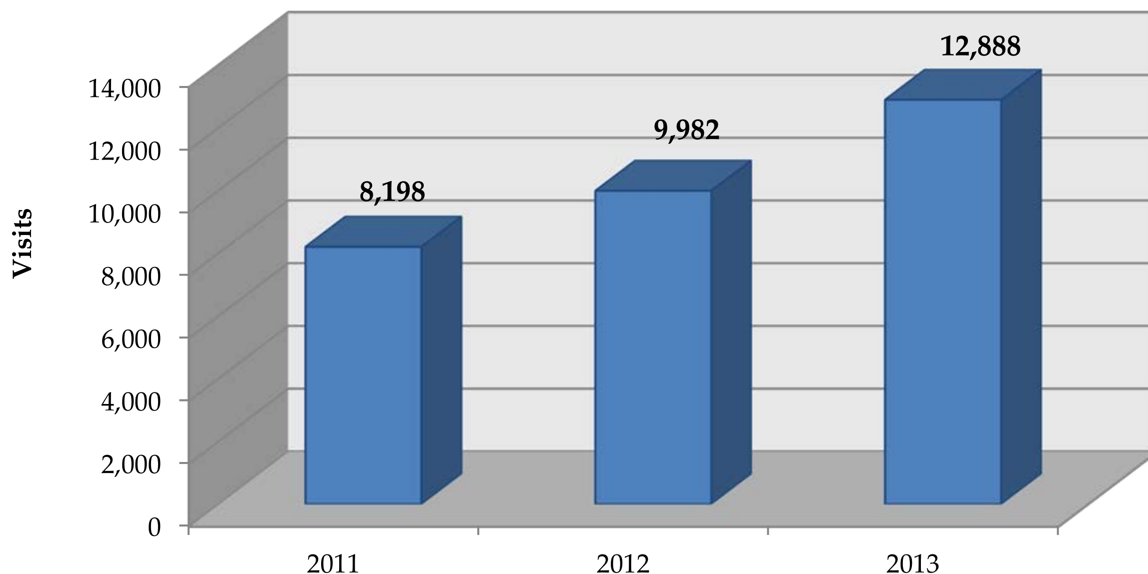
- Children's Hospital Colorado reported **two** marijuana ingestions among children under 12 in 2009 compared to **12** in the first 6 months of 2014.[17]

Data

NOTE: **"MARIJUANA-RELATED" IS ALSO REFERRED TO AS "MARIJUANA MENTIONS." THIS MEANS THE DATA COULD BE OBTAINED FROM LAB TESTS, SELF-ADMITTED OR SOME OTHER FORM OF VALIDATION BY THE PHYSICIAN. THAT DOES NOT NECESSARILY IMPLY MARIJUANA WAS THE CAUSE OF THE EMERGENCY ADMISSION OR HOSPITALIZATION.**

NOTE: THE ROCKY MOUNTAIN HIDTA AUGUST 2013 REPORT UTILIZED THE DRUG ABUSE WARNING NETWORK (DAWN) DATA, WHICH WAS REPORTED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). SAMHSA STOPPED COLLECTING DAWN DATA AT THE END OF 2011. THIS TYPE OF DATA GATHERING HAS BEEN TRANSFERRED TO THE CENTERS FOR DISEASE CONTROL (CDC) WHICH IS WORKING ON A NEW NATIONAL HOSPITAL CARE SURVEY. THAT INFORMATION WAS NOT AVAILABLE FOR THIS REPORT AND MAY NOT BE RELEASED UNTIL 2016 OR LATER.

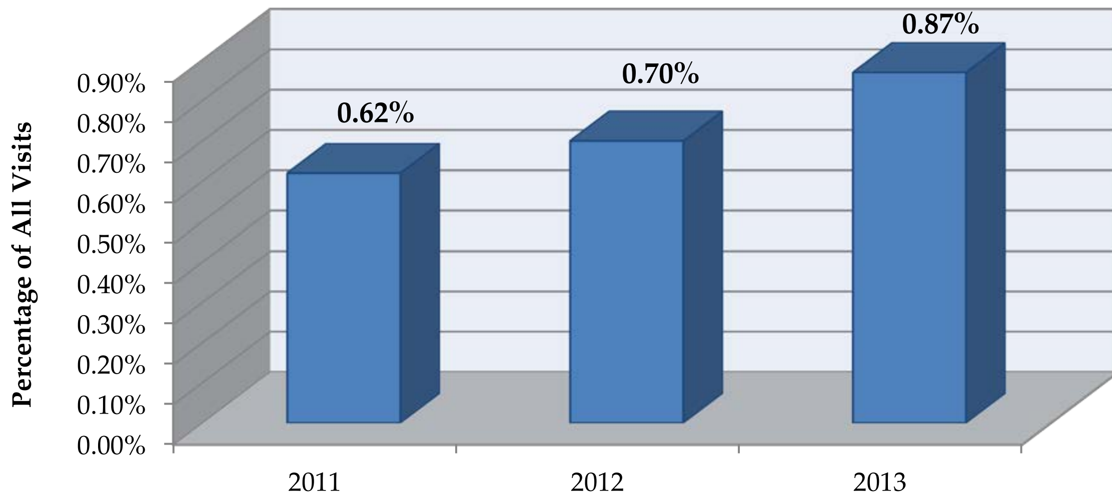
Marijuana-Related Emergency Room Visits



SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (CDPHE)

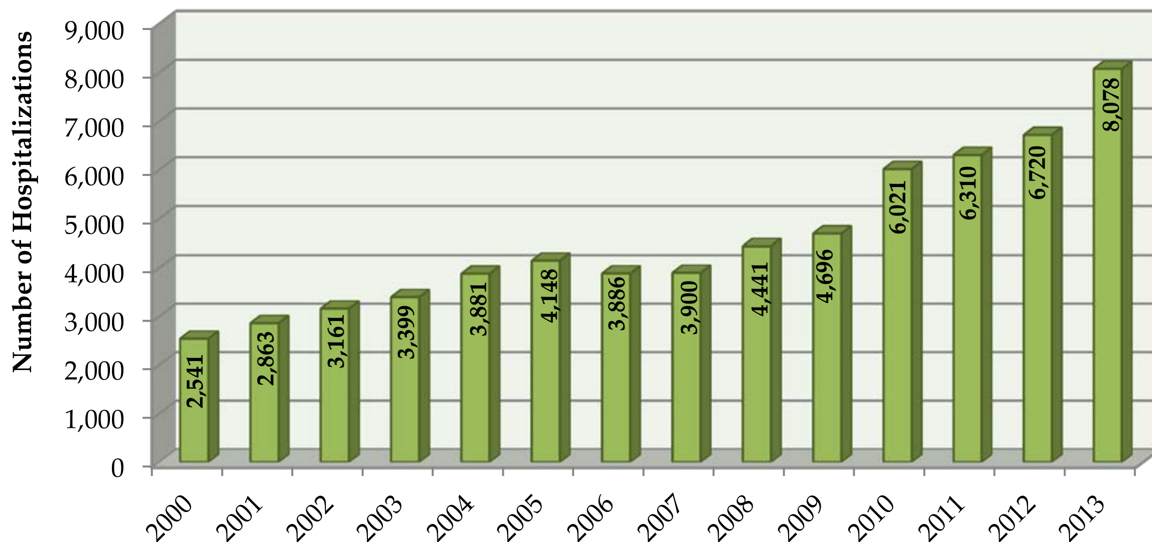
NOTE: 2011 AND 2012 EMERGENCY ROOM DATA DOES NOT REPRESENT COMPLETE, STATEWIDE PARTICIPATION. INCREASES OBSERVED OVER THESE THREE YEARS MAY BE DUE PARTLY, OR COMPLETELY, TO INCREASES IN REPORTING BY EMERGENCY ROOMS.

All Emergency Room Visits Percent Marijuana Related



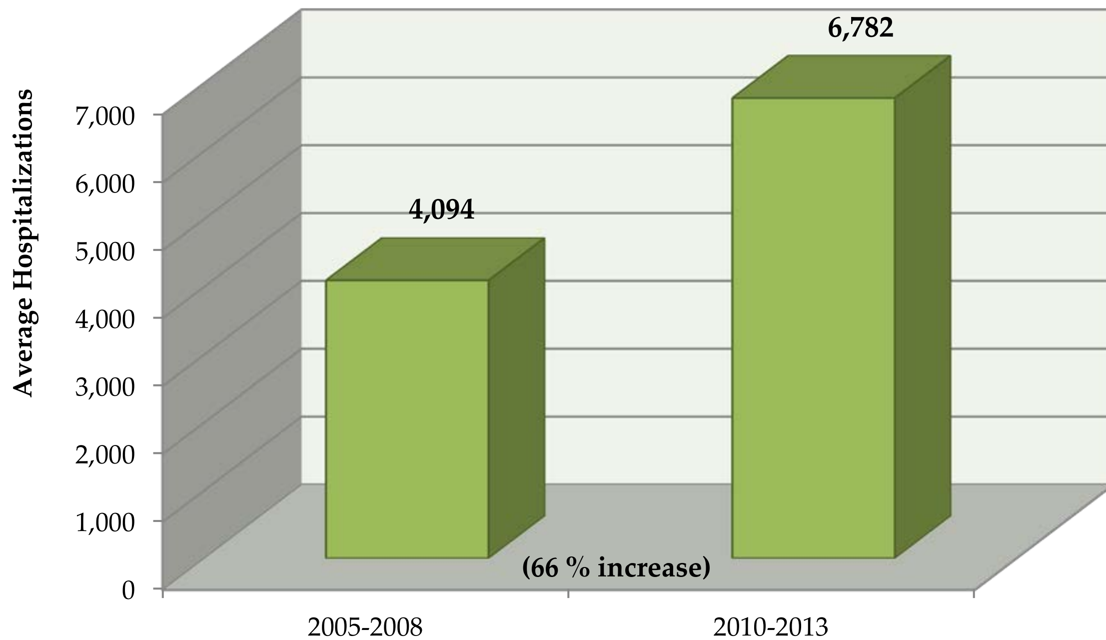
SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (CDPHE)

Hospitalizations Related to Marijuana



SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (CDPHE)

Average Marijuana-Related Hospitalizations Pre- and Post-Medical Marijuana Commercialization Year (2009)

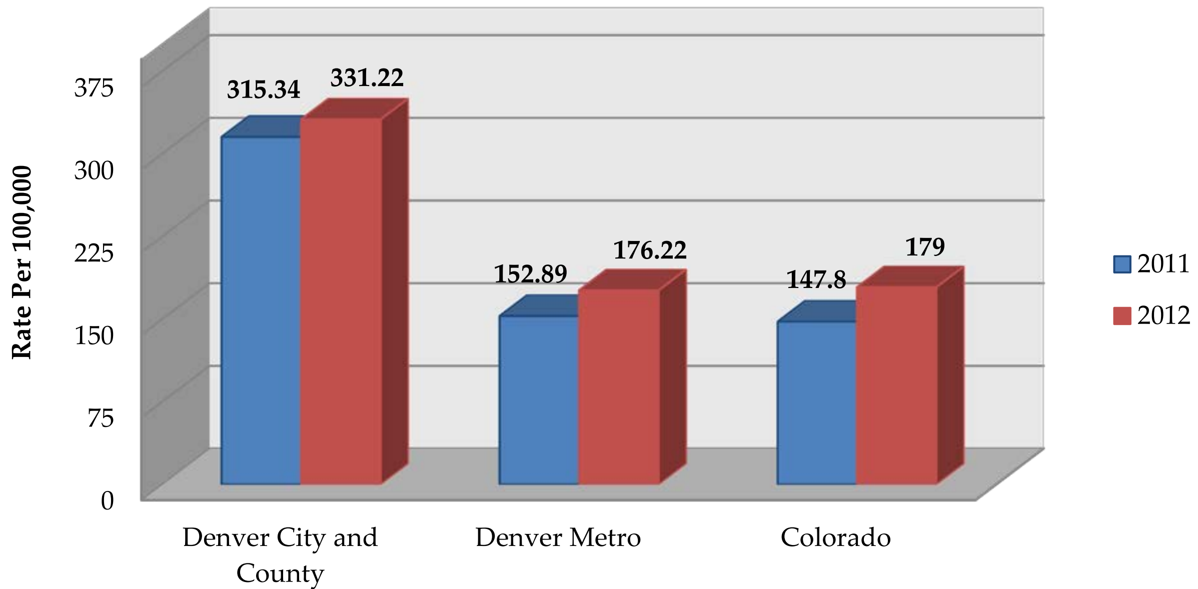


SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (CDPHE)

All Hospitalizations
Percent Marijuana Related

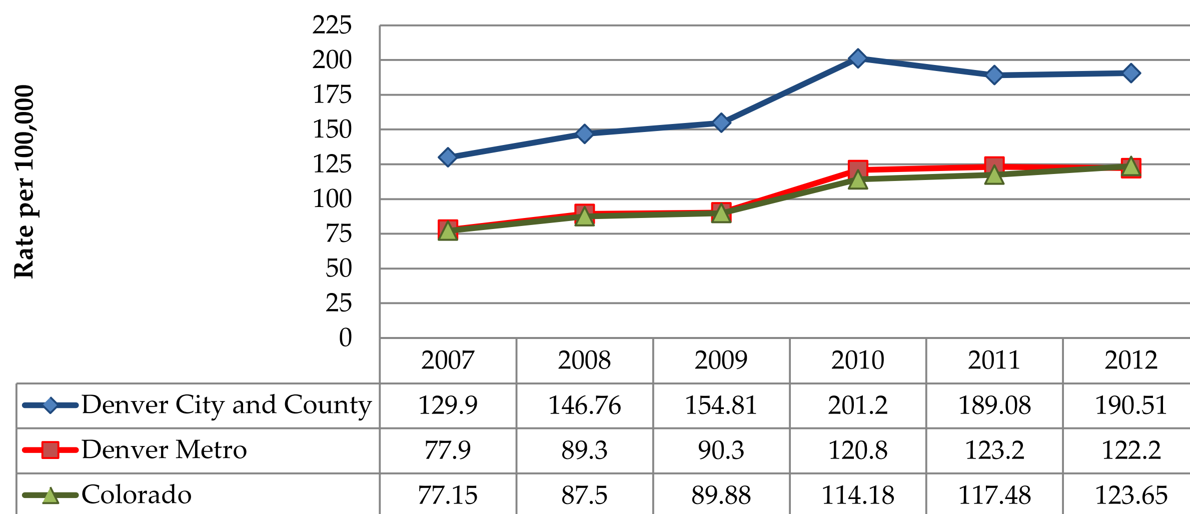
SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment (CDPHE)

Emergency Room Rate Per 100,000 Marijuana-Related, 2011-2012



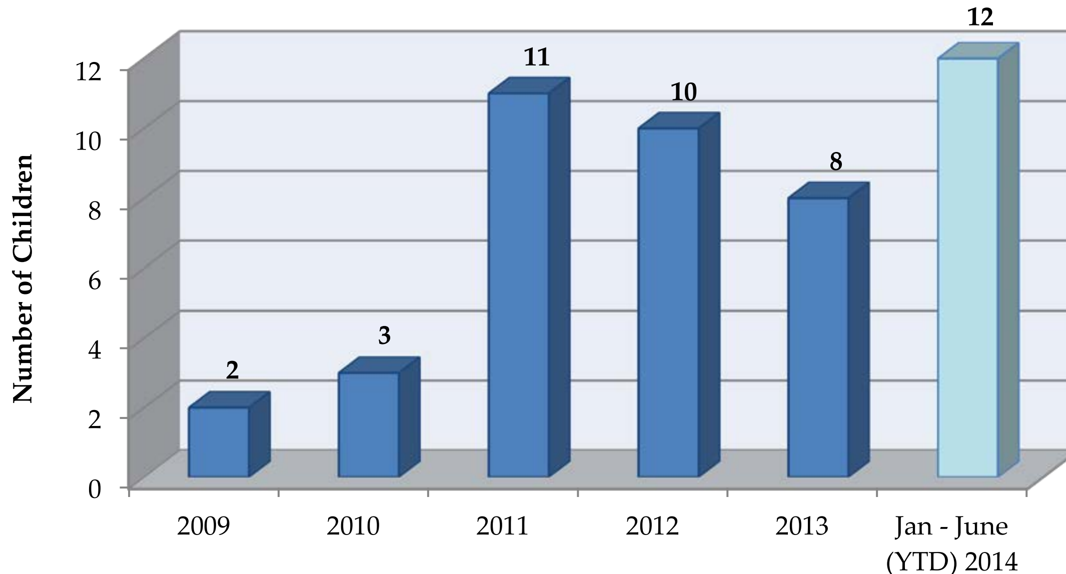
SOURCE: *Proceedings of the Denver Epidemiology Work Group (DEWG)*, **Denver Office of Drug Strategy/The Denver Drug Strategy Commission, April 18, 2014**

Hospital Rate Per 100,000 Marijuana-Related, 2007-2012



	2007	2008	2009	2010	2011	2012
Denver City and County	129.9	146.76	154.81	201.2	189.08	190.51
Denver Metro	77.9	89.3	90.3	120.8	123.2	122.2
Colorado	77.15	87.5	89.88	114.18	117.48	123.65

SOURCE: *Proceedings of the Denver Epidemiology Work Group (DEWG)*, **Denver Office of Drug Strategy/The Denver Drug Strategy Commission, April 18, 2014**



SOURCE: Dr. George Sam Wang, pediatric emergency physician, Children's Hospital Colorado, July 8, 2014

Related Material

Kids and Marijuana Ingestion "Emergency room doctors are treating more small children for accidental overdoses of marijuana, says Kathryn Wells, president of the Colorado chapter of the American Academy of Pediatrics. Doctors at Children's Hospital Colorado in Aurora have treated 12 children for marijuana overdoses just since January, when recreational use became legal in Colorado. Doctors treated eight children in all of 2013. Of those treated this year, seven needed intensive care, says hospital spokeswoman Elizabeth Whitehead. Children also may be exposed when their mothers use pot during pregnancy or breastfeeding, Wells, says. She says a number of women now tell her that they're trying marijuana for morning sickness or other uses while pregnant. Other parents bring their children to the doctor, reeking of marijuana smoke. Wells says parents tell her, 'it's legal, so there's nothing wrong with it.'"[18]

American College of Emergency Physicians (ACEP) Report: More Legal Marijuana Will Mean More Kids in the ER States that have decriminalized marijuana have also seen dramatic increases in children requiring medical intervention, according

to research in the *Annals of Emergency Medicine* ("Association of Unintentional Pediatric Exposures with Decriminalization of Marijuana in the U.S.") which analyzed call volume to U.S. Poison Centers from January 2005 through December 2011. The call rate to poison centers in states that decriminalized marijuana increased by more than 30 percent per year between 2005 and 2011, while the call rate in non-legal states did not change.[3]

Marijuana Can Have Terrible Side-Effects "I see it once or twice every week. They come in, they are miserable – absolutely miserable, just writhing with repetitive vomiting," said Dr. David Hughes, an emergency room physician at Mercy Regional Medical Center in Durango, Colorado. The posh name for this marijuana-induced condition – whether from eating or smoking the drug – is cannabinoid hyperemesis syndrome. Since 2004, when doctors first described people suffering cyclic vomiting as a result of using marijuana in Adelaide Hills of South Australia, reports of the malady have spread throughout the world nearly as fast as the drug. Cyclic vomiting is a burden to the health-care system, as it often leads to expensive diagnostic tests and ineffective treatments, according to findings presented in 2012 in two separate case reports at the American College of Gastroenterology's 77th annual scientific meeting. While it typically strikes people who use marijuana over the long term, one interesting aspect of marijuana-induced cyclic vomiting is usual anti-nausea drugs don't work, Hughes said. "The only way to treat it is with anti-psychotics. They are very effective. Then, usually, people feel better within 48 hours," he said.

Hughes said many patients whom he has treated for uncontrollable vomiting from marijuana return to his care a few weeks later, seeking help for the same problem. The only long-term solution to the chronic malady is to abstain from the drug. "Everyone who comes in for a psych evaluation has to take a urine and drug screen. It's kind of a joke because everyone tests positive for THC in Durango," he said. "In such a health-conscious community where gluten, red dye No. 5, high-fructose corn syrup are anathemas, you would think that people would recognize that cannabis isn't so wonderful and harmless."[4]

Juveniles Treated for Acute Illness On April 15, 2014, Dr. Michael Distefano testified [before the Colorado Legislature] that Children's Hospital Colorado has treated seven juveniles for acute illnesses stemming from ingesting edible forms of marijuana since the law went into effect.[5]

Edibles and Hockey Denver Police Department's Vice/Drug Bureau reported that, in early 2014, several students from North Dakota were in Denver for the University of Denver (DU) hockey game. The students went to a retail marijuana store and purchased marijuana edibles. Marijuana was given to several friends who ingested the

products. One 19-year-old male became severely ill and was transported to the hospital.

Denver Health Sees Five to Ten Marijuana Complaints Per Week Dr. Chris Colwell reported that Denver Health Medical Center sees "about five to ten people come in per week, complaining about how they're feeling after ingesting edibles. They can't end the effect of the marijuana."[6]

Two Kids Admitted to Urgent Care In the first four months of recreational sales in Colorado, the Rocky Mountain Poison and Drug Center is tracking six cases of children being sickened after eating pot-filled edibles. Five of those children were treated at an emergency room and two of them ended up in the intensive care unit. Doctors were concerned that their respiratory systems could possibly shut down.[7]

Denver Emergency Rooms Treating Up to Two Kids Per Month Children's Hospital Colorado Emergency Room physician and toxicology expert Dr. Wang reports that his emergency room is treating one to two kids a month for accidental marijuana ingestion, mostly in the form of edibles such as brownies or candies.[8]

Legalized Marijuana Cookie Sends 2-Year-Old Girl to Hospital in Colorado In early 2014, a 2-year-old girl accidentally ingested marijuana by eating a marijuana-infused cookie she found in front of her apartment building in Longmont, Colorado. The child was taken to the hospital and tested positive for the active ingredient in marijuana (THC).[9]

Brownies Lead to Hospital for Teen A student from Olathe High School (Colorado) ended up in the emergency room after a 14-year-old classmate passed some marijuana-infused brownies around the school. Olathe Police Department Chief Justin Harlan said the brownies appeared to have been homemade, not sold from a dispensary. He said his officers were still investigating how the student had obtained the brownies and whether to file felony criminal charges. In a letter to parents, the school's principal, Scot Brown, warned that there would be "serious consequences" for students who brought marijuana onto campus. However, with recreational marijuana now legal in Colorado, school officials were bracing for more. "Marijuana food products," Mr. Brown wrote, "will be more readily available for our young people."[10]

Marijuana Edibles Lead to the Emergency Room On January 22, 2014, two high school students in Montrose, Colorado were rushed to the hospital emergency room after eating marijuana-infused edibles.[11]

Cookies Laced with Marijuana Sends Two Kids to the Hospital On November 4, 2013, a 13-year-old and a 15-year-old unknowingly ate pot-laced cookies baked by their mother's boyfriend. The victims became ill and were transported to the hospital. The 40-year-old man was charged with child abuse, second degree assault and contributing to the delinquency of a minor.[12]

Marijuana-Infused Chocolate Sends Woman to the Emergency Room On February 12, 2014, a 35-year-old employee in Mountain Village, Colorado unknowingly ate an entire marijuana-infused chocolate bar. EMS transported the 35-year-old female to the medical clinic for treatment. She was disoriented for several hours.[13]

Edibles Send User to Emergency Room A casual marijuana smoker decided to use edibles to curb his anxiety and insomnia. Apparently 80 minutes into this experiment he got intensely sick, lost control, was hyperventilating, freaking out and found himself heading to the emergency room.[14]

Older Couple Collapses After Ingesting Edibles In April 2014, paramedics responded to a restaurant over a report of a female collapsing during dinner. The husband reported that they had both consumed retail marijuana edibles. While his wife was being treated, the husband also collapsed at the scene. This incident occurred in Telluride, Colorado.[15]

Comments

"After 20 years of being here at this busy inner-city emergency department, if they're coming in related to marijuana, it's largely related to edibles."

Christopher Colwell, M.D., Denver Health Medical Center, 2014

"It's a trend and a change we need to anticipate and watch going forward, rather than letting it get out of hand. We've had kids who have been very sick, and we don't want to wait for a kid to die before we act."

George Sam Wang, M.D., Children's Hospital Colorado, 2014

"I have served in emergency departments for over 15 years. During those first 10 years I don't recall treating a single case of an adverse reaction to marijuana. This changed as medicinal marijuana use became more prevalent. Now, after the legalization of recreational marijuana, I'm noticing a dramatic increase in emergency visits related to the drug. The majority of patients reporting marijuana related emergencies at the Telluride Medical Center have the same symptoms: severe nausea

and vomiting, anxiety, elevated heart, respiratory and blood pressure rates. The reaction resembles someone who is having a severe anxiety attack and often patients are worried they're having a stroke or a heart attack. Some fear they are going to die. Treatment with anti-anxiety and anti-nausea medications can be very helpful."

Daniel R. Hehir, M.D., Telluride (Colorado) Medical Center, January 2014

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SECTION 5: Marijuana-Related Exposure

Introduction

This section provides information primarily regarding Colorado marijuana-related closed human exposures calls to the Rocky Mountain Poison Center (RMPC), Denver, Colorado. These are self-reported calls where marijuana was mentioned as a product.

The data comparisons are from 2006 through 2013. The information compares the early medical marijuana era (2006 – 2008), the medical marijuana commercialization/expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.

- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado's medical marijuana trade.

- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

Findings

- Young children (ages 0 to 5) marijuana-related exposures in Colorado[1]
    - During the years 2006 – 2009, the average number of children exposed was **4.75** per year.
    - During the years 2010 – 2013, the average number of children exposed was **17.50** per year.
        - This is a **268** percent increase.

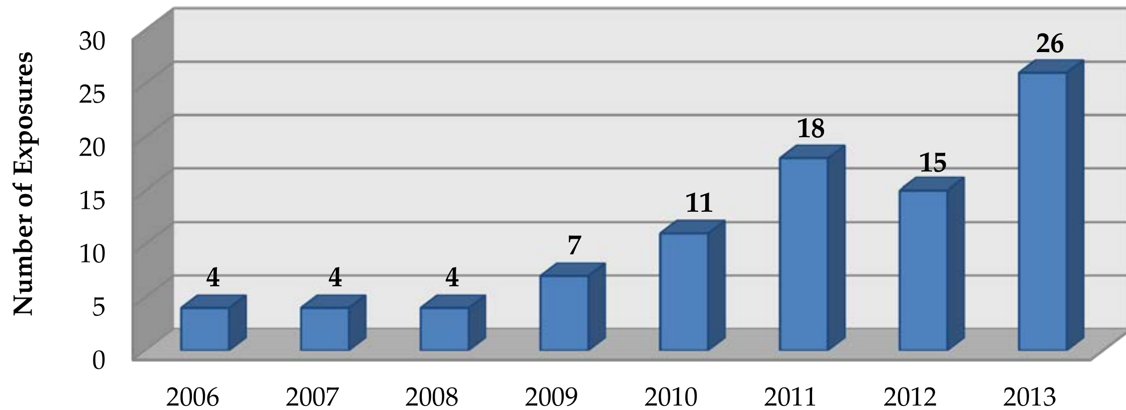
- Percent of total marijuana-related exposures involving children ages 0 to 5 years
    - During 2010 – 2013, a yearly average of **17.81 percent**[1] of Colorado marijuana-related exposures were children ages 0 to 5 years.
    - The Colorado average is more than triple the national average of **4.97 percent**.[6]

- Adolescent (ages 13 to 17) marijuana-related exposures in Colorado[1]
    - During the years 2006 – 2009, the average number of adolescent exposures was **14** per year.
    - During the years 2010 – 2013, the average number of adolescent exposures was **27.25** per year.
        - Exposures for this age group almost doubled.

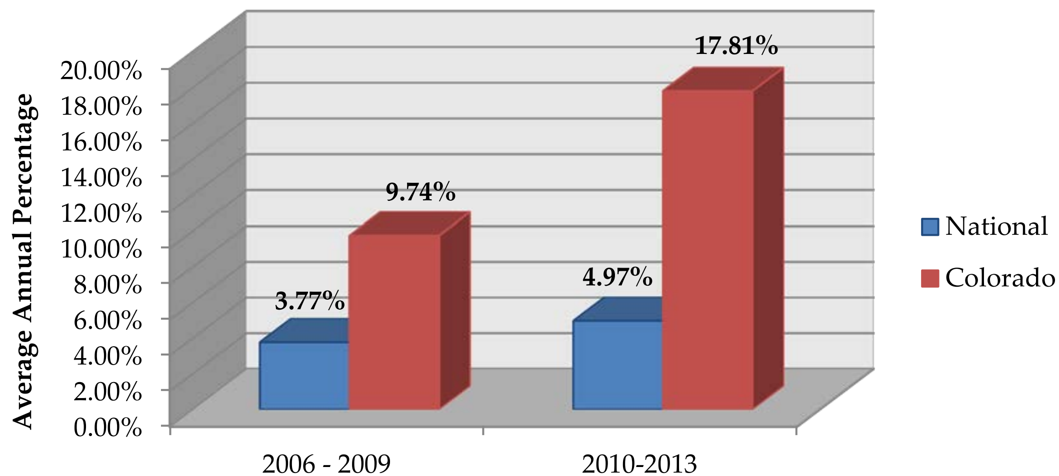
- The average for Colorado marijuana-related exposures per year increased **89 percent** from 2006 – 2009 to 2010 – 2013.[1] This compares to a **32 percent** increase nationally.[6]
    - Colorado's rate is nearly triple the national average per year.

- All ages Colorado marijuana-related exposures[1]
    - The average with all age groups for marijuana-related exposure calls increased in 2010 - 2013 compared to 2006 - 2009.

Data



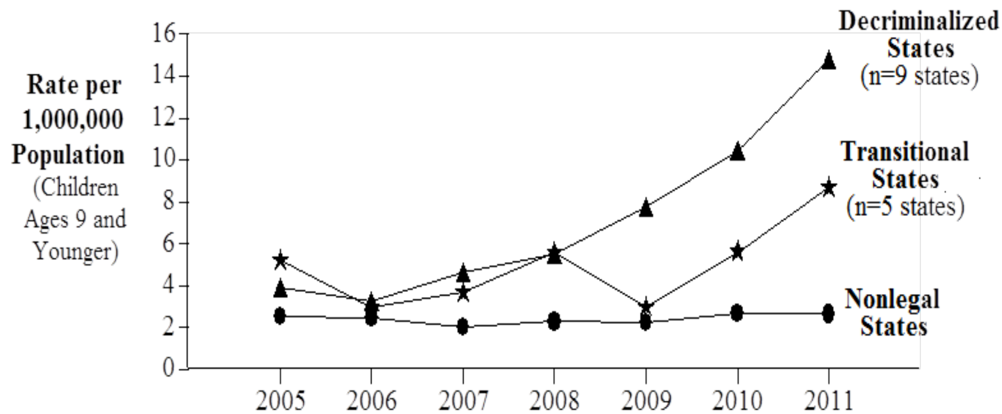
SOURCE: Rocky Mountain Poison Center



SOURCE: Rocky Mountain Poison Center and American Association of Poison Control Centers, *Annual Reports*

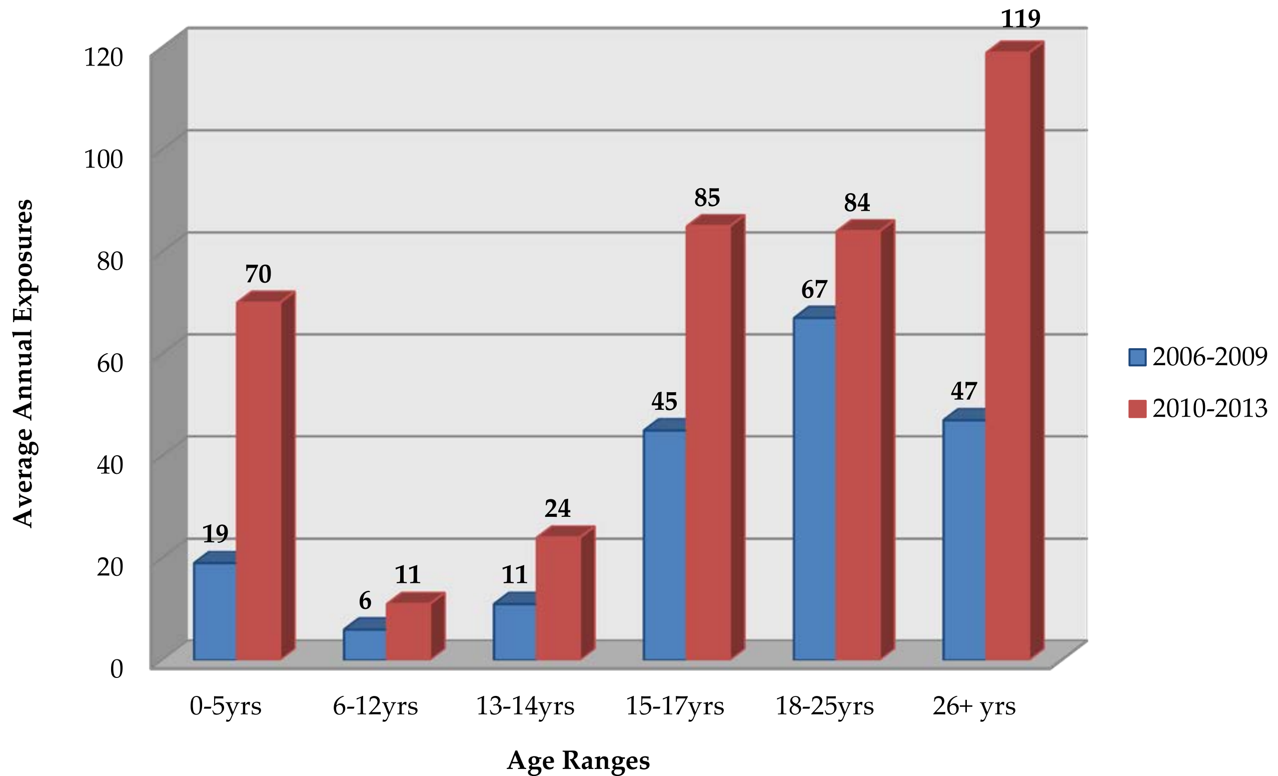
Rate (per 1,000,000 population) of Unintentional Pediatric Marijuana Exposure Poison Center Calls, by Marijuana Legalization States*, 2005-2011[2]

(n=985 single substance, unintentional exposures in children ages 9 and younger)



* *Decriminalized States*: Passed marijuana decriminalization legislation (for medical and/or recreational purposes) before 2005 (AK, CA, CO, HI, ME, NV, OR, VT, and WA).

* *Transitional States*: Enacted legislation between 2005 and 2011 (AZ, MI, MT, NM, RI). Nonlegal States: Had not passed legislation as of December 31, 2011.[2]



SOURCE: Rocky Mountain Poison Center and American Association of Poison Control Centers, *Annual Reports*

Related Material or Comments

Rate of Poison Center Calls for Unintentional Pediatric Marijuana Exposures More Than Tripled in States that Decriminalized Marijuana Before 2005 There were 985 calls to U.S. Poison Centers for unintentional marijuana exposure in children ages 9 and younger between 2005 and 2011, according to an analysis of data from the National Poison Data System (NPDS). While this number is relatively low, the rate of calls in states that had passed legislation legalizing marijuana use for recreational or medicinal purposes before 2005 more than tripled over this period, increasing from 3.9 calls per 1,000,000 population in 2005 to 14.8 per 1,000,000 in 2011. The call rate in transitional states—those that had enacted legislation between 2005 and 2011—also increased over the period, from 5.2 per 1,000,000 to 8.7 per 1,000,000. In contrast, states that had not passed marijuana decriminalization laws as of December 31, 2011 (non-legal states) showed no change in the rate of poison center calls for unintentional pediatric exposure to marijuana. [2]

Rocky Mountain Poison Center (RMPC) Samples The Rocky Mountain Poison Center (Colorado) reports some examples of calls they received for advice regarding marijuana:

- A dog eating several marijuana cigarettes
- Adult eating marijuana-infused candy
- A child with raw plant material in the diaper
- 15-year-old smoked marijuana for the first time
- 32-year-old who took four "hits" of marijuana
- 17-year-old girl took medical marijuana from a friend
- 17-year-old boy ate "Dixie medical marijuana truffle" and was vomiting
- Mother ate marijuana cookie and started vomiting within an hour
- Pregnant female regarding smoking marijuana during first trimester
- Child eating chocolate candy with marijuana
- Mother accidently eating son's marijuana brownie and cheesecake

Kids Consuming Marijuana The Rocky Mountain Poison Center reports a statistically significant rise in the number of parents calling the Poison Control Hotline to report that their kids had consumed marijuana. While the numbers are small – about 70 cases last year – they have been rising consistently since marijuana became more available in Colorado in about 2009, said Poison Center director Alvin Bronstein. "Emergency room physician and toxicology expert George 'Sam' Wang of Children's Hospital Colorado says his emergency room is treating one to two kids a month for accidental marijuana ingestion, mostly in the form of edibles such as brownies or candies." "In the five years before commercially-manufactured marijuana edibles became widely available in 2009, he says they treated none." "Marijuana was legalized for medical use in Colorado in 2000, but it wasn't until 2009 that dispensaries started popping up after federal authorities said they wouldn't raid such establishments that were licensed by the state." [3]

Marijuana Brownies and Cookies The number one complaint received by the Rocky Mountain Poison and Drug Center related to marijuana was about marijuana brownies followed by marijuana cookies.[4]

Children's Exposure to Marijuana "The portion of ingestion visits in patients younger than 12 years (age range 8 months to 12 years) that were related to marijuana exposures increased after September 30, 2009, from 0 of 790 to 14 of 588." The conclusions and relevance of the study were, "We found a new appearance of unintentional marijuana ingestions by young children after modification of drug enforcement laws for marijuana possession in Colorado. The consequences of

unintentional marijuana exposure in children should be part of the ongoing debate on legalizing marijuana."[5]

Sources

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SECTION 6: Treatment

Introduction

This section examines whether Colorado's legalized medical marijuana industry and the recent legalization of marijuana for recreational use has affected the admission rate to substance abuse treatment programs.

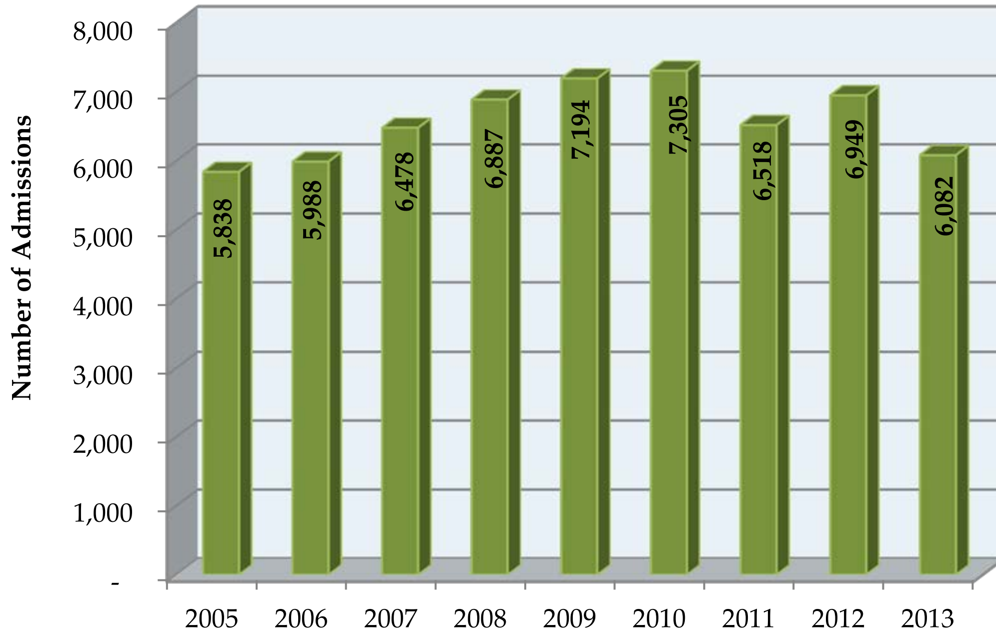
The information compares the early medical marijuana era (2006 – 2008), the medical marijuana commercialization and expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.
- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado's medical marijuana trade.
- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

Findings

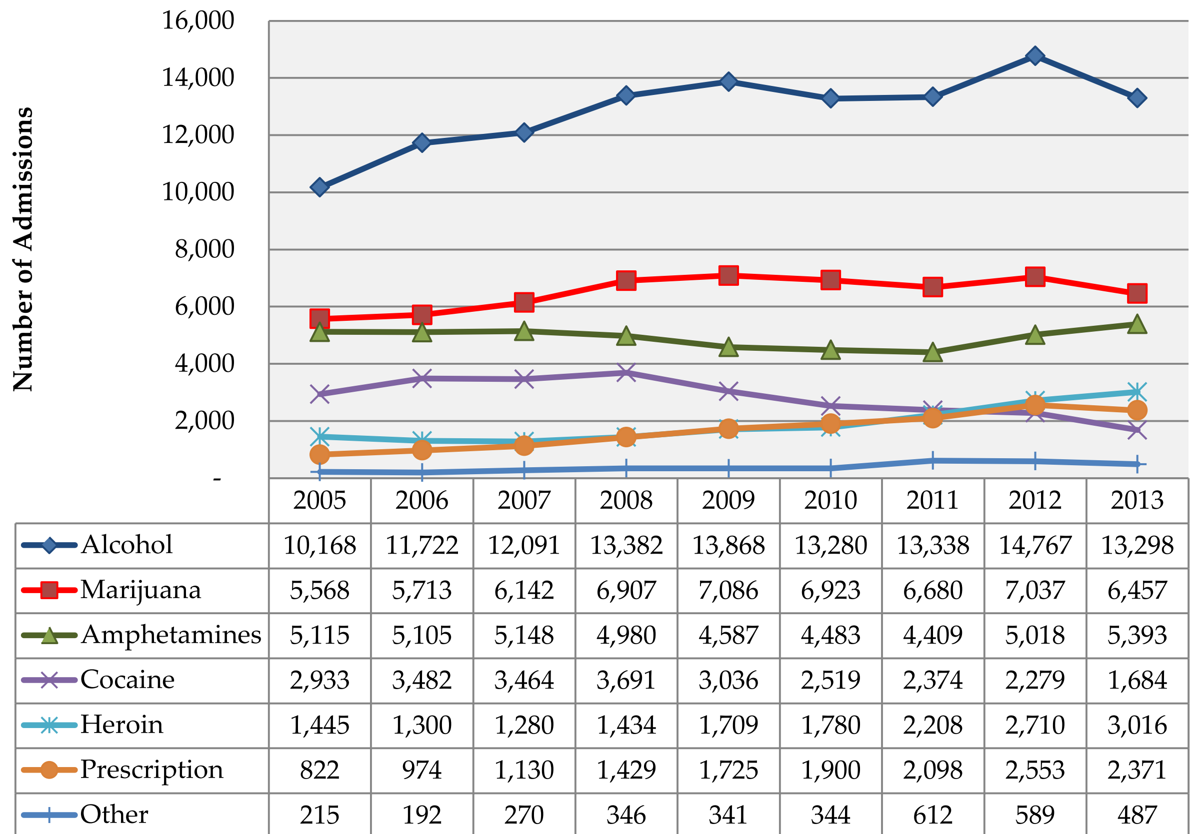
- Marijuana treatment data from Colorado in years 2005 – 2013 doesn't appear to demonstrate a definitive trend. Colorado averages approximately **6,500** treatment admissions annually for marijuana abuse.[1]
- Over the last nine years, the top three drugs involved in treatment admissions, in descending order, were alcohol (average **12,879**), marijuana (average **6,501**) and amphetamines (average **4,915**).[2]

Data



SOURCE: **Substance Abuse and Mental Health Services Administration (SAMHSA), Treatment Episode Data Set (TEDS) 2005 - 2013**

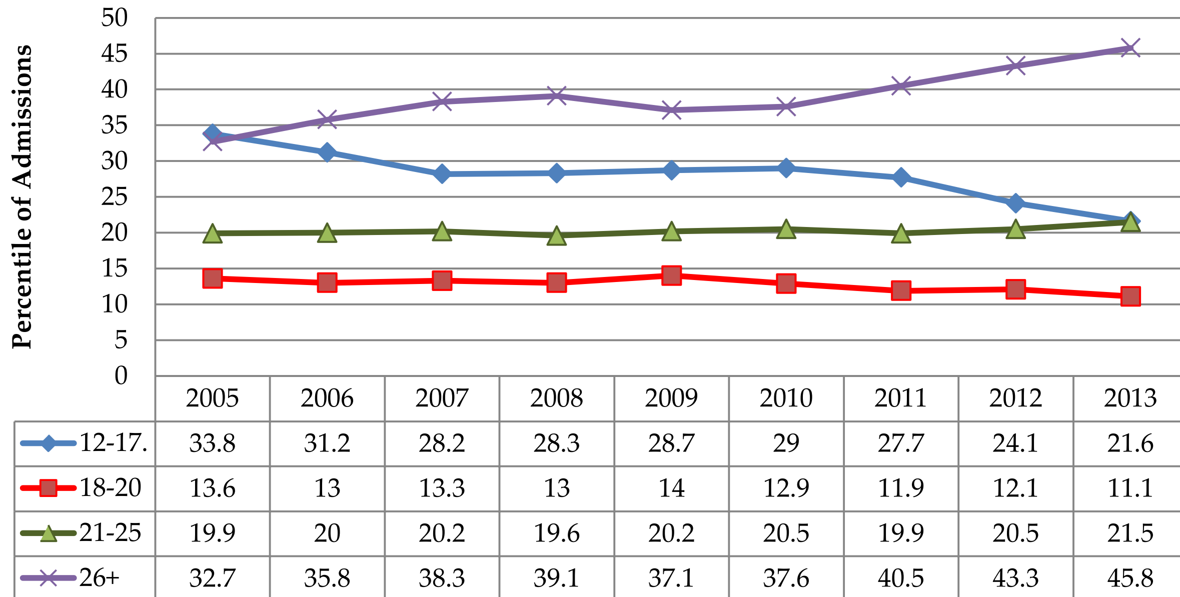
Drug Type for Treatment Admissions
All Ages



	2005	2006	2007	2008	2009	2010	2011	2012	2013
Alcohol	10,168	11,722	12,091	13,382	13,868	13,280	13,338	14,767	13,298
Marijuana	5,568	5,713	6,142	6,907	7,086	6,923	6,680	7,037	6,457
Amphetamines	5,115	5,105	5,148	4,980	4,587	4,483	4,409	5,018	5,393
Cocaine	2,933	3,482	3,464	3,691	3,036	2,519	2,374	2,279	1,684
Heroin	1,445	1,300	1,280	1,434	1,709	1,780	2,208	2,710	3,016
Prescription	822	974	1,130	1,429	1,725	1,900	2,098	2,553	2,371
Other	215	192	270	346	341	344	612	589	487

SOURCE: **Colorado Department of Human Services, Office of Behavioral Health, 2005 - 2013**

Percent of Marijuana Treatment Admissions by Age Group



	2005	2006	2007	2008	2009	2010	2011	2012	2013
12-17.	33.8	31.2	28.2	28.3	28.7	29	27.7	24.1	21.6
18-20	13.6	13	13.3	13	14	12.9	11.9	12.1	11.1
21-25	19.9	20	20.2	19.6	20.2	20.5	19.9	20.5	21.5
26+	32.7	35.8	38.3	39.1	37.1	37.6	40.5	43.3	45.8

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA), Treatment Episode Data Set (TEDS) 2005 – 2013

Projection

There may be a drop in treatment admissions for marijuana abuse among adults because of a reduction in criminal justice referrals through diversion and drug courts due to fewer people entering the system.

Data from the Colorado Office of Behavioral Health in year 2011 through 2013 shows that approximately 70 percent of marijuana treatment admissions for those over 18 years of age were referrals from criminal justice and 30 percent were classed as voluntary.[2]

Related Material and Comments

Not a Myth, Marijuana is Addictive "Contrary to common belief, marijuana is addictive. Estimates from research suggest that about 9 percent of users become

addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among people who use marijuana daily (to 25-50 percent)."[3]

Marijuana Withdrawals Chronic marijuana use, over long periods of time, can leave the addict both physically and psychologically hooked. Marijuana addicts may experience some or all of the following withdrawal symptoms. These symptoms can last for 1-2 weeks: insomnia, restlessness, loss of appetite, irritability and intense craving to smoke marijuana again.[4]

Marijuana Addiction, Not Taken Seriously Because so many marijuana abusers experience mental health issues, such as depression and anxiety, users have a tendency to fall back on the drug in times of hardship. "Treatment for marijuana abuse is often not taken seriously. Many people fail to realize that this substance can, indeed, be addictive."[5]

Increase in Patients for Marijuana Addiction Ben Cort, an addiction expert at the University of Colorado Hospital Center for Dependency, Addiction and Rehabilitation (CeDAR), says that ever since medical marijuana became legal in Colorado in 2009, he has seen an increase in patients coming for treatment for marijuana addiction.[6]

"Hollywood" Henderson (Dallas Cowboys Football Team), Lady Gaga and Marijuana Addiction Former professional football player Thomas "Hollywood" Henderson (Dallas Cowboys) admits to having been addicted to marijuana. "I smoked marijuana every day then," he said. "But, now, I have been sober 30 years." Henderson now works with alcoholics and addicts to help them get rid of their habit. Henderson theorized that today's marijuana is more lethal than it was before and, as such, is much more dangerous. "This new marijuana will give you a physical addiction," he added. "It will probably take up to six months to detox. It is potent. It is potent. It is potent."

"Lady Gaga also admitted to being addicted to marijuana. She said she spoke out to dispel the idea – and to send a message to the youth of today – that you can get addicted to pot."[7]

71 Percent of Patients Relapse Within 6 Months Dr. Ziva Cooper from Columbia University states that there is an FDA-approved medication currently available for treatment of marijuana dependence. Marijuana potency has increased over the last 40 to 50 years. Of the people who seek treatment, many are unable to stay abstinent. "In one study, 71 percent returned to marijuana use within six months."[8]

No Medication to Treat Marijuana Addiction The Coalition Against Drug Abuse indicated that admission to both outpatient and inpatient treatment programs for

marijuana addiction have increased over the years. "Behavioral and family-based treatments have been found to be effective for marijuana abuse and addiction. There is currently no medication that has been shown to effectively treat marijuana abuse."[9]

'Diverted' Medical Marijuana Use Common Among Teens: Study A study from the University of Colorado Anschutz Medical Campus in Aurora, Colorado revealed that 74 percent of teens in treatment for substance abuse were using someone else's diverted medical marijuana. Teens surveyed admitted they used someone else's medical marijuana an average of 50 times. "Many high-risk adolescent patients in substance abuse treatment have used diverted medical marijuana on multiple occasions, which implies that substantial diversion is occurring from registered users," study lead author Salomonsen-Sautel said in a journal release.[10]

Teen Treatment for Marijuana Dr. Christian Thurstone, a professor of psychiatry at the University of Colorado, is head of a teen rehabilitation center. He said that 95 percent of his patient referrals to the program are for marijuana use. He expects the numbers to increase with the legalization of recreational marijuana and has applied for a series of grants to expand his staff, which he has doubled, and still has a waiting list.[11]

Dependence More Common "Marijuana dependence is likely to become more common as marijuana becomes legal in more states."

Ziva Cooper, PhD, Columbia University, Department of Psychiatry,
New York State Psychiatric Institute

Marijuana Use Affects All Aspects of Life The National Institute on Drug Abuse shows that, "frequent marijuana users are more likely to drop out of school or get fired from jobs. They also are reported to have lower life satisfaction and poorer physical health than non-users." "Patients taking part in marijuana rehabilitation programs find that the biggest struggle related to recovery is overcoming the mental addiction to this drug."[12]

Marijuana Emphasizes Pre-Existing Issues "Research shows marijuana may cause problems in daily life or make a person's existing problems worse. Several studies also associate workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover."[3]

<u>Medical Marijuana and Severe Disorders</u> "Adolescents in substance treatment who use medical marijuana products have [a] more severe cannabis use disorder [as] compared to those not using medical marijuana products"

Salomonsen-Sautel, Sakai, Thurstone, Corley and Hopfer, 2012;
Thurstone, Lieberman and Schmiege, 2011

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SECTION 7: Diversion of Colorado Marijuana

Introduction

This section examines whether Colorado legalizing medical and recreational marijuana has established Colorado as a marijuana source state for other parts of the country. There is no mandatory process for law enforcement to report either the seizure or the source of the marijuana. Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) contacted some law enforcement entities and requested voluntary reporting of those instances in which Colorado marijuana was seized in their jurisdiction. Only those cases that were completed and are a matter of public record were used in this report. Open or long-term major investigations involving marijuana trafficking from Colorado have been excluded. This section includes:

- Interdictions resulting in seizure of marijuana from Colorado
- Investigations resulting in seizure of marijuana from Colorado
- Diversion of marijuana to youth

The information compares the early medical marijuana era (2006 – 2008), the medical marijuana commercialization and expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.
- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado's medical marijuana trade.

- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

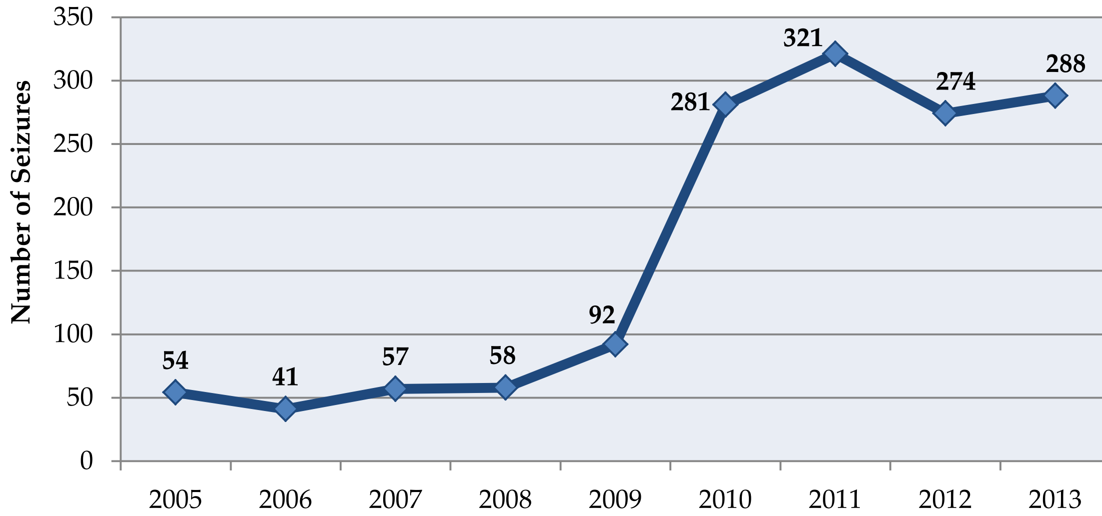
Findings

El Paso Intelligence Center (EPIC) has established the National Seizure System (NSS) for voluntary reporting interdiction seizures throughout the country. State highway patrols have done a good job reporting their highway seizures. RMHIDTA was, therefore, able to identify a number of interdiction seizures involving marijuana from Colorado destined for other states in the country.

- In 2013, there were **288** Colorado marijuana interdiction seizures destined for other states compared to **58** in 2008. This is a **397 percent** increase.[1]
- Of the 288 seizures in 2013, there were **40** different states destined to receive marijuana from Colorado. The most common destinations identified were Kansas, Missouri, Illinois, Texas and Oklahoma. There were 68 seizures in which the destination state was unknown.[1]
- From 2005 – 2008, compared to 2009 – 2013, the average number of interdiction seizures per year involving Colorado marijuana more than quadrupled from **52** to **251**.[1]
- The total average number of pounds of Colorado marijuana seized from 2005 - 2008 compared to 2009 – 2013 increased **33.5 percent** from **2,763 pounds** to **3,690 pounds**.[1]
- The top three Colorado counties identified as the source for the marijuana in 2013 were Denver, Boulder and El Paso.[1]

NOTE: **A 2014 SURVEY OF APPROXIMATELY 100 INTERDICTION EXPERTS ESTIMATE THEY SEIZE 10 PERCENT OR LESS OF WHAT GETS THROUGH UNDETECTED.**

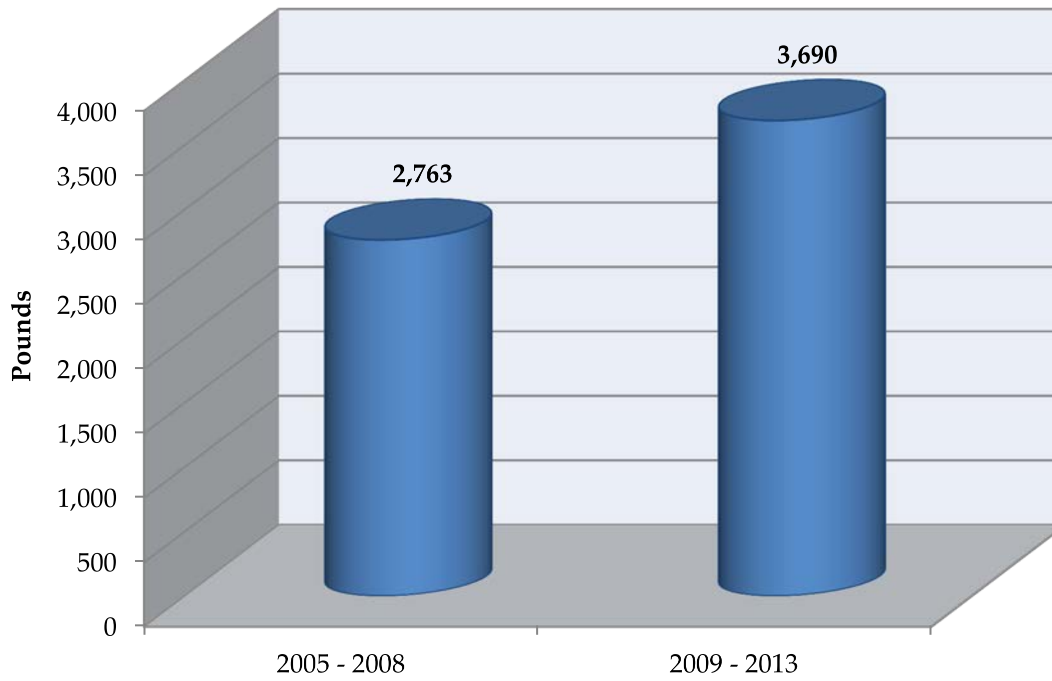
Data



SOURCE: El Paso Intelligence Center, National Seizure System

NOTE: THIS ONLY INCLUDES CASES WHERE COLORADO MARIJUANA WAS ACTUALLY SEIZED AND REPORTED. IT IS UNKNOWN HOW MANY COLORADO MARIJUANA LOADS WERE NOT DETECTED OR, IF SEIZED, WERE NOT REPORTED.

Average Pounds of Colorado Marijuana from Interdiction Seizures

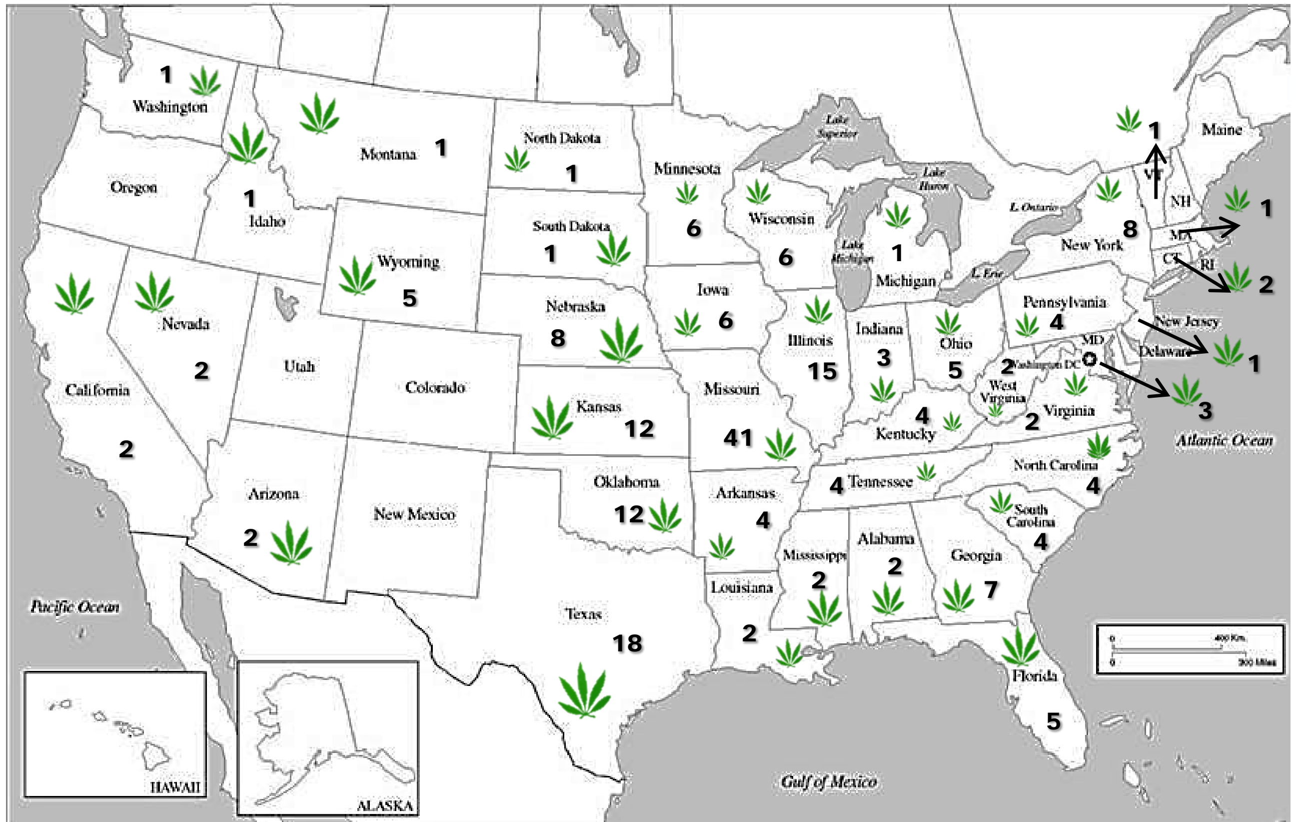


SOURCE: El Paso Intelligence Center, National Seizure System

NOTE: THIS ONLY INCLUDES THOSE CASES IN WHICH COLORADO MARIJUANA WAS ACTUALLY SEIZED AND REPORTED. IT IS UNKNOWN HOW MANY COLORADO MARIJUANA LOADS WERE NOT DETECTED OR, IF SEIZED, WERE NOT REPORTED.

States to Which Colorado Marijuana Was Destined (2013)

(Total Reported Incidents Per State)



SOURCE: El Paso Intelligence Center (EPIC), National Seizure System

Projection

The total weight of marijuana seized in the future will likely decrease due to:

- **More marijuana loads with high THC content and lower weight "buds" as opposed to lower THC content and higher weight bulk.**
- **The increased popularity of hash and hash oil which are high THC, high price and low weight.**
- **Smaller loads with less weight are easier to conceal and more difficult to detect.**

Microcosm of Unreported Diversion

Nebraska's Panhandle Region (nine counties with a population of less than 85,000) has retained extensive records of seizures of Colorado marijuana by law enforcement. This microcosm of the nation could serve as an indicator of how much Colorado marijuana is being seized but not reported.

In 2013 in the Panhandle Region Nebraska State Patrol made:

- 54 interdiction seizures of over 148 pounds of Colorado marijuana. Most, but not all these seizures, were reported to the El Paso Intelligence Center (EPIC).

In 2013 in the Panhandle Region local law enforcement made:

- 41 separate interdictions and investigations seizing over 86 pounds of Colorado marijuana not reported to the El Paso Intelligence Center (EPIC).

Some Examples of Interdictions

Four Pounds of Marijuana Seized in Kansas On January 23, 2014, Kansas Highway Patrol officers stopped a vehicle for a traffic violation and subsequently seized 4 pounds of marijuana from the trunk of the vehicle. The driver admitted that he intended to sell the marijuana to a 23-year-old male in Hays, **KANSAS**. The driver also admitted that he had purchased the 4 pounds of marijuana from a Colorado resident, who had a cultivation operation, and paid $2,800 per pound. The individual who was to receive the marijuana was contacted and admitted that he had been selling marijuana in **MISSOURI**. He confirmed the driver's statement.

Fictitious State Government ID Card On Febuary 23, 2013, Colorado State Patrol responded to a vehicle accident in Las Animas County (Colorado). The accident resulted in the arrest of the driver from Wolfforth, Texas and passenger from Colorado along with the seizure of 15 pounds of marijuana. The driver claimed the marijuana was tied to a dispensary in Trinidad, Colorado and was en route to Lubbock, **TEXAS**. He produced fictitious state government ID cards from the Colorado Medical Marijuana Enforcement Division.

$150,000 to Purchase Colorado Marijuana On February19, 2014, a Kansas Highway Patrol trooper stopped a vehicle for a traffic violation on westbound Interstate 70. A subsequent consent search of the vehicle resulted in the seizure of $149,595. The female

driver stated that she was en route to Denver to purchase marijuana for intended sales in the East St. Louis area of **ILLINOIS**.

DPS Trooper Seizes 6 Pounds of THC Jam On September 3, 2013, a Texas DPS trooper conducted a traffic violation stop on a vehicle traveling southbound on US-87. During the stop the trooper conducted a search of the vehicle. He discovered four Mason-brand jars containing 6 pounds of THC jam in the luggage. The driver of the vehicle was from Kihei, Hawaii. The drugs were allegedly being transported from Denver, Colorado to Austin, **TEXAS**.

15 Pounds in North Dakota In June 2013, a North Dakota Highway Patrol officer responded to a single-car accident northbound on Interstate 29. A subsequent search of the vehicle revealed 15.7 pounds of marijuana, which was concealed in the vehicle's spare tire. The suspect admitted that he was coming from Colorado en route to Crookston, **MINNESOTA**.

$1,000 to Transport 21 Pounds of Colorado Marijuana On March 1, 2013, Kansas State Patrol officers stopped a vehicle on Interstate 70 for a traffic violation. Subsequent investigation resulted in the seizure of 21 pounds of marijuana. The driver stated he was coming from Colorado and was en route to Little Rock, **ARKANSAS**. He said that he was paid $1,000 for driving the load.

4 Pounds in Minnesota On July 9, 2013, a Minnesota State Patrol officer stopped a vehicle for a traffic violation. Both the driver and passenger were smoking marijuana prior to the stop. A search was conducted and the officers seized 4 pounds of marijuana as well as marijuana-infused candy and liquid drinks. The driver and passenger had Colorado medical marijuana cards. The marijuana was being brought into the metro area of **MINNESOTA** to be sold for profit.

Nine Individual Bags from a Colorado Springs Dispensary On January 22, 2013, Nebraska State Patrol stopped a vehicle on Interstate 80 traveling from Colorado Springs, Colorado to Clinton, **IOWA**. A search of the vehicle revealed 1.07 pounds of marijuana. Nine individual bags were labeled from a Colorado Springs medical marijuana dispensary.

Fugitive with $10,000 for Marijuana On March 15, 2014, a Kansas Highway Patrol trooper stopped a vehicle for a traffic violation on I-70 westbound. The driver from Manhattan, **KANSAS** was arrested for a felony warrant out of Oklahoma. He had over $10,000 in cash and a little under an ounce of marijuana. The driver admitted he was going to a marijuana retail store in Colorado.

Dispensary Marijuana Goes to Florida In early 2014, a Colorado Springs Police Department officer stopped a vehicle for a traffic violation. The officer subsequently discovered 17 ounces of marijuana in a duffel bag concealed in the vehicle. The suspect admitted to purchasing the marijuana from a local dispensary and taking it back to **FLORIDA**. However, he said he was working undercover for a Florida agency and the purchase was for prosecution purposes. A follow-up on the story revealed that the suspect was lying, that his purpose was to distribute the marijuana in Florida.

Marijuana Soft Drink and Gummy Men On February 11, 2014, Corinth, **TEXAS** Police Department conducted a traffic stop. Subsequent to the stop officers seized 12-ounce glass bottles appearing to be a soft drink but actually contained elixir with THC. The officers also found "cherry gummy men" with THC and approximately 9 ounces of marijuana. According to the officers the items appeared to be manufactured in Colorado.

Steamboat Springs (Colorado) Connection In June of 2013, the Kansas Highway Patrol stopped a Colorado resident on Interstate-80 traveling from Steamboat Springs, Colorado to Chesterfield, **MISSOURI.** A search of the vehicle revealed 13.5 pounds of marijuana in the trunk. During questioning the driver stated he was taking the marijuana to a subject who lives in Missouri. The driver also said the subject owns a house in Steamboat Springs (Colorado) where the marijuana had been stored. He claimed this is the second trip in a month during which he brought marijuana back to Missouri from the house in Steamboat Springs.

Craigslist Sale On July 27, 2013, Nebraska Highway Patrol stopped a vehicle for speeding on Interstate 80 on the way to Shawnee, **KANSAS**. Five pounds of marijuana were recovered during the stop. The driver stated he had met an individual on Craigslist from Colorado Springs, Colorado. The driver agreed to buy 5 pounds of marijuana from the individual. The two met at a park in Colorado Springs where they exchanged the 5 pounds for $10,000.

Marijuana Delivered for Donation – Craigslist On Craigslist there are numerous advertisements from a variety of sources that would be willing to deliver marijuana for a recommended donation. In one advertisement, the ad reads as follows:

> "Well hello, my name is jay and im ur friendly neighborhood herbologist. lol I have seen the prices for recreational marijuana and DAMN they are high. Well save a pretty penny and shoot me a text [720-557-2272]. I myself have a red card w/ an extended plant count, allows me higher carry. Now its illegal to RESALE mmj but, I can "GIVE" you ur

desired amount for a "DONATION". just like u would donate to a charity and receive gifts[same concept]. anything u need from concetrates to flower to pens to dab rigs."

"Jay" lists prices for various amounts of marijuana, edibles and "wax." He ends the advertisement with the statement:

> "Now in comparison w/ EVERY recreational mmj dispensary theses (sic) amounts are of SIGNIFICANT difference. 1/8 oz start at $50-$60 + tax (25%). 1 oz. start at $300 + tax."[2]

$27,000 in Cash Seized On January 24, 2014, Kansas Highway Patrol troopers stopped a vehicle for a traffic violation. Troopers subsequently discovered $27,000 in cash in the vehicle. The driver admitted that he was being paid to travel to Brighton, Colorado to pick up marijuana then transport it back to **OHIO**.

Guns and Marijuana On February 7, 2013, a Texas Highway Patrol officer stopped a vehicle for a traffic violation. The driver, a Colorado resident, was coming from Denver en route to Houston, **TEXAS**. A subsequent search of the vehicle revealed 7-1/2 pounds of marijuana in 11 sealed bags and 2 handguns.

18 Pounds of Marijuana Seized in Texas On December 13, 2013, a Texas Highway Patrol trooper stopped a vehicle for speeding. The trooper subsequently seized 18 pounds of marijuana located in the trunk of the vehicle. The suspect admitted he was coming from Aurora, Colorado and headed to Wichita Falls, **TEXAS**.

Hired to Transport Marijuana In late 2013, the Nebraska State Patrol stopped a vehicle and subsequently found 3 lbs. 12 oz. of marijuana. The two people from Virginia, Minnesota admitted they were hired by a third person to transport the marijuana from Fort Lupton, Colorado to **MINNESOTA**.

2-1/3 Pounds of Hash in Texas In late 2013, a Texas Department of Public Safety officer stopped a vehicle for a traffic violation. Subsequent contact with the driver and passenger in the vehicle resulted in the seizure of 2-1/3 pounds of hashish in vacuum-sealed bags in the trunk of the vehicle. The two Dallas, **TEXA**S residents were traveling back from Colorado.

Dispensary Owner Pays for Delivery Trips to Omaha (Nebraska) On April 28, 2013, a Nebraska State Patrol officer stopped a vehicle for a traffic violation. The officer subsequently discovered a 1 pound vacuum-sealed bag of marijuana. The driver

admitted to transporting marijuana to Omaha, **NEBRASKA** for $200 per trip. He stated that a Boulder, Colorado medical marijuana dispensary owner provided him with the marijuana and paid him for the delivery.

Some Examples of Investigations

NOTE: THE EXAMPLES BELOW ARE ONLY A SMALL SAMPLE OF THE MANY INVESTIGATIONS INVOLVING COLORADO MARIJUANA CITED BY VARIOUS DRUG UNITS.

Murder for Money to Buy Marijuana In late 2013, a granddaughter and her former boyfriend in Easton, **PENNSYLVANIA** were convicted of second degree murder and robbery in the death of the woman's 76-year-old grandmother. The woman had planned to steal $35,000 in jewelry from the grandmother in order to buy large amounts of marijuana in Colorado. Apparently the robbery did not go as planned and resulted in the grandmother's death.[3]

Drug Cartels on Feds' Radar In November 2013, federal agents executed approximately fifteen search warrants targeting medical marijuana diversion, which is suspected of being linked to a **COLOMBIAN** drug cartel. There were ten target subjects who were owners of businesses or people connected with the medical marijuana business. The *Denver Post* article cites, "Those concerns include trafficking marijuana outside of states where it has been legalized, money laundering and providing revenue for criminal enterprises, including gangs and cartels." Agents seized records, marijuana plants and marijuana from a number of medical marijuana dispensaries, including several hundred pounds from Swiss Medical dispensary in Boulder.[4]

Homicide Result of Blown Pot Deal A Tulsa, **OKLAHOMA** man was shot to death in Aurora, Colorado after he and some friends had traveled to Colorado seeking marijuana. Apparently he and two friends arrived too late to purchase marijuana from a dispensary, so they called an acquaintance in order to buy marijuana. When the arrangements were made to sell the marijuana, the Tulsa man pulled out a stack of money for the purchase, at which time he was shot and robbed.[5]

$2.1 Million in Assets Seized from a Marijuana Trafficking Organization Operated Under the Guise of Colorado's Medical Marijuana Laws On February 20, 2014, agents from the DEA-Denver Division Office Financial Investigative Team (FIT) restrained for forfeiture a warehouse in Denver valued at $1.1 million. The warehouse

was used by members of the Conley Hoskins Drug Trafficking Organization (DTO) to cultivate and process marijuana. On February 21, agents served seizure warrants on ten bank accounts at a bank in Denver and three banks in Chicago, resulting in the seizure of $1 million. The accounts contained illegal marijuana proceeds associated with the organization. Since January 2010, the Hoskins organization had been distributing at least 106 pounds of marijuana per month through local "medical marijuana" dispensaries. All Care Wellness Centers, Jane Medicals and Higher Health Medical were distributing the marijuana grown in the warehouse under the guise of Colorado's medical marijuana laws. The organization also used financial institutions inside and outside Colorado to launder illicit marijuana proceeds.

Ohio Drug Task Force Dismantles Major Marijuana Drug-Trafficking Organization The Warren County Drug Task Force conducted an investigation in which they seized over 500 pounds of high-grade marijuana after an undercover operation to buy 100 pounds. The task force served a number of search warrants and, besides the marijuana, also seized a little over one-half million dollars and several vehicles. Apparently none of the people involved in this drug-trafficking organization had legitimate employment. The primary suspect was a medical marijuana patient in Colorado who was given permission by a doctor to grow up to 199 plants. One member of the group admitted to bringing back 500 pounds of marijuana every two weeks from California and Colorado. This marijuana was then distributed in **OHIO** where one client received 200 pounds every two weeks. This subject was interviewed and admitted to distributing marijuana from his stash house very close to Ohio State University.

"Donations" for Marijuana On February 7, 2013, Colorado Springs Police Department arrested a couple for selling marijuana. The couple was not only obtaining their marijuana from their own home-grown plants but also from a dispensary in Colorado Springs. They would then deliver it for a "donation." Colorado Springs P.D. made two undercover purchases from the couple prior to their arrest. They said they were using Amendment 64 and giving away marijuana and not technically selling it. Their goal was to raise sufficient money from "giving away" marijuana to open their own marijuana store. They admitted they actually moved to Colorado for that purpose.

Loveland (Colorado) Physician's Conviction Related to Medical Marijuana A Loveland (Colorado) physician was convicted after he recommended medical marijuana to an undercover officer in 2012 without a physical examination. The undercover officer alleged he had an aching foot for which the doctor provided him with a recommendation for medical marijuana.[6]

Organization Harvests in Colorado and Distributes in Oklahoma In May 2014, the U.S. Attorney's Office in the Western District of **OKLAHOMA** announced that nine people had been charged in a conspiracy to harvest marijuana in Colorado for distribution in Oklahoma and other states. The complaint alleged that the nine defendants conspired to harvest more than 200 pounds of marijuana for distribution.[7]

Minnesota Students Arrested with a Pound In January 2014, four Winona (**MINNESOTA**) State University students were arrested with marijuana. One of the students admitted that he had traveled to Colorado to purchase the marijuana. He stated that an employee of a marijuana retail store noticed the Minnesota plates and asked if they would like to purchase more than was allowable under the law. The retail store employee then took them to a residence where marijuana was being cultivated and sold him a pound for $1,800. This investigation was conducted by the Southeast Minnesota Drug Task Force.

Hundreds of Plants to Produce Hash Oil In February 2014, the Colorado Springs Metro Vice and Narcotics Task Force followed up on a complaint about a large marijuana grow operation in the city. After obtaining a search warrant, officers seized over 175 marijuana plants as well as 23 pounds of refined marijuana. This operation involved at least four people, all of whom possessed Colorado medical marijuana cards. The primary suspect claimed that all the marijuana was needed to produce hash oil. The primary from **TEXAS**, who owns two homes there, claimed to be from Colorado and gave a warehouse as the address of his residence. Investigators believe that this operation was diverting high-grade Colorado marijuana to Texas to distribute using the cover of medical marijuana.

Cheyenne (Wyoming) Supplied with Colorado Marijuana In November 2013, Cheyenne Police Department served a search warrant and seized over 9 ounces of marijuana and $7,800 in cash. The suspect confirmed the marijuana had been purchased in Colorado for distribution in Cheyenne, **WYOMING**.

In January, 2014, Cheyenne Police Department conducted an undercover purchase of marijuana from a local resident in Cheyenne, **WYOMING**. They purchased over ½ ounce of marijuana and seized an additional 2 ounces. It was determined that the suspect was obtaining the marijuana in Colorado.

Colorado Marijuana to Lubbock, Texas On December 30, 2013, the Aurora Police Department conducted an investigation concerning two subjects from Texas who would travel to Colorado to purchase marijuana and then distribute it back in **TEXAS**. The investigation revealed that the two individuals from Texas had $48,000 in their possession. The investigation further resulted in the officers locating the source of

supply and, after a search, revealed 9 pounds of marijuana. The source of supply confirmed that the marijuana was to be sold to the two individuals from Texas at a price of $2,200 per pound.

Welfare Check Results in Finding Colorado Marijuana In January 2014, officers in Edina, **MINNESOTA** were doing a welfare check. During this check, they discovered close to 4 pounds of marijuana. The subject admitted that he had recently purchased the marijuana in Colorado.

Dispensary Black Market A 2012/2013 investigation by the Colorado Springs Police Department revealed that the owner of a dispensary in Colorado Springs was supplying marijuana to an individual who was distributing it in **PENNSYLVANIA**. This individual, who was arrested, admitted that his main marijuana supplier was the manager of the dispensary that had a number of separate locations. The suspect further identified Arizona and Kansas as being other states in which the dispensary manager was distributing marijuana. During the investigation, it was revealed that three of the reported managers of the dispensary were felons convicted for marijuana distribution. One of the managers was found to have an illegal marijuana grow inside her residence. She claimed to be growing the marijuana for the dispensary.

Suspect Claims to Smoke Marijuana from 162 Marijuana Plants On February 20, 2014, the U.S. Marshals Service arrested two fugitives in Pueblo, Colorado. The fugitives were arrested for a federal warrant out of Michigan for cultivating approximately 300 marijuana plants. When the fugitives were arrested, the U.S. Marshals Service observed an indoor marijuana grow operation with 162 marijuana plants and also subsequently found six firearms. DEA and Pueblo P.D. assisted in the investigation. One of the suspects stated all the marijuana, including several bags of pre-packaged processed marijuana, belonged to him and he used it for health reasons. He said he did not sell the marijuana but strictly smoked it all himself. The suspect had a medical marijuana card indicating he was a patient provider licensed by the State of Colorado in 2013. The card authorized him to grow up to twelve plants.

9 Pounds out the Back Door In January 2013, North Dakota DCI agents arrested a suspect in Fargo, **NORTH DAKOTA** with 9 pounds of marijuana. The officers found packaging for an additional 20 pounds during the search. The suspect admitted that he had purchased the marijuana out the back door of a medical dispensary in Colorado Springs.

Stolen Marijuana for Sale On May 10, 2013, Colorado Springs Police Department investigated a residential burglary. The investigation revealed that the suspects broke

into the residence to steal marijuana and sell it for $4,500 a pound in a **MIDWESTERN STATE**. Apparently the suspects knew the victim's girlfriend and her family who owned a dispensary in the city and had easy access to marijuana.

Wyoming Dealers Selling Colorado Marijuana In November 2013, the Cheyenne Police Department's Community Action Team was involved in several investigations in which the marijuana dealer admitted that he had purchased his marijuana in Colorado for distribution in **WYOMING**.

Several Bank Robberies Linked to Colorado Marijuana In January 2014, the FBI arrested two of three suspects linked to several bank robberies in southeastern Wyoming and northwestern Utah. During the post-arrest interview it was discovered that the suspects had planned to drive to Colorado to buy marijuana and return to Casper, **WYOMING** to commit the crime. Both suspects used marijuana in the days prior to the Casper robbery and it is assessed that it was purchased through Colorado sources.

Outlaw Motorcycle Gang Grow Operation On February 25, 2014, Denver Police Department stopped a vehicle for a traffic violation and subsequently seized 2 pounds of high-quality marijuana. The driver of the vehicle was employed as a "marijuana trimmer" at a warehouse in which marijuana plants are cultivated. Denver P.D., in conjunction with DEA, subsequently served three search warrants at three different warehouses in the city of Denver. In the first warehouse, officers seized 680 mature marijuana plants and 32 marijuana "clones." There was also a large amount of processed marijuana. At the second location, officers seized 234 mature marijuana plants and, at the third, 383 mature marijuana plants. These illegal marijuana grows were operated by individuals from **FLORIDA** who were in Colorado for the purpose of profiting from the liberal marijuana laws. The owners/operators also appeared to be affiliated with an outlaw motorcycle gang in Denver. Documents seized indicate this drug-trafficking organization was selling marijuana for $3,200 a pound and making a monthly profit of $125,000, with an annual profit of $1.5 million.

Some Examples of Diversion to Youth

Where Do Youth Get Their Marijuana? In June 2014, 100 school resource officers (SROs) completed a survey concerning marijuana in the schools. The majority were assigned to high schools, with an average tenure of 5-1/2 years as an SRO. They were

asked for their opinion on a number of questions (see Section 2 – Youth Marijuana Use). One question was: "Where do you believe the students get their marijuana?"

- 38 percent report friends who obtain it legally
- 23 percent report parents
- 22 percent report the black market
- 9 percent report medical marijuana dispensaries
- 4 percent report medical marijuana cardholders
- 3 percent indicate marijuana retail stores

A few examples cited include:

- 6th grade student with a hollow golf ball full of marijuana resin taken from his mom's bong
- Two students with marijuana admitted they got it from their parents. They said they watch their parents smoke marijuana all the time and see nothing wrong with it.
- Students have pot parties and get 21-year-old friends to buy the marijuana for them.
- Some kids report getting marijuana and accessories from their grandparents.
- A 17-year-old was being supplied marijuana by her parents. They also allowed the girl's friends to smoke marijuana in their home.
- A Senior with a medical marijuana card suspected of selling marijuana was followed to a medical marijuana dispensary. He purchased three containers of marijuana and a glass pipe. The student was later contacted and admitted to having sold marijuana to two other students. Apparently he had sent out a message that he was making a run to the dispensary if anyone wanted anything.

Man Accused of Giving Pot Cookies to Two Kids In late 2013, a Denver, Colorado man was charged with multiple felonies for providing two boys marijuana-laced cookies, which resulted in them being rushed to the hospital. The two boys, aged 13 and 15, unknowingly ate the cookies laced with marijuana that the man had baked and given to them when visiting their home.[8]

2-Year-Old Boy Tested Positive for THC A 2-year-old boy who died in a fire inside his parents' rental home in Sterling, Colorado tested positive for marijuana. The young boy was found not breathing and unconscious when firefighters pulled him out of his bedroom closet. The boy's mother is a medical marijuana user although she denies having marijuana accessible or having smoked around her children.[9]

Two Juveniles Steal 1 Pound of Marijuana and 7 Plants In February 2013, Colorado Springs (Colorado) Police Department officers were dispatched to a residence in reference to a harassment and possession of marijuana complaint. During the investigation, it was learned that the suspect, a juvenile, committed a burglary of a separate residence which was known to him and his friend to have a large amount of marijuana. The two juveniles stole approximately 1 pound of marijuana and 7 marijuana plants, which were later recovered in the juvenile's residence.

4th-Grader Selling Marijuana in an Elementary School In April 2014, a Greeley, Colorado 10-year-old 4th-grade boy was discovered selling marijuana to three other 4th-graders on the school playground for a profit of $11. Apparently a student, who didn't have the money to buy the marijuana, brought in marijuana edibles the next day to trade for the loose leaf version. It appears that both students got the marijuana from their grandparents without permission.[10]

Middle School Student with Marijuana Cookies A school resource officer reported that, on January 24, 2014, a 14-year-old male student was found with marijuana-infused cookies on the grounds of a metropolitan-area middle school. A friend of his was also found with a baggie of marijuana.

Student Brings Marijuana, Taken from Father, to School A school resource officer reported that, on January 22, 2014, a middle-school student took marijuana from his father and brought it to school, where he gave some to another student. The 14-year-old student was found smoking marijuana in the school bathroom.

Facebook® Friend A school resource officer reported that, in early 2014, a high-school student was found to be in possession of marijuana. The juvenile was later interviewed and indicated she bought the marijuana from a party who befriended her on Facebook. The adult was purchasing the marijuana then selling it to 14-year-old high school students.

Colorado Candy in 2014 Ms. Rachel O'Bryan, an attorney and member of Smart Colorado, cites an incident in a Westminster, Colorado middle-school where a student brought marijuana candies to school and shared them with friends. Some of the friends said they didn't know the candy contained marijuana. According to police, at least 15 middle school students were involved and 3 have been arrested. Several more are facing suspensions.

In another incident, reported in Steamboat Springs (Colorado), an 18-year-old man cleaning a condo ate a candy bar left behind by the renters without realizing it was infused with marijuana. He went to the hospital and was treated for an overdose.

O'Bryan said that she would prefer to see punishment of the adults – who presumably purchased the candy and made it accessible – than the students.[8]

"Dispensary" Edibles by Students In February of 2013, a Cheyenne (Wyoming) Police Department School Resource Officer was approached by students at a high school dance. The students requested an ambulance because they had consumed marijuana brownies and cookies and were experiencing difficulty breathing and rapid heart rates. An investigation resulted in serving a search warrant where officers seized marijuana, hashish, marijuana candy bars, marijuana "gummies" and miscellaneous other items with labels from a dispensary in Colorado. The investigation revealed that an individual purchased these items from a dispensary and then resold them to a Cheyenne resident who transported them to Wyoming for use and distribution.

Pueblo Elementary Students Cited for Marijuana Possession KRDO-TV (Colorado Springs, Colorado) reported that, in late January 2014, three elementary school girls were cited for drug possession after being caught with marijuana on school grounds. One of the girls told the school resource officer that she had brought it from her home because "it's legal and it's cool."

Comments

Nebraska Cops Want Colorado to Pay for Pot Enforcement "Nebraska police officers are increasingly frustrated with Colorado for what they say is an increase in pot trafficking in their state that they tie directly to the legalization of cannabis across their state's western border." According to the article, law enforcement feels over-burdened and suggests that Colorado should help their fight against pot. "They are wasting money and resources on a problem that Colorado should handle, they believe."[12]

Oklahoma Victim of Colorado Marijuana The movement of Colorado marijuana into neighboring states has scarcely escaped the attention of police in those states who say they have started tracking it more closely and believe Colorado's legalization of pot will only increase the influx. "It's already got a reputation in Oklahoma because of how strong it is," Mark Woodward, the spokesman for Oklahoma's Bureau of Narcotics and Dangerous Drugs, said of Colorado marijuana. "No question, the more access you have, the more demand you're going to have for this."[13]

Kansas Seizures Show Marijuana Flow from Colorado Kansas Highway Patrol (KHP) seizures reveal that marijuana is transported from Colorado to other states and illicit funds flow back to Colorado. During the seven-month period, from April through October 2013, 61 percent of KHP-related seizures of marijuana (to include high-grade, unknown-grade, commercial-grade, and edible products) originated from Colorado destined for 18 other states. Moreover, 71 percent of KHP-related seizures of high-grade marijuana originated from Colorado. During this same reporting period, 49 percent of KHP-related seizures of currency were destined for Colorado. Although Kansas is not the only state affected by marijuana trafficking, its proximity to Colorado allows the detailed reporting of seizures of KHP to be used to highlight the movement of marijuana from Colorado to states where marijuana is illegal.[14]

New Mexico Impacted by Colorado Marijuana "The New Mexico State Police chief has one simple message when it comes to the legalization of marijuana in our neighboring state of Colorado. 'If you buy it in Colorado, leave it in Colorado,' said Chief Pete Kassetas. Kassetas said in Raton, which is just a few miles from the Colorado/New Mexico state line, the number of drivers caught with small amounts of marijuana is on track to **more than double in just two years**."[26]

Indian Youth Hurt by Colorado's Marijuana Experiment "'Our youth are abusing marijuana as never before. The stuff they're smoking and eating comes to our kids still in its packaging from Denver.' I'm on the Pine Ridge Indian Reservation in South Dakota, a seven-hour drive from Denver. The attorney general for the Oglala Sioux Tribe, Tate (pronounced 'Taah'tay') Means – the daughter of the late American Indian Movement activist Russell Means – is describing how Colorado's experiment in marijuana legalization threatens law and order on one of the country's poorest Indian reservations. The Dakotas, New Mexico, Arizona – seems like wherever I travel – Native people ask me to talk about 'diversion,' the leakage of Colorado's state-legalized cannabis products on their teenagers and, yes, children. Colorado-driven marijuana diversion to other states seems to be everywhere these days. Over lunch recently in Cheyenne, Wyoming's governor, Matt Mead, wonders what Colorado is going to do about marijuana coming into his state's public secondary schools. It isn't whether diversion is happening, he says: Colorado's state-sanctioned packaging of marijuana candy and other edibles speaks for itself."[27]

California Growers Attracted to Colorado "…there are simply too many ways for pot to flow into the black market and out of Colorado for officials to be able to halt the current flow entirely. The incentives to illegal growers are clear: marijuana sells in the black market in Colorado for as little as $2,000 a pound, can go for $4,000 a pound

across state lines, and perhaps $6,000 a pound on the East Coast." said Denver Police Department Sergeant Andrew Howard.[15]

Texas, Mexico or Colorado Source? Police in Corinth (Texas) say the drug war in **NORTH TEXAS** is no longer just a concern along the Texas border with Mexico, but now includes Colorado where it's legal to purchase marijuana. Marijuana is now legal in the states of Washington and Colorado, but it's clear that marijuana in all its forms won't be contained by borders. Indeed, the new battle in Texas in the war on drugs is not along its southern border with Mexico, but simply keeping it from crossing state lines from places where it's already legal. Investigators in Corinth said they recently discovered flavored sodas, gummy bears, taffy, hard candy and other edibles, all containing highly-potent marijuana manufactured in Denver and brought to North Texas.[16]

High-Grade, High-Cost Marijuana According to Drug Enforcement Administration – Dallas Division spokesperson Tim Davis, "…Colorado has a significantly higher content of THC, the active ingredient in marijuana. It retails for $3,000 to $5,000 a pound, or more. There have been a number of seizures, hundreds of pounds of high-grade marijuana from Colorado," Davis said. "I don't know if it's the Emerald Highway, but it's happening more and more and we're going to see it continue."[17]

Tom Allman, Sheriff of Mendocino County (California), said, "We have been told by growers they are leaving CA and they're going to CO." Colorado Attorney General John Suthers said, "Our legal system gives you a kind of cover." "I think that's going to become the view: As far as marijuana is concerned, this is the Wild West."[18]

Oklahoma Expects Even More Colorado Marijuana Oklahoma authorities are bracing for an influx of marijuana after the new law took effect (January 1, 2014) in Colorado, legalizing the recreational sale of the drug. Cimarron County, which shares a border with Colorado, has also seen a steady flow of marijuana coming from Colorado for several years, according to Sheriff Bob White. Mark Woodard, of the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, said that Oklahoma will likely see more marijuana because of the change in law. He said that the state saw a boost in marijuana activity after Colorado legalized medical marijuana in 2010. "We started seeing shipments of high-grade marijuana coming from Colorado into Oklahoma. The concern is that it is only going to get worse."[19]

Wyoming Expectations from Southern Neighbor's Legalization of Marijuana Wyoming law enforcement officers expect to see an increase in marijuana arrests since

recreational marijuana is legal in their neighboring state. The sheriff of Albany County, Wyoming, which borders Colorado, told the *Laramie Daily Boomerang* that marijuana arrests surged after Colorado approved medical marijuana in 2000. He expects a similar boost now.[20]

Colorado a Source for Black Market Marijuana Matthew Barden, Resident Agent in Charge of the DEA – Colorado Springs Field Office, cites examples of Colorado becoming a source state. According to Barden, "In 2011 for the first time, Colorado marijuana seizures surpassed that of California." The DEA – St. Louis Field Division recorded 210 arrests involving Colorado-grown marijuana between 2005 and 2009. During 2009 – 2012 that number grew to 968; almost a five time increase. The article cites a seizure of 476 pounds of marijuana by the Nebraska Highway Patrol that was coming from Denver en route to Wisconsin.[21]

Defense Attorney Cites Colorado Marijuana Fort Worth, Texas attorney David Sloan said, "With a great deal of success, they [Texas Highway Patrol] are apprehending a number of persons transporting varying amounts of marijuana from Colorado into the state of Texas.[22]

Colorado Pot Trade is Smoking Nebraska Panhandle Budgets Ever since Colorado legalized the sale of marijuana for medical and recreational use within the state, Deuel County (Nebraska) deputies have reeled in more people illegally bringing pot across the state-shared border. Deuel County Sheriff Adam Hayward said, "We're just scratching the tip of the iceberg compared to what's out there." The sale of retail pot in Colorado is increasing the challenge to Nebraska law enforcement agencies. Deputies are also encountering more drug-impaired drivers. Last year, Deuel County recorded more driving-under-the-influence cases related to drugs than to alcohol. Colorado has replaced Mexico, he said, as the source of the vast majority of marijuana in Nebraska and other states. He said it's relatively easy to slip Colorado marijuana into Nebraska. The sheriff cited a case of four Minnesota teenagers were found with 1 pound of marijuana. Investigation revealed the boys made regular drives to Denver on weekends. They would obtain their marijuana from a medical dispensary employee for about $2,500 a pound and sell it for $6,000 a pound in Minnesota. The sheriff stated, "You can't tell me that Colorado has it regulated when kids from three states away can figure out how to make a better living than you or I by running to Denver and picking up weed, taking it back and selling it," he said. "They were making about $4,000 profit a week."[23]

Marijuana Trafficking on the Rise in States Near Colorado "The Drug Enforcement Administration is concerned about a surge in the illegal shipment of

marijuana from Colorado since the state legalized the drug and is trying to crack down on minors' use of the substance," the head of the agency said Wednesday. …in Kansas, she said there was a 61 percent increase in seizures of marijuana from Colorado.[24]

Amarillo, Texas Seizes 2,678 Pounds of Marijuana In 2013, the Texas Highway Patrol, stationed in the Amarillo district, seized 2,678 pounds of marijuana coming from Colorado, California and Washington.[25]

Out-of-State Growers In interviews, several Colorado task force commanders reported that out-of-state residents were taking advantage of Colorado marijuana laws to establish grow operations to ship marijuana back to their state for profit. States identified include Texas, Oklahoma, New Mexico, Idaho and Florida. In one case the individual was from Mexico.

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SECTION 8: Diversion by Parcel

Introduction

This section examines whether Colorado's legalized medical marijuana industry and the recent legalization of marijuana for recreational use has established Colorado as a source state for marijuana for other parts of the country. The use of parcel packages as a drug transportation method has gained popularity with drug traffickers.

The available information compares the years 2009 through 2013 considered the medical marijuana commercialization/expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

- **2006 – 2008**: There were between 1,000 and 4,800 medical marijuana cardholders and no known dispensaries operating in Colorado.
- **2009 – Current**: There were over 108,000 medical marijuana cardholders and 532 licensed dispensaries operating in Colorado by the end of 2012. See the introduction at the beginning of this report for more details on the commercialization and explosion of Colorado's medical marijuana trade.
- **2013 – Current:** In November 2012, Colorado voters passed Constitutional Amendment 64 which legalized marijuana for recreational purposes for anyone over 21 years of age. The amendment also allowed for licensed marijuana retail stores, cultivation operations and edibles manufacturing.

Findings

- From 2009 - 2013, the number of intercepted U.S. mail packages of marijuana from Colorado, has increased each year:[1]
    - In 2009: **0** parcels
    - In 2010: **15** parcels
    - In 2011: **36** parcels
    - In 2012: **158** parcels
    - In 2013: **207** parcels
        - **1,280** percent increase from 2010 to 2013

- From 2009 – 2013, the total pounds of marijuana seized from U.S. packages mailed from Colorado has increased each year:[1]
  - In 2009: **0** pounds
  - In 2010: **57.20** pounds
  - In 2011: **68.20** pounds
  - In 2012: **262.00** pounds
  - In 2013: **493.05** pounds
    - **762** percent increase from 2010 to 2013

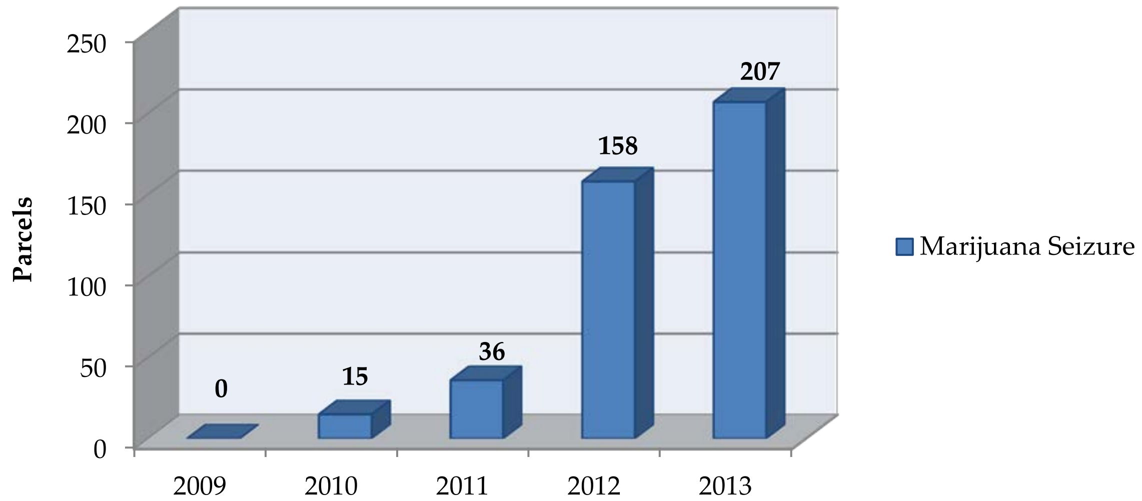
- Between 2010 and 2013, the number of states destined to receive marijuana mailed from Colorado has increased each year:[1]
  - In 2010: **10** states
  - In 2011: **24** states
  - In 2012: **29** states
  - In 2013: **33** states
    - **230** percent increase from 2010 to 2013

- The 2013 top five states where intercepted marijuana parcels from Colorado were destined:[1]

  1. Florida: **25** parcels
  2. Maryland: **21** parcels
  3. Illinois: **20** parcels
  4. Missouri: **19** parcels
  5. Virginia: **15** parcels

NOTE: **THERE ARE NO ESTIMATES OF HOW MUCH COLORADO MARIJUANA WAS MAILED AND NOT INTERCEPTED. INTERDICTION EXPERTS BELIEVE THE PACKAGES SEIZED WERE JUST THE "TIP OF THE ICEBERG."**

Data

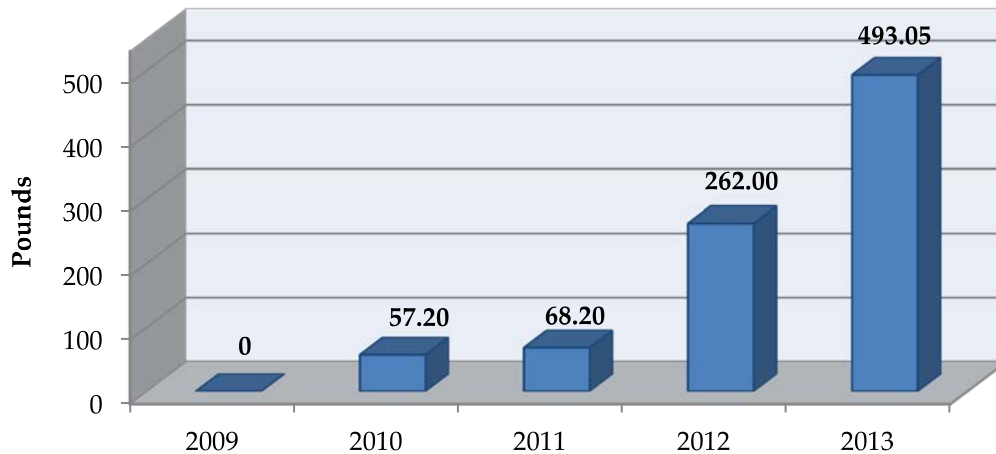


SOURCE: United States Postal Inspection Service – Prohibited Mailing of Narcotics

NOTE: THESE FIGURES ONLY REFLECT PACKAGES SEIZED; THEY DO NOT INCLUDE PACKAGES OF COLORADO MARIJUANA THAT WERE MAILED AND REACHED THE INTENDED DESTINATION.

CORRECTION: IN THE AUGUST 2013 REPORT (PAGE 53), ROCKY MOUNTAIN HIDTA PROJECTED THAT 209 PACKAGES WOULD BE SEIZED IN 2013 ON A GRAPH SIMILAR TO THE ONE ABOVE. HOWEVER, THE NOTATION MISTAKENLY STATED THAT 209 PACKAGES WERE ACTUALLY SEIZED FROM JANUARY – MAY 2013. THAT NOTATION WAS AN ERROR.

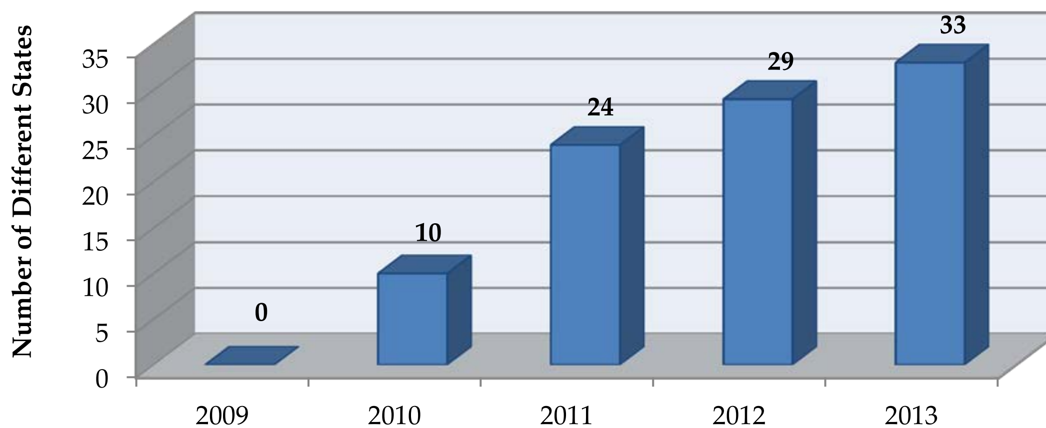
Pounds of Marijuana Seized by the U.S. Postal Inspection Service



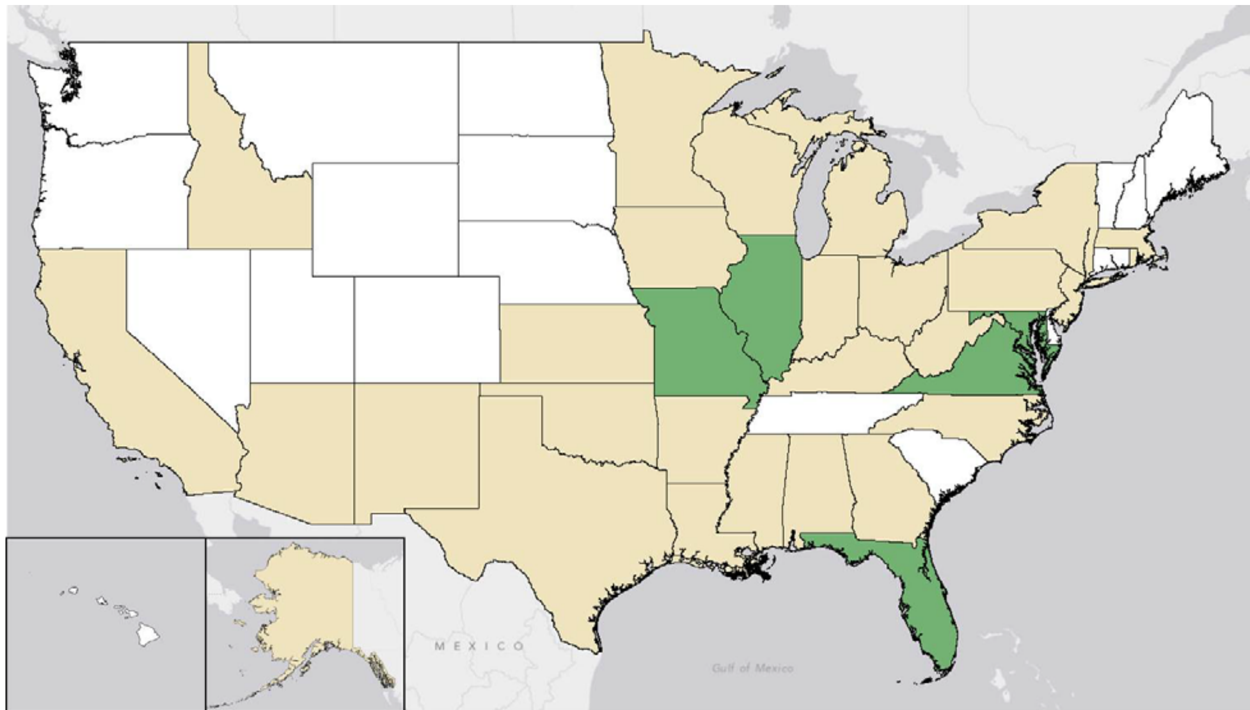
SOURCE: United States Postal Inspection Service – Prohibited Mailing of Narcotics

NOTE: THESE FIGURES ONLY REFLECT PACKAGES SEIZED; THEY DO NOT INCLUDE PACKAGES OF COLORADO MARIJUANA THAT WERE MAILED AND REACHED THE INTENDED DESTINATION.

Number of States Destined to Receive Marijuana Mailed from Colorado



SOURCE: United States Postal Inspection Service – Prohibited Mailing of Narcotics



2013 States Where Intercepted Marijuana Parcels from Colorado Were Sent

= 15 or more parcels seized by USPIS

= 1-14 parcels seized by USPIS

= No parcels seized by USPIS

SOURCE: United States Postal Inspection Service

Some U.S. Postal Service Case Examples

Large Marijuana Parcel Operation with Possible Russian Organized Crime Ties

In October 2013, Chesterfield County Police Department (Virginia) initiated an investigation into a major operation mailing packages of Colorado marijuana to other states including **VIRGINIA**. The police department was joined by the U.S. Postal Inspection Service and Colorado law enforcement in pursuing the investigation. The primary leader of this operation, residing in Lakewood, Colorado, was using a warehouse as well as a condominium and his residence to grow the high-grade marijuana. Law enforcement authorities estimate this group was responsible for sending between 24 to 60 pounds of marijuana monthly to out-of-state customers. The case concluded in March 2014 with several subjects being arrested and the service of two search warrants. Pursuant to the search warrants, officers seized grow operations, bulk marijuana and over one-quarter million dollars in illegally-gained assets. The

investigation was able to substantiate the operation's involvement with **ILLINOIS** and **GEORGIA** as well as suspected Russian organized crime.

Eleven People Arrested in One Week Between February 25, 2013 and March 1, 2013, the Summit County (Colorado) Sheriff's Office and United States Postal Inspection Service arrested 11 individuals, seized $29,000 in cash and over 13.5 pounds of marijuana and marijuana edibles. These 11 dealers were not associated to each other but were using the U.S. Postal Service to send marijuana to **WISCONSON**, **ILLINOIS** and **ALABAMA**.[2]

Maryland Seizure of Colorado Marijuana On July 19, 2013, 14.55 pounds of marijuana was seized by the Baltimore Metropolitan Initiative as part of a joint interdiction operation between Maryland State Police and the U.S. Postal Service. The marijuana originated in Highlands Ranch, Colorado and was destined for Baltimore, **MARYLAND**.[3]

Boulder Trafficker Using U.S. Mail In 2013, a Boulder, Colorado resident was indicted for money laundering based on the distribution of marijuana and MDMA (ecstasy). The U.S. Postal Inspection Service was able to document this trafficker used the mail system to ship drugs on 28 occasions, totaling over 14 pounds of marijuana. Destinations included **WISCONSIN**, **MASSACHUSETTS** and **CALIFORNIA**.[2]

North Metro Drug Task Force and the U.S. Postal Service In the first quarter of 2014, the North Metro Drug Task Force was involved in seven separate cases in which Colorado marijuana was being sent outside the state through the U.S. mail. Destinations included **WYOMING** and **MINNESOTA**.[4]

Courier Delivery Service Companies

There are courier delivery service companies, with locations throughout the country, from which Colorado marijuana destined for other states have been seized. There is no central tracking system for seizures, such as the U.S. Postal Service; however, some examples include:

24 pounds of Colorado Marijuana to Maryland On October 11, 2013, investigators from Baltimore Metropolitan Initiative were contacted by United Parcel Service (UPS) Security in reference to suspicious parcels. Twenty-four pounds of marijuana was seized coming from Longmont, Colorado destined for Baltimore, **MARYLAND**.[3]

Colorado Marijuana Seized in Kentucky In 2013, 26 individual packages were sent from Colorado containing 174.5 pounds of marijuana destined for 12 different states.[5]

- All 26 packages were seized through a courier delivery service company.
  - Destination states included Florida, Illinois, Georgia, Louisiana, New York, Pennsylvania, Arizona, Idaho, Kentucky, Massachusetts, Virginia and West Virginia.

Colorado Marijuana Intercepted in North Florida In 2013, 13 separate packages sent from Colorado, containing 40.50 pounds of marijuana, were destined for Florida.[6]

- Seven packages were sent through the United States Postal Service.
- Six packages were sent through a courier delivery service company.
  - Origination cities included: Aurora, Boulder, Colorado Springs, Denver, Englewood, Fort Collins and Golden.
  - Destination cities in Florida included: Fernandina Beach, Palatka and Jacksonville.

Colorado Marijuana Seized in Houston In 2013, six separate packages sent from Colorado, containing 3.39 pounds of marijuana, were destined for five different cities in Texas.[7]

- All six packages were seized through the U.S. Postal Inspection Service.
  - Origination cities include: Aurora, Denver, Highlands Ranch and Lafayette.
  - Destination cities in Texas include: Alvarado, El Paso, Frisco, Houston and Katy.

Colorado Marijuana Seized in Ohio In 2013, three separate packages sent from Colorado, containing 5.7 pounds of marijuana, were destined for three different cities in Ohio.[8]

- Two packages were seized through the United States Postal Inspection Service and one through a courier delivery service company.
  - Origination cities include: Aurora and Denver.
  - Destination cities in Ohio include: Columbus, Oregon and Walbridge.

Three FedEx Packages of Colorado Marijuana Shipped to Illinois and Kansas On January 4, 2013, West Metro Drug Task Force was contacted regarding three packages containing marijuana. An unknown female brought in a package containing 5.86 pounds of marijuana destined for Illinois. Two additional packages were brought in by a couple. The packages contained 19.53 pounds of marijuana and were destined for Kansas.[9]

Canine Alerts on Pot Package On June 13, 2013, Arvada, Colorado Police were dispatched to a local courier delivery service company regarding a suspicious package. A canine alerted on the package and a search warrant was obtained. Authorities seized nine plastic packages containing 16.29 pounds of marijuana. Through further investigation, a suspect was arrested and charged with distribution of marijuana. The package was destined for Philadelphia.[9]

7 Pounds of Colorado Marijuana to New York On July 19, 2013, Arvada, Colorado Police responded to a suspicious package at a local courier delivery service company. A search warrant for the package produced six packages of marijuana weighing a total of 7.17 pounds. The package was destined for New York. Authorities were able to match fingerprints to the picture on the security video and charged the individual with distribution of marijuana.[9]

43 Marijuana Plants Seized On August 22, 2013, West Metro Drug Task Force's canine alerted on a package from Connecticut containing $4,360. The package was addressed to a Lakewood, Colorado residence. Authorities conducted a controlled delivery and discovered the resident had a grow of 99 marijuana plants in his home. The resident was only authorized to have 6 plants, and 50 plants for his friend in Leadville, Colorado. Authorities seized 43 plants and the $4,300 from the courier delivery service company package. The resident was later arrested for cultivation of marijuana.[9]

Package Containing Drug Money On August 22, 2013, West Metro Drug Task Force intercepted a courier delivery service company package from Georgia destined for Lakewood, Colorado. West Metro conducted a controlled delivery to the Lakewood address. The resident admitted that the package was for him and stated it should contain $9,000. The money was for 1 pound of marijuana and some edibles that had been sent to his friend in Georgia. He admitted to mailing marijuana to an undisclosed address the previous week and received an additional $9,000. He was later arrested for distribution of marijuana.[9]

Colorado Marijuana Candy Found in Missouri Southwest Missouri Drug Task Force intercepted bags of candy infused with marijuana shipped from Colorado to Pineville, Missouri. "The candy resembled lemon drops, gummy bears and mints."[10]

Colorado Hash and Edibles Mailed to Illinois On November 1, 2013, West Metro Drug Task Force responded to a local courier delivery service company store regarding three suspicious packages emitting a marijuana smell. The canine alerted on the

packages and a search warrant was obtained. The packages contained a total of 2,400 grams of marijuana and 582.9 grams of hash and edibles. A warrant for distribution of marijuana was requested for the originator of the packages.[9]

Ships Colorado Marijuana to Self The Northern Colorado Drug Task Force (NCDTF) was notified that two packages of suspected marijuana from Fort Collins were at a courier delivery service company facility. The NCDTF determined that the person listed on the return label was fictitious, and the packages were addressed to a subject in Kansas City, Missouri. It was determined that 4.7 pounds of marijuana was concealed in potato chip bags. The marijuana was repackaged and the NCDTF detective worked with Kansas City (Missouri) P.D. to conduct a controlled delivery in their jurisdiction. The suspect was arrested and admitted that he had flown to Fort Collins where he bought the marijuana before shipping it to his own address in Kansas City.[11]

Package Leads to Cultivation Operation During the first quarter of 2014, the Northern Colorado Drug Task Force (NCDTF) received information about marijuana that was being diverted from Fort Collins to a subject in Chadron, Nebraska. A NCDTF detective evaluated the package and worked with the Nebraska WING Task Force to conduct a controlled delivery of the contraband to a target in that state. Inside the package was 14.2 grams of marijuana, two THC-laced candies and marijuana growing instructions. WING Task Force detectives conducted a delivery of the package, which resulted in a search. They discovered a marijuana growing operation, including plants and indoor equipment, which lead to an arrest.[11]

United Parcel Service Shipping Colorado Marijuana to Minnesota On May 20, 2013, Vail Police seized three Ziploc® bags, containing 5.9 pounds of marijuana candy, from a courier delivery service company. The package was being shipped from Vail, Colorado to Minnetonka, Minnesota.[12]

Sources

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[7] Houston Texas High Intensity Drug Trafficking Area report, January - December 2013, accessed February 18, 2013

[8] Ohio High Intensity Drug Trafficking Area report, January - December 2013, accessed February 18, 2013

[9] Commander Regina Marinelli, West Metro Drug Task Force, personal interview, April 15, 2014

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[11] Northern Colorado Drug Task Force quarterly report to Rocky Mountain HIDTA, January to March, 2014

[12] Two Rivers Drug Enforcement Team report, March 13, 2014

SECTION 9: THC Extraction Labs

Introduction

Since the *de facto* and actual legalization of marijuana, many new trends have developed. The emergence of the THC extraction lab, commonly referred to as a butane hash oil (BHO) lab, is a prime example. The major draw to marijuana extraction is the potency of the final product. Some marijuana concentrates can contain 80-90 percent THC, whereas an average size marijuana cigarette averages 10-15 percent THC. Marijuana users state that vaporizing even a small amount of marijuana concentrate produces a more euphoric high than smoking.

There are several solvents that can be used during the extraction process, including acetone, butane, carbon dioxide (CO_2), hexane and rubbing alcohol. However, butane hash oil extraction has become an increasingly popular method of producing marijuana concentrate. The process involves forcing butane through an extraction tube filled with finely-ground marijuana. The residue that emerges from the other end is a mixture of highly-concentrated THC and butane. Once the butane has completely evaporated, the final product is a viscous liquid known as “dab”, “wax”, “shatter”, or “earwax,” to name a few. This product does not emit the characteristic odor of traditional marijuana.

Butane is a very volatile and explosive solvent. Flash fire explosions have originated from the butane used in the extraction process. Several elements can spark a deadly explosion, such as static electricity, open flame from a cigarette lighter, or a simple electric switch. This process has sent several individuals to the hospital for burn treatments and the numbers continue to rise.

The information in this section covers the medical marijuana commercialization and expansion era (2009 – current) and the recreational marijuana era (2013 – current) in Colorado.

Findings

- **In Colorado** for 2013, there were **12** reported THC extraction lab explosions and **18** reported injuries:[1]
    - Aurora = 2
    - Carr = 1
    - Colorado Springs = 3
    - Denver = 1
    - Fort Collins = 1
    - Lakewood = 1
    - Longmont = 1
    - Severance = 1
    - Steamboat Springs = 1

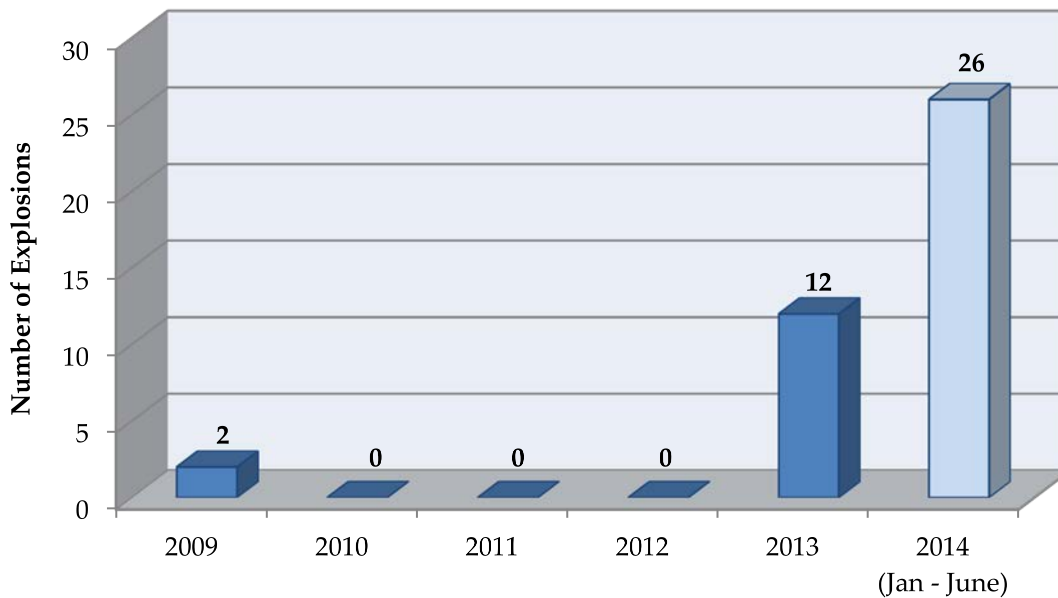
- In the first six months of 2014 there have been approximately 26 confirmed explosions and 27 reported injuries.[1] The number of confirmed explosions in just six months of 2014 more than doubled the total reported in 2013.[1]
    - Aurora = 2
    - Broomfield = 1
    - Colorado Springs = 3
    - Denver = 7
    - Englewood = 1
    - Fountain = 1
    - Grand Junction = 4
    - Leadville = 2
    - Littleton = 1
    - Manitou Springs = 1
    - Northglenn = 1
    - Pagosa Springs = 1
    - Thornton = 1

NOTE: THE NUMBER OF THC EXTRACTION LAB EXPLOSIONS ONLY REPRESENTS THE INCIDENTS THAT HAVE BEEN REPORTED TO, AND CONFIRMED BY, ROCKY MOUNTAIN HIDTA. THERE IS NO WAY OF KNOWING HOW MANY ACTUAL LAB EXPLOSIONS ACTUALLY HAVE OCCURRED IN COLORADO. CURRENTLY THERE IS NO CENTRAL DATA REPOSITORY TO COLLECT INFORMATION ON THC EXTRACTION LABS. DEA'S EL PASO INTELLIGENCE CENTER (EPIC), AND ITS CLANDESTINE LABORATORY SEIZURE SYSTEM (CLSS), COULD BE USED.

- Reported injuries from the extraction lab explosions in Colorado.[1]
    - 2013: 18 injuries reported
    - Six months of 2014: **27** injuries reported
        - This is a **50 percent** increase in only six months of 2014 compared to all of 2013

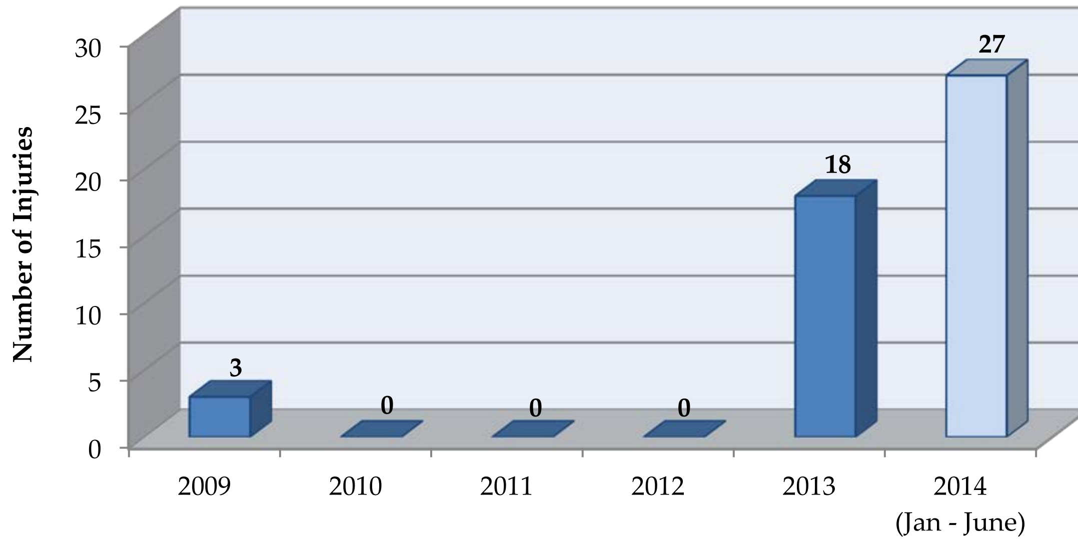
- The University of Colorado Hospital Burn Unit treated self-admitted burn patients from extraction lab explosions/fires.[2]
    - In 2011, the Burn Unit had treated **1** self-admitted patient
    - In 2012, the Burn Unit had treated **1** self-admitted patient
    - In 2013, the Burn Unit had treated **11** self-admitted patients
    - As of April 30, 2014 (four months) the Burn Unit has treated **10** self-admitted victims

Data



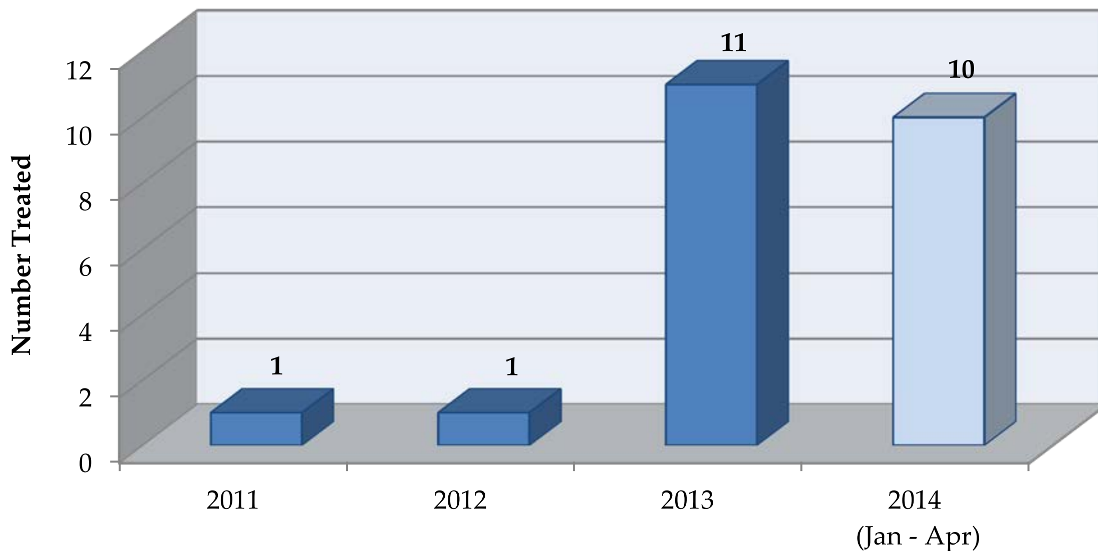
SOURCE: **Rocky Mountain HIDTA Investigative Support Center**

Colorado Reported THC Extraction Lab Explosion Injuries



SOURCE: Rocky Mountain HIDTA Investigative Support Center

University of Colorado Hospital THC Extraction Lab Self-Admitted Burn Victims



SOURCE: University Hospital Burn Unit – University of Colorado Hospital

NOTE: SOME OF THE INJURIES FROM THE EXTRACTION PROCESS INCLUDE, BUT ARE NOT LIMITED TO, SEVERE BURNS TO THE HANDS, ARMS AND FACE. THE UNIVERSITY HOSPITAL BURN UNIT – UNIVERSITY OF COLORADO HOSPITAL REPORTS SEVERAL CASES IN WHICH SKIN GRAFTS WERE REQUIRED TO REPAIR THE INJURIES.[2]

Some Case Examples

Four Transported to Hospital After Explosion at Condominium In June 2013, four people were injured in an explosion inside a condominium unit in Steamboat Springs. The individuals were between the ages of 15 and 18, with one subsequently flown to a Front Range hospital for advanced treatment. The police believe the explosion occurred when the teens were making a marijuana concentrate called earwax.[3]

Carr Home Goes "Kaboom" In November 2013, a "white clapboard house in the tiny northern Colorado town of Carr went kaboom, the roof lifted off the top. The chimney fell over. Windows blew out. Three people went to a hospital. A young boy injured in the explosion said two men in the house were attempting to make 'oil that you use to smoke weed.'" The process involves highly-flammable chemicals, considerable risk and uncertain legality. Fire officials across Colorado say they are concerned the states' new laws on marijuana will lead to more incidents."[4]

Longmont Garage Blows In December 2013, three men were in the garage of a Longmont home when their butane hash oil lab exploded.[5]

"Some believe that legalized pot is resulting in some unwanted consequences such as Thursday's home explosion in Longmont that happened when police said three men were trying to make hash. "[6]

Colorado Springs Explosion In December 2013, police reported an explosion in an apartment in Colorado Springs was caused by a man attempting to make hash oil with a butane torch. The explosion happened in an apartment complex, which sustained significant damage. Although no one in the apartment building was injured, the man making the hash oil suffered injuries.[5]

Need Cash? Make Hash! In January 2014, a Fort Collins man was charged with arson after an explosion in his apartment occurred while making hash oil. The subject had just bailed out of jail and decided to make hash because he needed some cash. He left the mixture in a freezer, which exploded blowing out windows, knocking the

refrigerator door off its hinges and rocking the entire apartment building. The subject admitted he wasn't taking the full steps in the process he had learned on YouTube.[7]

Teenager Causes Explosion Aurora Fire Department Captain Klein reported that, on January 1, 2014, a 15-year-old used a microwave to manufacture marijuana concentrate in his parents' home. The teenager's siblings were present in the home during the explosion. The 15-year-old was charged with two counts of reckless endangerment, 4th degree arson, a minor in possession, and manufacturing a controlled substance.

Hash Oil Fire Thornton Police Department Detective Goin reported that, on January 4, 2014, a Thornton Police Department detective responded to a fire. The resident stated he was a medical marijuana cardholder. He had a marijuana grow in the basement, but stated he was not making hash oil. The detective discovered approximately 11 butane cans in the kitchen. The refrigerator had exploded, which was where the fire originated. The floor joists of the second floor were exposed in the kitchen ceiling. The basement had 3 makeshift grow rooms with approximately 57 plants. The explosion was caused by a hash oil process experiment gone wrong. The officer and fire investigator believe that a spark from the refrigerator ignited the butane vapors, causing the explosion.

Butane Cans Exploding All Around Denver Fire Department Technician Cole reported that, on January 14, 2014, Denver Fire responded to a fire call. During suppression efforts, butane canisters, used for extracting THC, were actively exploding around the first-responders. This explosion caused minor burns and respiratory injury to one individual.

Two Transported to Hospital Denver Fire Department Technician Cole reported that, on January 18, 2014, Denver Fire Department responded to a residential fire. Neighbors reported flames visible through the windows of the home. Two individuals were transported to the hospital with moderate burns. After the fire was contained, first-responders noticed that the explosion blew out the ductwork in the home. Firefighters located several canisters containing combustible and flammable gas used for extracting THC in the home.

Skin Falling Off Victim's Face Englewood Police Department Lieutenant Rolens reported that, on January 18, 2014, a fire erupted in a shed in the back yard of an Englewood, Colorado home. Two adult males claimed they were playing with fireworks, which caused the shed to catch fire. During their burn treatment, one of the males admitted that the actual cause of the fire was the production of marijuana

concentrate. Injuries included burns to the face and hands. One victim had skin falling off his face due to burns from the explosion. A neighbor's home suffered structural damage from the explosion.

Thornton THC Extraction Lab Thornton Police Department Sergeant Gerhardt reports that, on January 22, 2013, Thornton Police Department investigated a possible meth lab but found it to be a THC extraction lab. The resident said that a friend of his works in the medical marijuana industry and told him how to do the process. He said the friend also gave him the marijuana leaves for the extraction.

Static Electricity Causes Explosion Aurora Fire Captain Klein reported that, on February 8, 2014, a 55-year-old male suffered 1st degree and 2nd degree burns to 27 percent of his body. The 55-year-old male stated that he has been manufacturing marijuana concentrate by way of butane extraction for years. His process was normally conducted outdoors; however, he decided to make the concentrate inside the apartment, unannounced to his roommate who was upstairs during the process. His roommate came downstairs while the process was taking place. Static electricity generated by the roommate initiated an explosion.

Licensed Marijuana Cardholder Sets House on Fire Leadville Police Department Sergeant Bertola reported that, on February 7, 2014, a 27-year-old male suffered 1st degree burns to his face, neck and arm from a residential hash oil explosion. The male had a medical marijuana card which he believed authorized him to produce marijuana edibles. The victim had tampered with the house electrical panel in order to provide more lighting and ventilation for his marijuana plants. The explosion occurred during flammable liquid transfer from a larger propane tank to a handheld torch the victim was using. A small amount of flammable gas escaped during the process, and a nearby candle sparked the explosion. There were three dogs in the house at the time of the explosion. The kitchen had 12 quart-sized jars filled with marijuana and the house contained over 82 marijuana plants in three separate rooms.

"Honey Oil" Fire West Metro Fire Captain Kirkpatrick reported that, on February 16, 2013, West Metro Fire responded to a structure fire in Lakewood, Colorado. The fire/explosion was caused by the ignition of butane vapors used in an attempt to extract THC oil from marijuana. A neighbor felt "a violent concussion" in her residence. Another neighbor across the street also felt and heard the explosion. This neighbor ran to the house and noticed between four and six males in their early 20's trying to extinguish the fire. "He noted that one had what appeared to be an amputated thumb, and that at least four of them had various burn injuries and lost or damaged clothing. He stated that two of them jumped into a pickup truck and fled the scene." One of the

residents confirmed that butane was used in the process. The firefighter/paramedic stated the victim "had burns to his face, more severe around his right ear, and lines of demarcation where his clothing would have been. His hands and forearms were bandaged in gauze."

Hash Oil Explosion Shakes Building, Rattles Neighbors In March, 2014, there was an explosion in a Colorado Springs apartment complex as a man was trying to make butane hash oil. According to a neighbor, the third-story apartment explosion "rocked the whole building". Apparently the windows blew out, landing on the parking lot three stories down and several yards from the building. One of the neighbors is quoted as saying, "Putting other people's lives at risk just so you can have something you want is selfish."[8]

Motel Fire Caused by Hash Oil Explosion In March 2014, Grand Junction (Colorado) Police Department investigated an explosion at a motel complex. Apparently a man and woman were trying to make marijuana butane hash oil when it exploded and caused a fire. The man and woman ended up in the hospital.[9]

Collateral Damage to Apartments Archuleta County Sheriff's Office Corporal Bishop reported that, on March 22, 2014, a 21-year-old admitted to manufacturing marijuana concentrate in an apartment. The process exploded, which set off the sprinkler system and flooded four other apartments. The explosion was heard and felt throughout the complex. The victim suffered burns to his face and severe lung injuries. Victim was airlifted to a nearby hospital due to the severity of his injuries.

Ball of Fire On April 23, 2014, Denver Fire responded to the1200 block of South Lipan Street at 12:44 p. m. An explosion had occurred and injured three people in a marijuana grow house. Neighbors reported hearing a big boom and seeing a ball of fire coming from the grow house. Three people were transported to the hospital with 2nd-degree burns. A neighbor who witnessed the explosion stated she saw several people run from the building and flee the scene after the explosion.[10]

Licensed Facility Explosion On June 24, 2014, Denver Fire Department reported that a licensed marijuana-infused production facility experienced a THC extraction explosion. Apparently the employees did not follow proper protocol and they were not using the correct equipment during the vaporizing phase in the production of hash oil. The facility did not have permits for the alcohol extraction method they were using to produce hash oil. The fumes found their way to an ignition source and the flash fire erupted. This flash fire was so large, it set off the sprinkler system. No one was injured from this incident.[19]

Related Material

"What Did I Do?" Wayne Winkler, THC lab extraction burn victim: "It wasn't worth the risk. It was the worst pain of my life." Wayne Winkler is a self-admitted butane hash oil burn victim. Winkler suffered severe burns to over 12 percent of his body requiring skin grafts and several days of intensive care at University of Colorado Hospital.[15]

"My hands literally melted off in one instant." Winkler said. "And I'm burning alive." "I had no skin on my fingers to even dial my phone," he said. "I just said, Oh, my God. What did I do? What did I do?"[16]

Burn Unit Nurse Manager Boyle University of Colorado Hospital Burn Unit: "The injuries are traumatic and life-changing."[17]

"Each month, patients arrive at the University of Colorado Hospital's Burn Center with deep, painful burns, almost all of which require surgery."[18]

Heard a Boom Cindy Gilmore, neighbor of THC extraction lab: "We heard these booms," said Cindy Gilmore. "A big ball of flame was coming out of the back of the building."[10]

Is "Dabbing" the Crack of Pot? "Butane hash oil (BHO) – also known as dabs, honey oil, wax, oil, shatter, or budder – is a potent marijuana concentrate that can exceed 80 percent THC content. Growing in popularity in recent years, BHO is hailed as some as 'the future of cannabis', while others fear it could harm the image of the legalization movement."[11]

Hashish: An Explosive, Sometimes Deadly, Means to Higher Highs "As more people seek the higher highs of hashish, the folks making the marijuana product risk fiery explosions that have killed at least one person in Fort Collins. A man making butane hash in a unit at the El Palomino Motel in 2009 died after trying to light a cigarette dipped in some of the product, authorities said. The explosion's fire could be seen for miles. Ricky "Tennessee" Pressley, 44, suffered burns to 55 percent of his body and died in a hospital several days later, according to the autopsy report."[12]

More Marijuana Users Making Butane Hash Oil; Explosions in Colorado on the Rise "Wayne Winkler said one mistake changed his life forever. He was making butane hash oil inside his home in 2012, as a favor for a friend. When he walked past the stove, the oil exploded in his hands. 'My hands literally melted off in one instant,' Winkler said, 'and I'm burning alive.' Camy Boyle, Associate Nurse Manager at the

(University of Colorado Hospital) in the hospital's burn unit, said the injuries are traumatic and life-changing. 'All of the burns are very deep,' Boyle said. 'The majority of them required some type of surgical intervention.'"[13]

Colorado Sees Spike in Home Hash Oil Explosions with Legalized Pot "The opening months of Colorado's first-in-the-nation recreational marijuana industry have seen a rise in fiery explosions and injuries as pot users try to make the drug's intoxicating oil in crude home-based laboratories. Since January 1, when sales began, the state's only certified adult burn center has treated 10 people with serious injuries they suffered while making hash oil, compared with 11 in 2003 and 1 in 2012."[14]

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[13] Theresa Marchetta and Sandra Barry, ABC 7 News, May 7, 2014, "More marijuana users making butane hash oil; explosions in Colorado on the rise," <http://www.thedenverchannel.com/news/call7-investigators/more-marijauna-users-making-butane>, accessed May 7, 2014

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[16] Theresa Marchetta and Sandra Barry, loc. cit.

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[18] Sadie Gurman, loc. cit.

[19] Denver Fire Department, "Hash Oil Write-Up," e-mail message, July 8, 2014

SECTION 10: Related Data

Topics

- Crime
- Organized Crime
- Marijuana-related Pet Poisoning
- Revenue
- Demand and Market Size
- Marijuana Use and Alcohol Consumption
- THC Potency
- Local Jurisdiction Response to Amendment 64
- Numbers of Marijuana Businesses

Crime

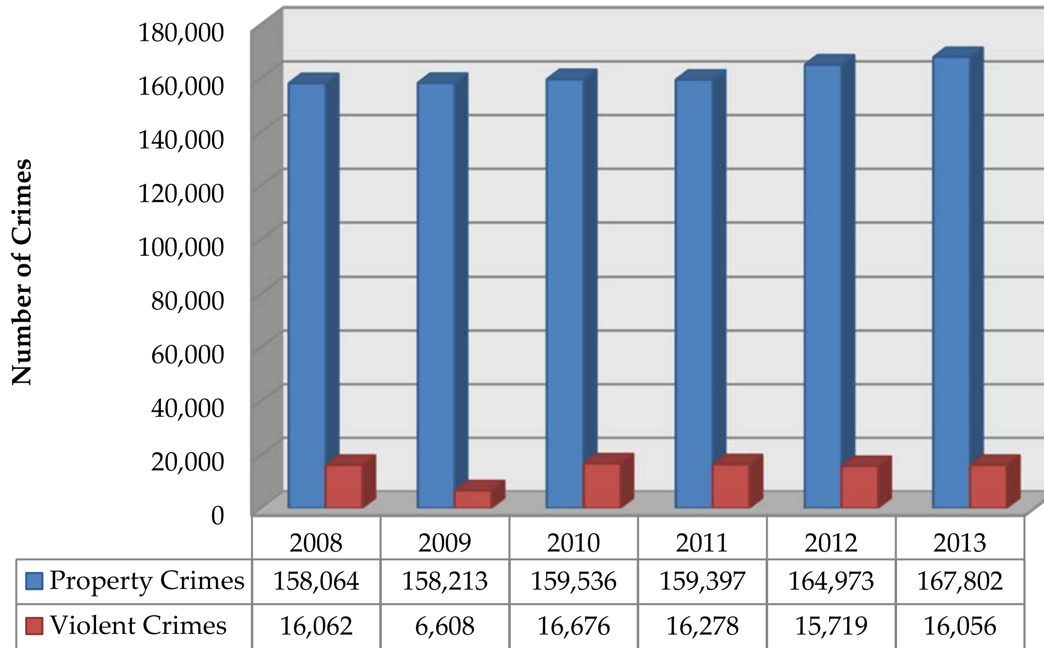
Denver crime: Some proponents of the marijuana industry claim that, since marijuana retail stores began on January 1, 2014, the crime rate in Denver has decreased. They compared January to June 2013 to the same time period in 2014. Actually, reported crime in Denver **increased** 6.7 percent during that time period.

All Reported Crime in Denver:*

2013 (January – June)	2014 (January – June)	
22,048 reported crimes	23,532 reported crimes	1,484 reported crimes increase (+6.7 percent)

- Crimes against persons have increased **18.1 percent**
- Crimes against property have decreased **8 percent**
- Crimes against society have increased **22.8 percent**
- All other offenses have increased **114.9 percent**

* Reported offenses using the National Incident Based Reporting System (NIBRS) definitions in the City and County of Denver, May 5, 2014



	2008	2009	2010	2011	2012	2013
Property Crimes	158,064	158,213	159,536	159,397	164,973	167,802
Violent Crimes	16,062	6,608	16,676	16,278	15,719	16,056

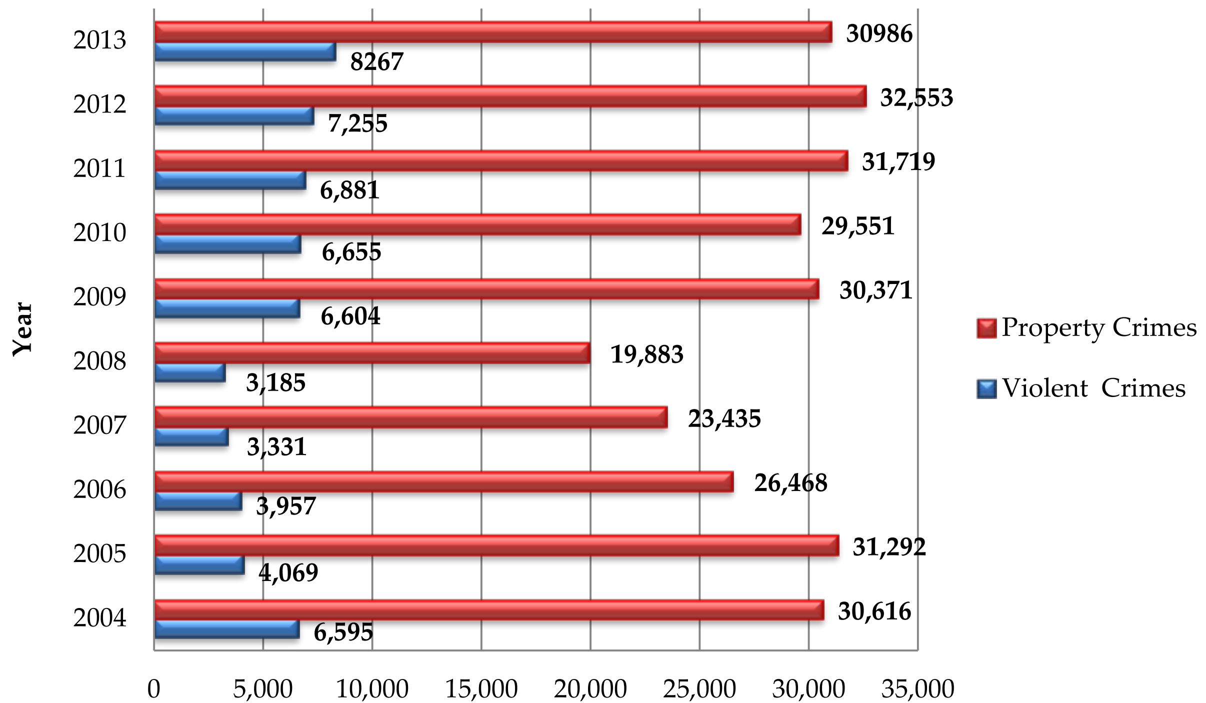
SOURCE: Colorado Bureau of Investigation, http://crimeinco.cbi.state.co.us/

Report – Crime Up In State:

"Crime inched up throughout Colorado last year, with a 2.1 percent increase in violent crimes and a 1.3 percent climb in property crimes, according to an annual report by the Colorado Bureau of Investigation.

The 2013 state crime report, released Tuesday, showed an overall 1.8 percent increase in crime for the year."

Tom McGhee, The Denver Post, *July 2, 2014*



* 2008 and earlier statistics are based on Uniform Crime Reporting (UCR)

* 2009 to present statistics use the National Incident Based Reporting System (NIBRS)

SOURCE: City and County of Denver
http://www.denvergov.org/PoliceDepartment/CrimeInformation/CrimeStatisticsMaps/tabid/441370/Default.aspx

Organized Crime

Colombians Launder Funds Through Colorado to Operate Marijuana Business

Hector Diaz, age 49, David Jeffrey Furtado, age 48, Luis Fernand Uribe, age 28, and Gerardo Uribe, age 33, were named in a just-unsealed superseding indictment returned by a federal grand jury in Denver on April 22, 2014, federal law enforcement agencies announced. The superseding indictment alleges violations of federal firearms law and money laundering related to marijuana laws. On October 31, 2013, Furtado met with Gerardo Uribe and obtained $449,080 in U.S. currency (cash). Those funds represented proceeds of specified unlawful activity, namely the cultivation and sale of marijuana, as derived through the operation of the "VIP Wellness Center," operated by Gerardo Uribe, Luis Uribe and others. The superseding indictment also alleges that Diaz, Furtado and Gerardo Uribe did transfer $424,000 using wire transfers from the Banco Bilbao Vizcaya Argenteria (BBVA) in the Republic of Colombia to the Colorado West

Metal, LLC Wells Fargo bank account with the intent to cultivate, manufacture and distribute marijuana. Also, Furtado completed two wire transfers, one for $100,000 and a second for $200,000, from the Banco de Occidente in the Republic of Colombia to his attorney's trust account with Wells Fargo Bank in Colorado, with the intent to promote the cultivation, manufacture and distribution of marijuana.[3]

Colorado Pot Shops Likely Targets of Cartels, Say Experts A veteran border narcotics agent told FoxNews.com that Colorado's legal pot industry will find it hard to keep out criminals from horning in on lucrative business opportunities they once controlled. He states, "Legal businesses will likely see a rise in extortion attempts while law enforcement will see a lot of backdoor deals being made." DEA – Denver Field Office spokesperson Albert Villasuso stated, "What is quite possible is that cartels will hire straw owners who have clean records who can apply for a license, then sell large quantities both legally and on the black market." He said that even if legal stores do face extortion efforts by cartel groups, it is unlikely law enforcement will even be made aware of it because the merchants will be too frightened to come to the police. Extortion has proven to be a lucrative enterprise for the cartels in Mexico.[4]

Informant Reports Cartel Activity A reliable informant reported that an unnamed cartel owns multiple properties in the Denver Metro area. These facilities are operating under the cover of being growing facilities for licensed dispensaries and retail stores. The informant estimates the number of plants being grown is in the thousands.[5]

DEA: Drug Cartels Look to Capitalize on Legal Marijuana Laws "Drug cartels are already trying to take advantage of the Obama administration's new rules allowing banks to do business with marijuana shops in Colorado and Washington, a top Drug Enforcemnet Administration official testified to Congress on Tuesday (March 4, 2014)." DEA's deputy administrator also said they are seeing signs of Mexican cartels working to increase the level of THC to keep up with the homegrown American product. He also said domestic production is on the rise.[6]

Drug Trafficking Organizations and the Black Market "Black market marijuana, which many expected to disappear after the substance was legalized, is thriving. It is grown on public land owned by the federal government in the state. Worse, it is controlled by Drug Trafficking Organizations (DTOs). According to the latest information from the U.S. Forest Service, provided to *MainStreet* in response to an inquiry, marijuana production is booming. The facts are alarming." "This places the value of known black market pot grown on federal lands between about $50 million for low grade to $452 million for the high end product. It would be $252 million using the average price per pound. Whatever price one wants to use, the value is disconcerting."

"What is most disturbing is who controls these cultivations. According to the USFS, approximately 65% of the sites were believed to be operated by DTOs in 2013. Since 2008, almost 95% of marijuana located on USFS land are believed to be controlled by DTOs." "This is the first growing season since the passage of Colorado's recreational marijuana law," Strebig [U.S. Forest Service spokesperson for the Rocky Mountain Region] explained. "As of yet, we do not have any evidence that the legalization of recreational marijuana has diminished the production or cultivation of marijuana on national forest system lands."[7]

$2.1 Million in Assets Seized from a Marijuana Trafficking Organization Operated Under the Guise of Colorado's Medical Marijuana Laws On February 20, 2014, agents from the DEA-Denver Division Office Financial Investigative Team (FIT) restrained for forfeiture a warehouse in Denver valued at $1.1 million. The warehouse was used by members of the Conley Hoskins Drug Trafficking Organization (DTO) to cultivate and process marijuana. On February 21, agents served seizure warrants on ten bank accounts at a bank in Denver and three banks in Chicago, resulting in the seizure of $1 million. The accounts contained illegal marijuana proceeds associated with the organization. Since January 2010, the Hoskins organization had been distributing at least 106 pounds of marijuana per month through local "medical marijuana" dispensaries. All Care Wellness Centers, Jane Medicals and Higher Health Medical were distributing the marijuana grown in the warehouse under the guise of Colorado's medical marijuana laws. The organization also used financial institutions inside and outside Colorado to launder illicit marijuana proceeds.

Ohio Drug Task Force Dismantles Major Marijuana Drug-Trafficking Organization The Warren County Drug Task Force conducted an investigation in which they seized over 500 pounds of high-grade marijuana after an undercover operation to buy 100 pounds. The task force served a number of search warrants and, besides the marijuana, also seized a little over one-half million dollars and several vehicles. Apparently none of the people involved in this drug-trafficking organization had legitimate employment. The primary suspect was a medical marijuana patient in Colorado who was given permission by a doctor to grow up to 199 plants. One member of the group admitted to bringing back 500 pounds of marijuana every two weeks from California and Colorado. This marijuana was then distributed in Ohio where one client received 200 pounds every two weeks. This subject was interviewed and admitted to distributing marijuana from his stash house very close to Ohio State University.

Outlaw Motorcycle Gang Grow Operation On February 25, 2014, Denver Police Department stopped a vehicle for a traffic violation and subsequently seized 2 pounds of high-quality marijuana. The driver of the vehicle was employed as a "marijuana trimmer" at a warehouse in which marijuana plants are cultivated. Denver P.D., in conjunction with DEA, subsequently served three search warrants at three different warehouses in the city of Denver. In the first warehouse, officers seized 680 mature marijuana plants and 32 marijuana "clones." There was also a large amount of processed marijuana. At the second location, officers seized 234 mature marijuana plants and, at the third, 383 mature marijuana plants. These illegal marijuana grows were operated by individuals from **FLORIDA** who were in Colorado for the purpose of profiting from the liberal marijuana laws. The owners/operators also appeared to be affiliated with an outlaw motorcycle gang in Denver. Documents seized indicate this drug-trafficking organization was selling marijuana for $3,200 a pound and making a monthly profit of $125,000, with an annual profit of $1.5 million.

Large Marijuana Parcel Operation with Possible Russian Organized Crime Ties In October 2013, Chesterfield County Police Department (Virginia) initiated an investigation into a major operation mailing packages of Colorado marijuana to other states including **VIRGINIA**. The police department was joined by the U.S. Postal Inspection Service and Colorado law enforcement in pursuing the investigation. The primary leader of this operation, residing in Lakewood, Colorado, was using a warehouse as well as a condominium and his residence to grow the high-grade marijuana. Law enforcement authorities estimate this group was responsible for sending between 24 to 60 pounds of marijuana monthly to out-of-state customers. The case concluded in March 2014 with several subjects being arrested and the service of two search warrants. Pursuant to the search warrants, officers seized grow operations, bulk marijuana and over one-quarter million dollars in illegally-gained assets. The investigation was able to substantiate the operation's involvement with **ILLINOIS** and **GEORGIA** as well as suspected Russian organized crime.

Marijuana-Related Pet Poisoning

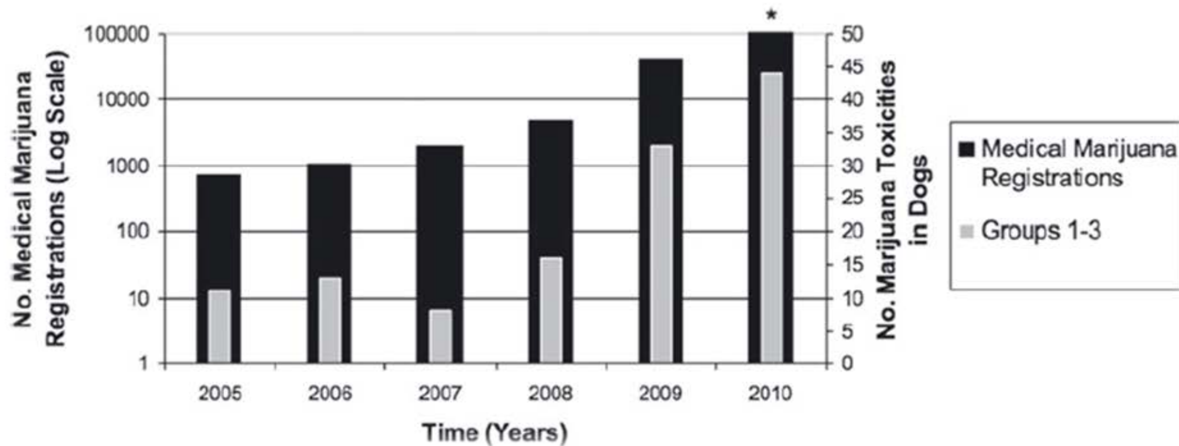
Evaluation of Trends in Marijuana Toxicosis in Dogs Living in a State With Legalized Marijuana: 125 dogs (2005-2010) "The incidence of marijuana toxicosis presenting to both hospitals increased 4-fold, while the number of people registered for medical marijuana in the state increased 146-fold in the last 5 years. A significant

positive correlation was detected between the increase in known/suspected marijuana toxicosis in dogs (group 1-3) and the increased number of medical marijuana licenses.

The number of THC toxicosis cases in all groups at WRVS [Wheat Ridge Veterinary Specialists, Colorado] increased from 1.5 cases per 1000 visits in 2005 to 4.5 toxicosis cases per 1000 visits in 2010. The number of THC toxicosis cases in all groups at CSU [Colorado State University, Fort Collins, Colorado] increased from 0.16 cases per 1000 visits in 2005 to 0.81 THC toxicosis cases per 1000 visits (2010).

The increased number of THC-intoxicated dogs presenting to our hospitals in all 3 groups appears to be strongly correlated with the increasing number of medical marijuana licenses being issued."[8]

Total number of medical marijuana registry cards and all dogs with THC toxicosis. *The number of registered users as of September 30, 3012 and is not the complete year.



SOURCE: *Journal of Veterinary Emergency and Critical Care* 22(6) 2012, pp 690-696, doi: 10.1111/j.1476-4431.2012.00818.x

<u>**A Dog and Horse DIE From Eating Marijuana Edibles**</u> "According to a special report by NBC News, the Animal Poison Control Center has reported a 30 percent jump in the number of calls reporting house pets suffering from marijuana poisoning. The center said that since 2009 these phone calls have risen from 213 to 320." That is a 50 percent increase. Dr. Matt Booth told NBC News that one of his clients <u>**deliberately**</u> gave his dog marijuana. "According to the *Journal of Veterinary Emergency and Critical Care* in 2012, there has been a four-fold increase in cases of dog poisonings due to marijuana at two Colorado hospitals over the past six years. **Two** of the reported incidents led to **fatalities,** including **a dog and horse** that died after **eating marijuana-infused baked goods**."[9]

Jack Russell Terrier DIES After Ingesting Pot Bruce Castillo, an emergency veterinarian technician, recalls a case where a Jack Russell terrier died after ingesting "a huge amount of pot." On average, he treats two or three 'stoned' dogs per night.[10]

Coming Home to a Comatose Dog Owners are coming home to find their pooches nearly comatose, their eyes glazed over, and their bodies twitching after ingesting large quantities of marijuana. Teresa Watanabe came home to find her dog, Monte, nearly dead from an overdose. She was terrified and thought Monte had a stroke and was paralyzed. $700 later and an overnight IV drip at the hospital, Monte came around.[11]

Dog Has "Bad Trip" From Eating Marijuana A Steamboat Springs (Colorado) dog ate something laced with marijuana. After a week the dog had still not returned to her old self from marijuana poisoning. According to Pet Kare Clinic veterinarian Dr. Paige Lorimer, "We see at least three each month." "It's more common now that it's legal."[12]

Dogs Going to ER Because of Marijuana Edibles Dr. Kevin Fitzgerald, of VCA Alameda East Veterinary Hospital sees about 100 dogs weekly with needs ranging from emergencies to checkups. Since January 1st, VCA Alameda East has seen an increase in dogs getting into their owner's marijuana stash, to include edibles. Dogs weigh far less than humans do so the effect of THC on a dog lasts much longer than it would for a human being.[13]

Colorado Vets Warn of Edible Marijuana Threat to Pets "Bri Pasko from the VRCC Emergency Hospital in Englewood, Colorado told ABC News since the state passed medical marijuana licenses, they've seen an increase from an 'occasional' incident to between 2 – 3 cases of pets accidentally eating pot edibles a week. Pasko said 97 percent of those cases involve dogs.

Since 2010, Dr. Kevin Fitzgerald [VCA Alameda East Veterinary Hospital in Aurora, Colorado] said it has grown from roughly two cases a month to one every other day. While it's too early to tell if the incidences of pot poisoning among pets has specifically become worse since Colorado legalized pot on Jan. 1, he has definitely seen a rise in recent months. With an average 45 – 50 pound dog, it also takes much longer for the pot to exit the system, said Fitzgerald. For a person that would probably be 24-26 hours, but in a dog it can be up to three or four days."[14]

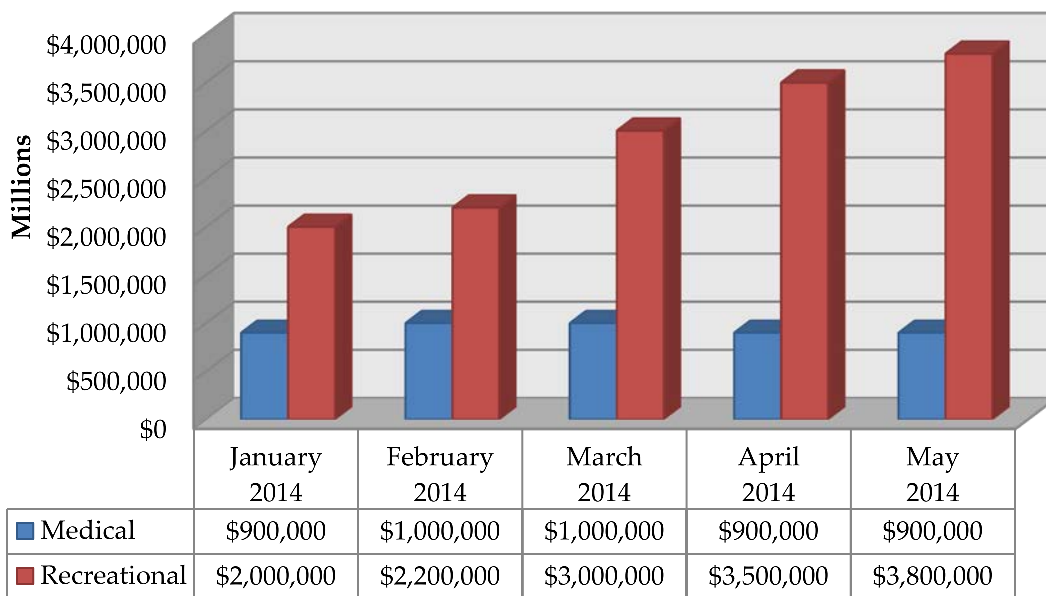
Revenue

Question: How much revenue will the recreational marijuana industry generate in Colorado? Will the income exceed the cost related to the impact of legalization in Colorado?

Answer: No one knows for sure. It will take years of experience to do an analysis of whether marijuana legalization is economically positive or an economic disaster.

Note: Revenue figures, unless noted, represent both medical and recreational marijuana sales.

State Tax Revenue
January 1 to May 31, 2014



	January 2014	February 2014	March 2014	April 2014	May 2014
Medical	$900,000	$1,000,000	$1,000,000	$900,000	$900,000
Recreational	$2,000,000	$2,200,000	$3,000,000	$3,500,000	$3,800,000

SOURCE: Colorado Department of Revenue, Office of Research and Analysis
NOTE: Numbers are rounded.

Projections vary from $65 million to $100+ million annually from recreational marijuana (see below quotes). At the current rate, the total for the year, January 1, 2014 to December 31, 2014, would be $32.1 million or less than .3 percent of general fund revenue. However, this could change as more retail stores open and more people use marijuana and its products.

Estimated revenue for recreational marijuana retail sales:

- FY2013/2014 – **$35 million**[1] or .3 percent of expected general fund revenue
- FY2014/2015 – **$118 million**[1] or 1.2 percent of expected general fund revenue

Proposed expenditure plan for revenue FY2013/2014 and FY2014/2015[2] (in millions)

Amount	Item
$45.5	Youth marijuana use prevention
$40.4	Substance abuse treatment
$12.4	Public health
$1.8	Regulatory oversight
$3.2	Law enforcement and public safety
$.2	Statewide coordination
$103.5	**Total**

This is in addition to $29 million already allocated for enforcement and public safety.[2]

Colorado Governor Hickenlooper Scales Back Marijuana Tax Prediction
Hickenlooper said in February that medical and recreational pot taxes and fees would produce some $134 million for the fiscal year beginning in July. But Hickenlooper has pared back those expectations by more than $20 million, citing uncertainty in the market. The governor's budget director, Henry Sobanet, said Monday that the scaled-back marijuana projection came after analysts set wildly different projections after seeing tax results of Colorado's first full month of retail recreational marijuana. However, legislative forecasters predicted last month that recreational pot would produce about $65 million in taxes next year, less than half of the governor's recreational forecast of $125 million.[15]

Chiefs Association Seeking More Money The Colorado Association of Chiefs of Police wrote the governor after he submitted his spending plan for marijuana tax revenue. The chiefs requested a grant program to cover extra costs related to marijuana legalization. "Many of our local law enforcement agencies have diverted staff from other operations into marijuana enforcement leaving gaps in other service areas as a direct result of marijuana legalization."[16]

Denver's Tax Revenue to Regulate Industry Denver city officials presented a plan to spend nearly $3.4 million of the projected $5 million tax revenue to hire 22 new personnel to help regulate the recreational marijuana industry.[17]

Are Recreational Pot's Low Tax Numbers Worrisome? Jeffrey Miron is a senior lecturer and director of undergraduate studies at Harvard University and senior fellow and director of economic policy studies at the Cato Institute. Mr. Miron writes, "For January, the figure is $3.5 million when you combine revenue from medical ($1.5 million) and recreational marijuana ($2 million). This implies annual revenue of $42 million for Colorado." The amount collected so far is below other projections. The question he asked in his article is, "If the lower revenue numbers in Colorado are accurate, does that weaken the case for legalization? Not in the least."[5]

Attorney Rachel O'Bryan, one of the founding leaders of Smart Colorado, writes in a guest editorial, "Earlier this month, we learned that only $195,318 was collected in excise taxes during the first month of recreational marijuana sales, for a projected annualized collection of $2.34 million. (The sales tax collected during the same time on recreational pot totaled $1.4 million, plus another $416,690 from the state's standard 2.9 percent sales tax.) So far, it looks like voters won't capture anywhere near the revenues they anticipated."[18]

Revenue Expectations State officials expect marijuana sales to generate $67 million in annual taxes. This is approximately .6 percent of Colorado tax revenue.[19]

Revenue Expectations Colorado projects $578.1 million a year in combined wholesale and retail marijuana sales to yield $67 million in tax revenue, according to the Legislative Council of the Colorado General Assembly. Wholesale transactions taxed at 15 percent will finance school construction, while the retail levy of 10 percent will fund regulation of the industry."[20]

Medical Marijuana Revenue Colorado's medical marijuana industry paid more than $9 million in sales taxes in FY2012/2013 and nearly $6 million in FY2011/2012.[21]

Demand and Market Size

The Colorado Department of Revenue published a report in July 2014 called, "Market Size and Demand for Marijuana in Colorado." [22] Some of the information included:[22]

Demand:

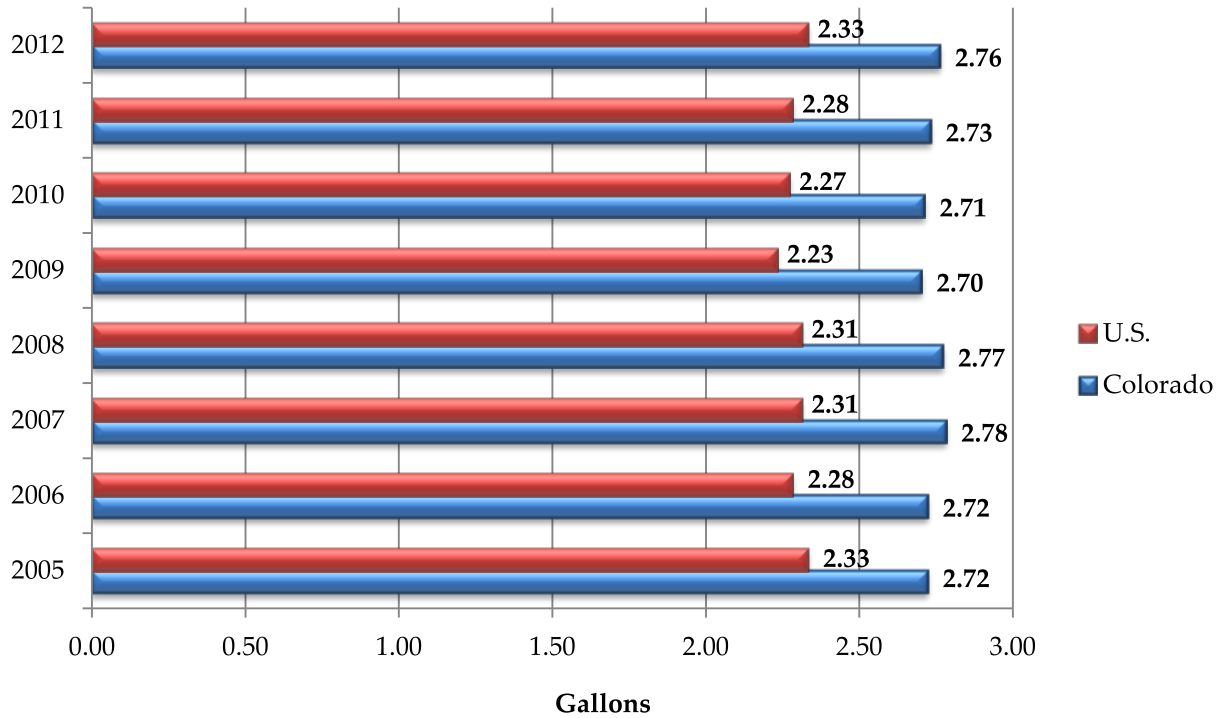
- In 2014, the established demand for marijuana by Colorado residents 21 years and older is **121.4 metric tons** (**267,638.44 pounds**) of marijuana.
- In 2014, the estimated demand for marijuana by out-of-state visitors 21 years and older is **8.9 metric tons** (**19,620.94 pounds**).
- The potential range of demand for the above two groups is between **104.2 – 157.9 metric tons** (between **229,719.32 and 348,106.34** pounds).

Market Size:

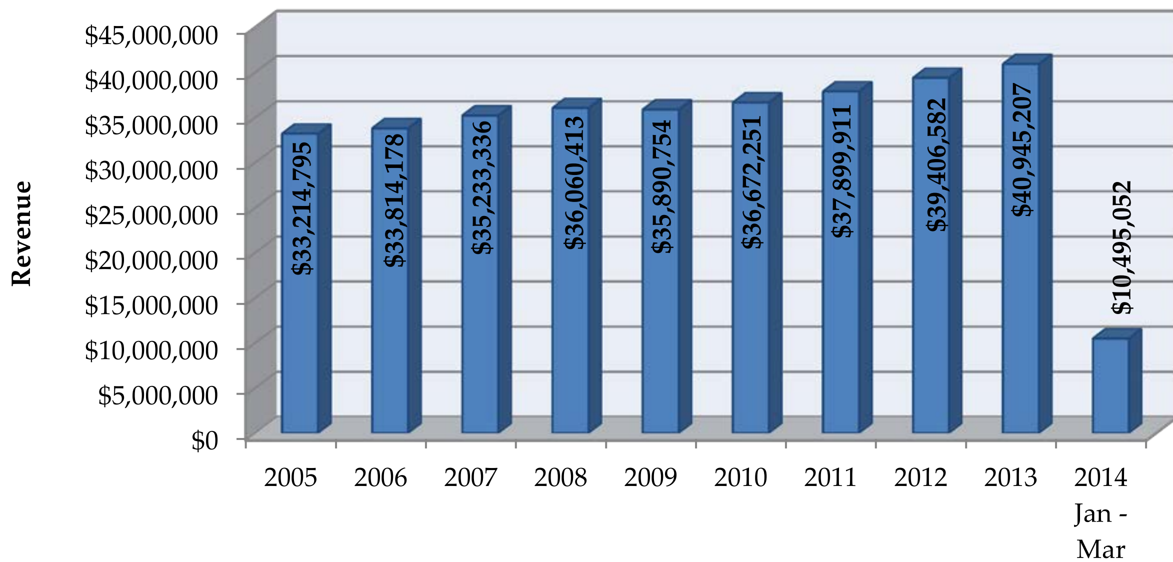
- There are an estimated 485,000 Colorado adult regular marijuana users (at least once per month), which is 9 percent of the total Colorado population of all ages (5.363 million).
- Heavy users who consume marijuana nearly daily make up the top **21.8 percent of the user population** but account for **66.9** percent of the demand for marijuana.
- Out-of-state visitors represent about **44 percent** of the metro area marijuana retail sale of marijuana and approximately **90 percent** of sales in heavily-visited mountain communities.
- Colorado has **23 percent** of its users consume nearly daily compared to **17 percent** nationally. That is **35.29** percent higher.

Marijuana Use and Alcohol Consumption

There are some who have theorized that legalizing marijuana would reduce alcohol consumption. Thus far that theory is not supported by the data.



SOURCE: **National Institute on Alcohol Abuse and Alcoholism, (http://pubs.niaaa.nih.gov/publications/surveillance98/CONS12.htm)**



SOURCE: Colorado Department of Revenue (http://www/colorado.gov/cs/Satellite/Revenue-Main/XRM/1213954140077)

Sales tax revenue from liquor stores and bars in Denver has increased despite concerns that marijuana legalization might dampen sales. Total alcohol sales-tax revenue from January to April per year in millions:

SOURCE: Denver Department of Revenue/Thad Moore, *The Denver Post*, July 13, 2014

Local Jurisdiction Response

As of June 19, 2014 related to recreational marijuana businesses:

- 36 counties prohibited
- 8 counties have a moratorium or temporary ban
- 5 counties prohibited new businesses but allowed medical to migrate to recreational
- 15 counties have allowed
- 174 cities prohibited
- 6 cities prohibited new businesses but allowed medical to migrate to recreational
- 45 cities have a moratorium
- 39 cities have allowed

Number of Licensed Marijuana Businesses

Licensed marijuana businesses as of July 1, 2014:

- Medical Marijuana
    - 493 medical marijuana centers (dispensaries)
    - 729 medical marijuana cultivation operations
    - 149 medical marijuana-infused product factories
    - N/A medical marijuana testing facilities

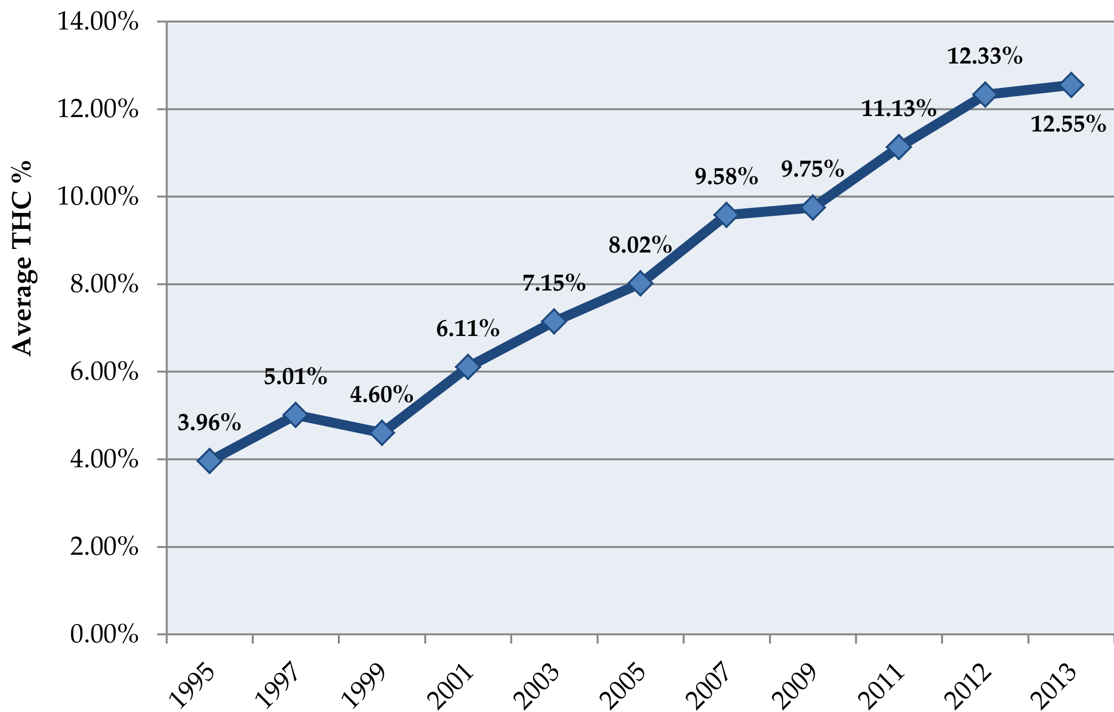
- Recreational Marijuana
    - 212 retail stores
    - 279 cultivation operations
    - 63 infused-product factories
    - 8 testing facilities

SOURCE: Chief of Investigations Jim Burack, Colorado Department of Revenue, Marijuana Enforcement Division, July 24, 2014

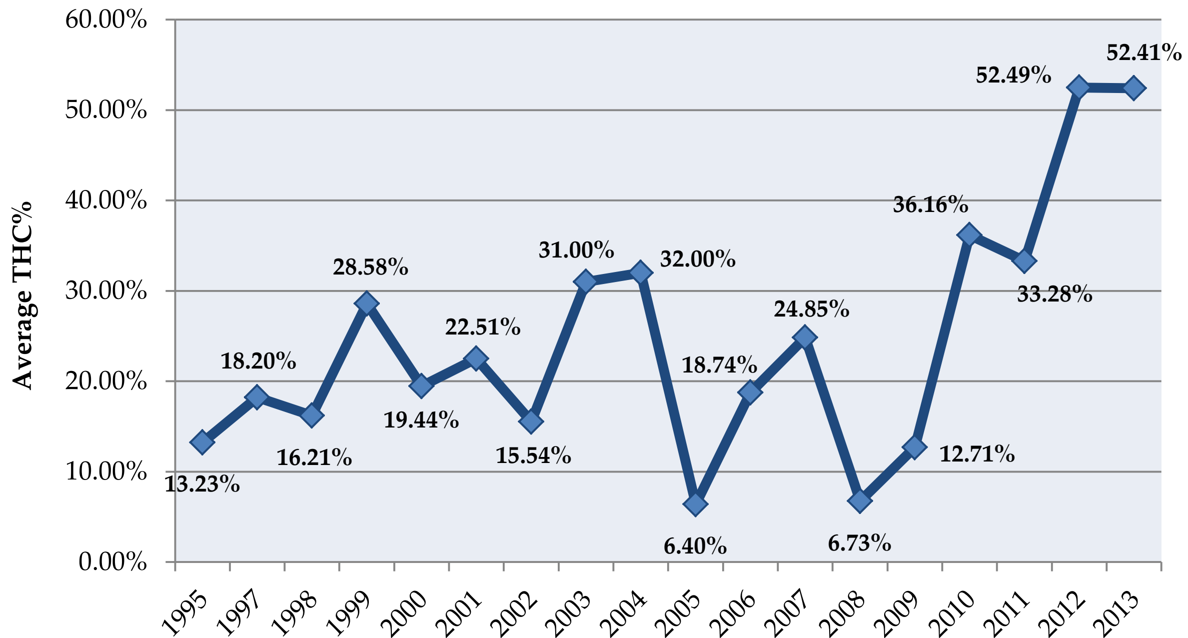
- Marijuana Registry ID Cards
  - December 31, 2009 – 41,039
  - December 31, 2010 – 116,198
  - December 31, 2011 – 82.089
  - December 31, 2012 – 108,526
  - December 31, 2013 – 110,979
  - April 30, 2014 – 116,180

SOURCE: Colorado Department of Public Health and Environment, Medical Marijuana Statistics

THC Potency



SOURCE: Potency Monitoring Program, Quarterly Report Number 123, National Center for Natural Products Research (NCNRP) at the University of Mississippi, under contract with the National Institute on Drug Abuse.



SOURCE: **Potency Monitoring Program, Quarterly Report Number 123, National Center for Natural Products Research (NCNRP) at the University of Mississippi, under contract with the National Institute on Drug Abuse.**

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Rocky Mountain High Intensity Drug Trafficking Area
Investigative Support Center
Denver, Colorado
www.rmhidta.org/reports

From:	mailinglist@capitol.hawaii.gov
To:	JDLTestimony
Cc:	
Subject:	Submitted testimony for HB321 on Apr 8, 2015 09:55AM
Date:	Tuesday, April 07, 2015 7:33:37 AM

HB321

Submitted on: 4/7/2015

Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Ogata	Individual	Support	No

Comments: Dear Senators, I am writing to you and asking for your continued support of HB321. It is scientifically documented by legitimate research organizations that medical marijuana has great benefits in our society. Individuals requiring medical marijuana need to know exactly what dosage they are receiving when taking the medical marijuana. By establishing medical marijuana dispensaries, those in need will be able to get the medicines they require. Please support HB321. Sincerely, Steven S. Ogata

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Date:	Tuesday, April 07, 2015 6:53:15 AM

HB321

Submitted on: 4/7/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
stuart saito	Individual	Support	No

Comments: SENATE JUDICIARY / WAYS AND MEANS COMMITTEE HR321 HD1 Establishment of Marijuana Dispensaries Chairs Keith-Agaran & Tokuda, Vice Chair Shimabukuro & Kouchi and members of the Senate Health & Public Safety Committee. Thank you for this opportunity to provide personal testimony in strong support of HR321 relating to the establishment of marijuana dispensaries. We are asking for due process on behalf of Hawaii's medical marijuana patients who have waited patiently for fifteen years and those who have passed away in hopes that this day would one day come. Let's work to put forth a program where no patient has to worry about taking care of themselves and cultivating their medicine at the same time, unless they choose to do so. Establishment of dispensaries will help to ensure services are in place for (new and existing) patients and their caregiving families at a time when they desperately need them. When sculpting the final medical marijuana dispensary bill, please keep these final considerations in mind: We oppose the recommendation of establishing dispensary as a means to strip current cannabis patients/ caregivers of their growing rights. o Please retain and protect the rights of patients / caregivers who out of necessity have learned to cultivate and medicate themselves appropriately. o Build accountability into the state’s MMJ program versus taking away a patient’s right to grow their own medicine (controlling growing practices, crop inputs and price)   Please ensure the cost of medical cannabis products through dispensary systems are affordable so those that need these products are able to obtain their medicinal products at a fair market price.   Ensure dispensary systems are able to provide patients with consistent products so there is no lapse in service or supply.   With increased safeguards in place to minimize youth access, please re-consider and expand the range of products (beyond smokables) & formulations.   Please also recognize medical cannabis as a state approved agricultural crop in Hawaii so DOH, dispensary systems, banks, Hawaii’s agricultural organizations and farmers can work together in bringing this crop to market without unnecessary limitations.   If Hawaii legislatures can not reach an agreement on the establishment of dispensaries in Hawaii, at the very least, I urge you to please provide a mechanism for Hawaii patient’s to test their cannabis products by providing laboratory access. o Since Hawaii does not allow laboratories to test cannabis without penalty, it is virtually impossible to know what dosage a cannabis user is administering. After witnessing the legislative process for the past

two years, I am deeply appreciative of your time, commitment and serve to the people of Hawaii. We ask you to move Hawaii's Medical Marijuana forward this session, without delay. Because, in a time of medical need, no family should have to struggle with growing, manufacturing, supply lapse, and estimating the potency of their medication. Thank you for the opportunity to express my strong support of HB321. also the only way to insure consistency is to seperate dispensaries from production and cultivation and you shouldnt need a health care license to do these things at will only limit everything and the system will not work are we limiting opening a dispenary to only people with alot of money? this isnt about money is it? lets not make this all about rich people and money cause its about people who need help and people who can contribute and make a living out of it helping people

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HB321

Submitted on: 4/6/2015
Testimony for JDL/WAM on Apr 8, 2015 09:55AM in Conference Room 211

Submitted By	Organization	Testifier Position	Present at Hearing
Wayne Miller	Individual	Support	No

Comments: As I try and keep up with these proceedings, a couple of things seem to be of great concern to many. One is how to protect the general public, especially children. The other is how to control every aspect of the medical marijuana industry from a financial point of view. Control from seed to sale. Inspections, safety testing, software tracking, video surveillance, hidden from public view, etc. As you make your decision please do not forget, the patient is the true reason for this legislation. Please do not abolish the patient/caregiver relationship. From a patient perspective the approach of creating a few dispensaries, and a few large production facilities is the opposite of what should be happening. Why? A large production facility may or may not know how many of their patients have any particular condition. As example, Crohn's Disease. A large production facility might produce a strain that helps Crohn's Disease but it would not be tailored to an individual needs. The large production facility must meet the needs of the many not the individual. The patient/caregiver should be expanded not discontinued. If a patient is lucky enough to have someone breed and grow a strain specifically for them and still all regulatory requirements are met, that arrangement should be a priority, not dismantled. If I may use the example of Crohn's Disease again. A small dedicated grower could breed and crossbreed a few high CBD, low THC strains tailor made for specific patients. A dispensary must appeal to the broadest base and carry products meant to meet the needs of the many. They are not planned with the purpose to supply only a few patients with custom designed medicine. The small producer can do that, meet all regulatory requirements, and still make a very good living. Leave all the controls in place. The same rules apply. Expand the caregiver role for a couple of years and see how it works. Since most medical marijuana patients have had to obtain their medicine from the blackmarket. By expanding the caregiver role you put a huge dent in the blackmarket. That seems like a very desirable adjunct benefit. Thank you for allowing my input. Wayne Miller 96778

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To: COMMITTEE ON JUDICIARY AND LABOR
Senator Gilbert S.C. Keith-Agaran, Chair, Senator Maile S.L. Shimabukuro, Vice Chair

COMMITTEE ON WAYS AND MEANS
Senator Jill N. Tokuda, Chair, Senator Ronald D. Kouchi, Vice Chair

From: Wendy Gibson R.N., Medical Marijuana Patient Advocate.

Position: Strong Support of HB 321 – Relating to Medical Marijuana

RE: Decision Making--Wednesday, April 08, 2015, 9:55 am

Conference Room 211, State Capitol, 415 South Beretania Street

Dear Committee Chairs Keith-Agaran and Tokuda, Vice-Chairs Shimabukuro and Kouchi and Members of the Committees,

I am Wendy Gibson, a nurse who has been working with medical marijuana patients. I am testifying in **STRONG support of HB 321**. I have seen many patients benefit from using medical marijuana. I've also watched them struggle while trying to figure out how to legally navigate the current medical marijuana program—to obtain their medicine. Having a well-regulated dispensary system would help solve many problems—for both the patients and the health care professionals.

Patients who are usually law-abiding citizens have to decide NOT IF but WHEN they should break the law. It is illegal to buy the seeds or plants to grow it themselves just as it is illegal to buy products on the black market (if they cannot grow it). And, although some patients would like to speak out about this, they will not. Many I have asked will not submit testimony because they are too intimidated to reveal their names to the public-- citing fear of repercussions. Others patients I have spoken to are too ill to write or attend the hearings-- so I am writing to you on behalf of eight patients ,as a medical marijuana patient advocate.

I've witnessed the medicinal effects of cannabis on many patients. One patient was debilitated with extreme nausea and pain. She couldn't swallow pills (and keep them down). After two small puffs on a marijuana cigarette she recovered faster and better than any patient I have seen, including those that I have administered IV antinausea drugs to in the hospital. Her severe nausea resolved **immediately**. Her pain resolved about 15 minutes later. Another patient debilitated by collapsed vertebrae (after multiple spinal infections) found her pain relief and sleeping aid in **baked goods made with cannabis butter**. She was able to reduce the amount of opiate pain medications she was taking, thereby reducing their severe side-effects. **Edibles** can be thought of as the "**long-acting**" medicine and are proving to be uniquely useful for treating certain conditions. They should be available in dispensaries for the patients who do not have caregivers.

Of these two patients, neither was able to grow her own and **could not find a caregiver** to grow it. Friends and family were recruited to find something on the black market. Fortunately they were able to find something that produced good results.

As a nurse I feel a duty to these patients, to help them find and use their medicine. Without a dispensary I am denied both. This is hardly the way that I had pictured nursing, and certainly NOT the way that I want to see elderly people treated, or really ANY patient of ANY age.

The lack of a dispensary system has created a huge disconnect, one that limits a health care professional's ability to help a patient obtain and use ones medicine. Many patients have asked me where to buy medicine and I have to tell them "I'm sorry I can't help you with that". If I were to assist a patient with buying marijuana seeds, plants, dried leaves, flowers or products, I could be charged with "Aiding and abetting" in a crime. I'm certainly not going to do that, so patients are on their own to find what they can on the black market.

This is dangerous. Because street drugs are not labeled, the product purchased may be the wrong strain for the patient's condition. And because they are not tested for contaminants, the product could be tainted with pesticides, mold or extraction residues. This is especially dangerous if the patient is a child.

Patient safety is always a primary concern for me and that is why I would like to see a well-regulated dispensary system put into place **as SOON AS POSSIBLE**. Our more than 13,000+ patients have waited nearly 15 years for this to happen. They need to have access to safe and effective products.

Once a dispensary system is in place, continuity of care will be restored. Health care professionals will then be able to assume giving a full-spectrum of patient care. We can only do that if we can be confident that we have a safe and LEGAL place to send our patients-- without the fear of being accused of "aiding and abetting".

I believe that a majority of the nearly 13 thousand patients would buy products from a dispensary. I don't believe that the survey done by the Department of Safety produced an accurate figure. Imagine being told that the only way you can legally have your medicine is by growing it yourself. When asked by the authorities if you are following the law or need a dispensary—what would you report? Would you risk incriminate yourself by admitting that you need a dispensary?

After attending most of the HCR-48 medical marijuana dispensary task force meetings, I believe that HB 321 is a well constructed bill. The team thoroughly examined and debated every aspect required to create the best dispensary system. I am confident that HB321, **based on task force recommendations** will lead to the creation of a well-regulated system, one that provides for patients health care needs while vigilantly attending to public safety concerns.

Thank you for hearing our concerns and for your careful consideration of this important matter,

Wendy Gibson R.N. ,B.S.N.

April 6, 2015

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HB321

Submitted on: 4/7/2015

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Submitted By	Organization	Testifier Position	Present at Hearing
Zachary Lee	Individual	Support	No

Comments:

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