

# CLEARING THE HAZE

A four-day perspective  
series about recreational  
and medical marijuana  
in Colorado.

The Gazette

**EDITOR'S NOTE:**

This is a reprint of the series published in the Colorado Springs Gazette Sunday, March 22 through Wednesday, March 25, 2015  
To order copies of this reprint (printed or digitally) visit [gazette.com/clearingthehaze](http://gazette.com/clearingthehaze)

\$2.49





DAY ONE: REGULATION

Two important assumptions about successful legalization of marijuana in Colorado were:  
1.) Regulation would provide a safer solution to the state's drug problems.  
2.) By regulating the sale of marijuana, the state could make money otherwise locked up in the black market.  
Today's stories suggest the net gain from taxes and fees related to marijuana sales will not be known for a while, as costs are not known or tracked well, and there are many other unknowns about pot's effects on public health and safety.

**Editor's Note:** See the full series, including related videos, at [gazette.com/clearingthehaze](http://gazette.com/clearingthehaze). To order a reprint, email [reprints@gazette.com](mailto:reprints@gazette.com), visit the website or call 719-636-0291.

ABOUT THE SERIES

After the first year of recreational pot sales, The Gazette takes a comprehensive look at the unintended consequences of legalizing sales and use of recreational marijuana.  
**Day 1:** Colorado has a fragile scheme for regulating legal marijuana and implementing a state drug prevention strategy.  
**Day 2:** One of the suppositions about legalizing pot was that underground sales would be curtailed, but officials say there is evidence of a thriving black market.  
**Day 3:** One teen's struggle to overcome his marijuana addiction shows how devastating the drug can be for younger, more vulnerable users. And employers face new workplace issues.  
**Day 4:** Amid the hoopla about recreational marijuana sales, the medical marijuana industry is flourishing and has its own set of complicated concerns.

# Analyzing the grand experiment

Advocates told the people of Colorado that legalization of marijuana would unclog prisons, help fund education, produce new revenue for the general fund and hobble drug cartels. An important part of the new plan and theme for the passage of Amendment 64 was that regulation was a better idea to mitigate marijuana's effects on our state.  
The state and national media have reported on the progress of Colorado's grand experiment, describing it mainly as a forward-thinking renaissance. In a nationally televised "60 Minutes" broadcast, a Colorado-based marijuana industry executive

claimed that Colorado has done a "phenomenal job" regulating marijuana.  
The Gazette created a special project team made up of editorial board staff and a seasoned reporter to look into these claims and compare them to information compiled after a year of legal recreational marijuana sales in Colorado. We wanted to examine whether the claims of legalization are on a path to becoming realized. We also looked for stories that have not been reported to create a clearer picture of the state of the industry.  
Gazette researchers have spoken with local, regional

and national experts in law enforcement, medicine and public policy about Colorado's experiment with legal sales and use of medical and recreational marijuana. We looked at data the state has compiled and consulted with drug users, their families and their friends.  
Unlike Denver and several other cities, Colorado Springs did not approve recreational sales of marijuana. Yet our research found a flourishing black market of recreational pot procured as medicine and resold on the street. One teenager spoke in detail about clearing more than \$1,000 a day by selling medical

marijuana at local high schools.  
Medical professionals told us about marijuana's harmful effects on the developing brains of teens and young adults. Drug treatment centers report spikes in admissions since legalization. Meanwhile, tax revenues have failed to meet projections. While the public reads about how much tax revenue legalization has generated, state leaders have provided no adequate cost-benefit analysis to quantify costs associated with the drug's use and abuse. Colorado isn't even equipped to gather such data.  
There are also numerous reports of unintended consequenc-

es of legalization, including more arrests for driving under the influence, lawsuits against the state, manufacturing hazards, workplace issues, impact on resources for the homeless population, and concerns over exposure and availability to children.  
We hope this examination of Colorado since legalization will provide a new perspective on an issue that may shape up to be a public health, safety and policy quagmire for the ages.  
  
**The reporting team:** editorial board members Pula Davis and Wayne Laugesen and local reporter Christine Tatum.

# No tax windfall from medical, retail sales

A year ago, Colorado's governor's office had grand plans to fund programs and resources aimed at protecting public safety and health in the aftermath of legalized retail pot sales.  
The state anticipated a marijuana tax windfall from medical and recreational sales to pay for it all — and Gov. John Hickenlooper called for nearly \$100 million for prevention and treatment programs, including a project aimed at analyzing the correlation between marijuana use during pregnancy and birth defects.  
"Our administration is committed to the responsible regulation of adult-use marijuana and the effective allocation of resources to protect public safety and health and to prevent underage use," reads a Feb. 18, 2014, funding request for fiscal year 2014-15 that the governor signed. "Indeed, we view our top priority as creating an environment where negative impacts on children from marijuana legalization are avoided completely."  
Along with legalizing pot in Colorado, voters approved Proposition AA, which tacked on high taxes to retail marijuana — a 15 percent excise tax to fund school capital projects and a 10 percent sales tax to offset costs associated with retail pot, such as regulation.  
But sales haven't matched expectations, and complications resulting from Colorado's Taxpayer's Bill of Rights, or TABOR, could further affect the amount of money the state receives. It's possible some of the money collected could be refunded to voters.  
Taxpayers may get two refunds under TABOR.  
One refund occurs when state revenue exceeds revenue cap. The second occurs when a new tax is imposed, such as the taxes on marijuana, and the amount that officials believe will be collected is not met.  
"TABOR required you do a second thing," explained Tim Hoover, communications director for the Colorado Fiscal Institute. "You say what the total state revenue would be without the new taxes, so if this marijuana tax didn't pass, how much money would you still have."  
The legislative council's estimate of taxes the marijuana industry would generate was off by 1 percent, so the money must be returned, Hoover said.  
The state can keep the tax money collected if it's shown that voters



THE ASSOCIATED PRESS  
Glass jars with marijuana sit on a counter as sales associate Matt Hart works at the 3D Dispensary on Dec. 19 in Denver. Retail sales haven't provided as much tax revenue as expected, and the Taxpayer's Bill of Rights could further affect the amount of money the state receives.

approve — which Hoover believes they did when they approved Amendment 64 and Proposition AA, which imposed taxes to fund school capital projects and marijuana enforcement.  
Last month, state officials released tax figures on recreational and medical sales for 2014, which amounted to roughly \$63.4 million. Tack on additional licenses and fees and Colorado's total take was about \$76 million.  
The 15 percent excise tax dedicated for schools — projected alone to raise \$40 million — has generated about one-third of original estimates. Excise taxes totaled \$13.3 million from Jan. 1 through Dec. 31, according to data from the Colorado Department of Revenue.  
The 2014-15 fiscal year, which began July 1, is shaping up a bit better. Between July 1 and Dec. 31, the state collected \$38.9 million in taxes from recreational and medical sales, a monthly average of nearly \$6.5 million. If tax revenues hold steady for the remaining six months of the current fiscal year,

tax collections — not including licenses and fees — will ring in around \$77.8 million.  
None of this is to say a lot of pot isn't being sold. It's just that Coloradans have been savvy about where they shop or how they get their pot. Some grow their own (adults are allowed to have up to six plants), and others choose to make their purchases at medical marijuana dispensaries, where the drug isn't subject to the extra 25 percent in taxes.  
That was an unexpected consequence to many people who have followed the marijuana tax money — everyone from former Colorado Attorney General John Suthers to legislative economists.  
The original plan to spend marijuana tax revenue included:  
• \$11 million for the Department of Education to pay for more school resource officers and programs to address mental health and substance abuse prevention.  
• \$32.2 million for the Department of Human Services for substance abuse programs.  
• \$456,760 for the Department of

Law to develop expertise on retail regulations and provide training for regulators and law enforcement.  
• \$42.3 million (\$16.9 million from the general fund and the rest federal funds) for the Department of Health Care Policy and Financing for substance-abuse initiatives, including treatment and prevention programs in 230 schools.  
That roughly \$100 million plan was drastically modified.  
"We ended up with much closer to a \$33.5 million budget for this fiscal year," said Andrew Freedman, director of the Governor's Office of Marijuana Coordination.  
Freedman said the first priority for the tax revenue is to cover regulatory costs at the Department of Revenue and the Colorado Department of Public Health and Environment.  
Money also has been spent on youth prevention, public safety and public health programs related directly to marijuana.  
Here's where some tax money is going in the current fiscal year:  
• \$7.6 million to enforce current

regulations for retail and medical sales of marijuana.  
• \$5.6 million for a statewide public education campaign.  
Freedman said the "Good to Know" campaign, which currently tells people how to use the drug safely and legally, will expand. "There will be a youth prevention message coming out, I believe, in late spring," he said. There also will be more education on marijuana edibles in ensuing rollouts of the campaign.  
• The Department of Education is getting \$2.5 million to fund health professionals in schools to identify and help kids at risk for drug use. Freedman said the money is paired with \$6.3 million for school-based prevention and intervention services; \$2.1 million of that is a federal match.  
• \$2 million to Tony Grampas Youth Services for prevention of marijuana use among youths.  
• \$2 million for jail-based behavioral programs.  
• \$2 million for prediversion programs at the local level, offering alternatives to incarceration.





A PERSPECTIVE SERIES BY THE GAZETTE

# CLEARING THE HAZE



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Mason Tvert, spokesman for the Council on Responsible Cannabis Regulation, talks during a news conference Feb. 19 in Denver in reaction to the announcement that a federal lawsuit was filed on behalf of two Colorado citizens by a Washington, D.C.-based group to shut down the state's marijuana industry. The lawsuit is being sponsored by a group called the Safe Streets Alliance, which opposes marijuana legalization.

# Regulation still ineffective

A year after legalization of recreational marijuana, questions remain about seed-to-sale monitoring

The promises of Colorado's Amendment 64 largely hinged on two words blazing from campaign signs dotting the state before the historic November 2012 vote that legalized recreational marijuana for people 21 and older: Regulation works.

But how it would work was described only in general terms and sound bites before voters headed to the polls to make a decision. Gov. John Hickenlooper later would call "reckless" and "a bad idea" and new Colorado Attorney General Cynthia Coffman declared "not worth it" to dozens of state attorneys general last month.

The pro-Amendment 64 campaign's website claimed that "by regulating marijuana like alcohol, Colorado can further reduce teen marijuana use, minimize teens' access to marijuana, reduce exposure to more dangerous drugs and take sales out of the hands of criminals."

After the first year of the drug's recreational legalization, professionals working on the front lines of marijuana's impact — at police departments, addiction treatment centers, child welfare organizations — say Colorado put commerce ahead of kids, communities, public health and safety. The state opened itself up for the drug's trade without establishing and enforcing many crucially important limits and without adequately funding the data collection and analysis required for Colorado — and the rest of the United States — to determine whether marijuana legalization is wise.

Colorado officials can't even say how much marijuana is produced and sold in the state because a black market continues to thrive. The seed-to-sale tracking program highly touted by state officials and marijuana-industry leaders does not address diversion of the drug after the point of sale.

"I realize the story keeps changing and that plenty of people now want to describe abject regulatory failures as an experiment or one big startup experiencing typical growing pains," said Ben Cort, director of professional relations for the Center for Addiction Recovery and Rehabilitation at the University of Colorado Hospital.

*Legalization of recreational marijuana was "reckless" and "a bad idea."*

**John Hickenlooper,**  
Colorado governor

"But the ugly truth is that Colorado was suckered. It was promised regulation and has been met by an industry that fights tooth and nail any restrictions that limit its profitability. Just like Big Tobacco before it, the marijuana industry derives profits from addiction — state officials euphemistically call that heavy use — and its survival depends on turning a percentage of kids into lifelong customers."

The costs of launching a regulatory scheme for the sale and distribution of cannabis were anyone's guess — and they still are as Colorado navigates its second year of the drug's legalization for recreational use. Potential, unexpected costs are on the horizon as Colorado is mired in legal questions about lower-than-projected tax revenues and suits filed against it by the state governments of Nebraska and Oklahoma and a group of sheriffs. Those states' attorneys general have asked to appear before the U.S. Supreme Court to explain why Colorado's regulation not only isn't working but is harming their states and the rest of the country.

Indeed, Colorado hasn't lived up to many of the basics of the regulatory framework approved by the state Legislature in 2013 and 2014, much less to the campaign promises of Amendment 64. State reports do not answer many questions about how marijuana is produced, sold, distributed and used:

- The state has not launched a system to test marijuana and THC-infused foods and drinks, called "edibles," for contaminants. It promises to do so this year.
- In the past year, tests conducted by news organizations have found discrepancies between the potency levels recorded on marijuana product packaging and the goods inside. Colorado has outsourced potency testing to pri-

vately held businesses, awarding 16 licenses for testing facilities by the end of last year. But such testing is not required for marijuana and THC-infused products used for medical purposes — the bulk of Colorado's marijuana market.

- Colorado officials have not released even aggregate data showing the potency of marijuana sold in accordance with state law.

The problem of determining the impact of Colorado's legal marijuana runs much deeper than what state officials are able to report. The state does not have the funding, tools or training to gauge marijuana legalization's impact on public resources and communities. Fully equipping state guardians of public health and safety to collect and analyze this data must become a priority, said Ed Wood, director of DUID Victim Voices, a national group advocating for stronger drugged-driving laws.

"Colorado owes it to our country to accurately and fully report on marijuana's consumption, sale, distribution and societal impact, but that level of data do not exist and may never exist if Americans don't demand greater accountability of this state," said Wood, whose tireless voice in state legislative halls has demanded better data collection and reporting since his son was killed by a drugged driver.

State marijuana regulators have focused less on analyzing the data they have collected, choosing instead to direct most of their time and resources to keeping the state's cannabis industry from forcing the hands of federal officials who have opted not to enforce federal law. It's an abdication of responsibility in Washington, D.C., that former Attorney General John Suthers has noted in defense of Colorado against the legal challenges mounted by Nebraska and Oklahoma.

Then there are the data Colorado officials know the state does not collect and must if it is ever going to have a shot at understanding the impact of the drug's legalization. In January, a governor-appointed task force started meeting to determine the priorities and processes for gathering marijuana-related data. The costs of procuring, analyzing and reporting that

*"... Colorado still operates in a zone of not knowing what it doesn't know about marijuana and the expansion of drug legalization..."*

**Marco Vasquez,** Erie police chief and member of a governor-appointed marijuana task force

information are many months — and maybe years — away from being determined, said Marco Vasquez, chief of the Erie Police Department and a task force member.

"While the commercial marijuana industry continues to ramp up, Colorado still operates in a zone of not knowing what it doesn't know about marijuana and the expansion of drug legalization, and people are getting hurt," said Vasquez, who is also a former director of investigations for the Colorado Division of Medical Marijuana Enforcement. "Voters were sold a bill of goods, and I don't think they really understand what they did."

"The industry behind it is another Big Tobacco that has millions and millions of dollars to spend on influencing media and public policy — which will always outpace the findings of reputable science and the public workings of government."

Since the opening of recreational pot shops on Jan. 1, 2014, some data support that regulation is not having its intended effect:

- Colorado youths remain among the nation's heaviest cannabis users, with usage increasing at the second-highest rate in the nation. They use strains of the drug widely considered among the world's most potent. Denver schools reported a 7 percent increase in drug-related arrests on campus during the 2013-14 school year over the previous year, jumping from 452 to 482 arrests. Middle schools across Colorado reported 951 drug violations, a 10-year record. County and state education officials attribute the increases to marijuana.

- Local addiction treatment centers are reporting more admissions for marijuana addiction. Among them is the CU adult-treatment hospital, which continues to track numbers, said Cort, the center's director of professional relations.
- Colorado hospitals are reporting sharp increases in the number of children admitted for marijuana exposure, including accidental ingestion. A state committee charged with rule-making for edibles disbanded in November without reaching consensus.
- Black-market sales are booming at such high rates that they've been blamed for cannabis tax revenues that are tens of millions of dollars short of initial projections and campaign slogans. While speaking to a conference of other attorneys general last month, Coffman blasted legalization advocates' linchpin argument that regulating sales would eliminate the black market, reduce associated criminal activity and free up law enforcement agencies' resources. "Don't buy that argument," she said, according to U.S. News & World Report. "The criminals are still selling on the black market. ... We have plenty of cartel activity in Colorado (and) plenty of illegal activity that has not decreased at all."
- More than 30 hash-oil explosions occurred last year, prompting local and state authorities to call for laws prohibiting oil production in residential homes. At the end of last month, Colorado Springs authorities responded to a fire caused by hash-oil extraction in a home just south of the University of Colorado at Colorado Springs. "We'd never even heard of a hash-oil explosion before marijuana legalization," said Vasquez, the Erie police chief.
- Colorado is only beginning to learn how to collect information about marijuana-related driving arrests. In 2014, the Colorado State Patrol issued 674 marijuana-related driving citations. The agency typically issues about 20 percent of the state's DUI citations each year.

Then there are the more mun-





A PERSPECTIVE SERIES BY THE GAZETTE

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# Addressing driver impairment difficult

In Colorado, if you drive while impaired by drugs such as marijuana, you can be arrested and charged with a DUI. But the logistics of determining a driver's level of THC (marijuana's active ingredient) impairment have yet to be standardized, and there is no continuity in reporting arrest data for marijuana impairment.

The state's marijuana driving impairment limits could be entirely too high. A recently released report issued by the Colorado Department of Public Health and Environment is at odds with that limit. State officials also concede the toll THC takes on road safety is likely underreported and that Colorado's law enforcement agencies and the Colorado Department of Transportation aren't equipped to gather the data needed to determine a full and accurate scope of the problem.

"The challenges with the data are that reporting is not specific to marijuana, there are not clear standards for reporting marijuana impairment, and there is not consistency or standardization in reporting from local levels to the Colorado Department of Transportation," states a September report released by the Governor's Office

**THE IMPACT OF POT ON TRAFFIC**

- 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.
- 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.
- The Colorado State Patrol DUID program, initiated in 2014, shows 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 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.

**SOURCE: ROCKY MOUNTAIN HIGH INTENSITY DRUG TRAFFICKING AREA REPORT**

of Marijuana Coordination. "While fatality data associated with marijuana use are available, there is limited information on accidents not involving fatality or serious injury."

Then, there's this from the same report:

"Based on several review papers, it is estimated that there is a twofold increase in the risk of an accident if there is any measurable amount of THC in the bloodstream. Risks can be even higher when marijuana is used in combi-

nation with alcohol. Blood-alcohol content can be tested on the side of the road with a Breathalyzer, but the same is not true for marijuana."

Medical experts warned state lawmakers that even 1 nanogram of THC per milliliter of whole blood could double the risk of a car accident.

Nevertheless, the state Legislature set the THC impairment limit five times higher.

"The current policies are not rooted in science," said Marco Vasquez, chief of the Erie Police

Department and a member of a state task force appointed to identify data the state of Colorado needs to gather and analyze to determine marijuana's impact on key aspects of public health and safety.

"And while many voters might have been well-intentioned, I don't think they understood how difficult, resource-intensive and costly the enforcement of just marijuana driving laws — forget all of the other marijuana enforcement that has to happen — would be."

DUI enforcement shines a harsh light on one of the chief fallacies of marijuana-legalization supporters' claims, said Vasquez, who served as former chief of investigations for the Colorado Division of Medical Marijuana Enforcement.

"When it comes to driving, marijuana is not necessarily safer than alcohol — and in practice, (law enforcement) officers all over the state will tell you that they're seeing people using both substances, which is even worse," he said.

Officers across the state agree. Among them is Sgt. Craig Simpson of the Colorado Springs Police Department, who said that even when an officer suspects a driver is impaired by alcohol and cannabis, "typically, just the alcohol is

going to be reported."

Law enforcement officers, including Simpson and Vasquez, give many reasons for this. Among them:

- The difficulty of determining THC impairment. There are no Breathalyzer equivalents to determine marijuana impairment easily, and because many drivers pulled over on suspicion of THC impairment register at less than the state's 5 nanogram limit, convictions are difficult to land.
- "So even when we see reason to stop someone, we also know the system isn't set up to necessarily be able to do anything about it," Vasquez said.
- The cost of testing. A Breathalyzer and related analysis typically costs a department around \$30, while the blood tests required to help determine THC impairment cost around \$300, Vasquez said.
- The time required to investigate possible marijuana impairment. Because the state is still ramping up training to put more officers certified in drug recognition on patrol, even one traffic stop for a suspected THC-impaired driver can take an officer who is not certified in DRE off his or her beat for several hours.

# REGULATION

FROM PAGE 3

dane problems faced by Coloradans like John and Lisa Young and their teen daughter, who couldn't escape the odor of marijuana wafting into their Lakewood apartment from a neighboring unit. The couple insisted the management firm supervising the property enforce its stated ban on the drug's use — living up to the drug-free-community signs posted in its administrative offices — or move their family to a unit where they wouldn't be bothered by the odor of pot. At the end of their nine-month lease last year, the Youngs and the property management firm agreed that the Youngs needed to live somewhere else.

"At every level of governance — from the state Legislature and governor's office to homeowners' associations — Colorado has shown many times in just one year that it cannot muster the political will to regulate legal marijuana as it must be, that it doesn't have the resources to enforce many of the regulations on the books," Lisa Young said.

The current level of regulation effectiveness may have been foretold.

In January 2013, debates among members of a governor-appointed task force charged with recommending to state lawmakers rules for the implementation of Amendment 64 focused more on money than on matters of public health and safety.

When task force members ranked eight primary "principles" on which their deliberations were to focus, "Be responsive to consumer needs and issues" was placed second only to "Developing guidance for certain relationships, such as employer/employee ..." — an area of cannabis regulation that remains fraught with problems for Colorado employers.

Last on the list? "Promote the health, safety and well being of Colorado youth." What else ranked lower on the list than "consumer needs?" This principle: "Ensure our streets, schools and communities remain safe."

In early March 2013, the New York-based drug-abuse-prevention advocacy group The Partnership at drugfree.org released a survey of 1,603 adults living across the country — 200 of whom were Coloradans with children ages 10-19, and 200 of whom were parents of children in the same age range in Washington state, which also voted to legalize recreational cannabis. The survey provided one of the first glimpses of the restrictions on cannabis that adults



Partygoers dance and smoke pot during the annual 4/20 marijuana festival April 19 in Denver, with the state Capitol building visible in the background. Ten sheriffs from three states sued Colorado on March 5 for legalizing the sales and use of marijuana.



A year after legalization, the state does not test marijuana- and THC-infused edibles, although it promises to do so this year.

18 and older — and specifically parents surveyed — expected.

The research findings were announced in July 2013 at the University of Denver, where a couple of hundred people gathered to learn more about the challenges of regulating legal cannabis from an expert panel that included former Colorado Attorney General Suthers and former senior White House drug policy adviser Tom McLellan, a world-recognized substance abuse researcher

and co-founder of the Philadelphia-based Treatment Research Institute.

The panel noted that while Coloradans surveyed expressed support for tight cannabis regulation, they may not have understood what a large and complex undertaking that would be.

"Horribly naive," McLellan said during an interview after the event. "It appears people here are horribly naive about how regulation works and what it costs."

*"We have plenty of cartel activity in Colorado (and) plenty of illegal activity that has not decreased at all."*

**Cynthia Coffman,**  
Colorado attorney general

Consider:

- High percentages of parents (90 percent of Colorado parents and 91 percent of Washington parents) said marijuana should be banned in public places where tobacco is banned. Today, public use of the drug is illegal, but police in Colorado Springs — where recreational sales are prohibited — wrote 52 citations for public pot smoking last year, and Denver County reported a 451 percent increase in public use citations.
- Of Colorado parents surveyed, 87 percent said "marijuana advertising should still be banned." And when forced to choose, a majority

of parents identified the No. 1 place where it should be permissible to advertise marijuana as "nowhere."

Today, marijuana is advertised locally in free publications available in convenience stores, on prominent storefront signs and on 24/7 social media networks and websites. "Sesame Street's" beloved Cookie Monster recently was painted on the wall of Wellstone Medical Marijuana, a Colorado Springs dispensary — but quickly removed after lawyers for Sesame Workshop sent a cease and desist letter.

"Cognitive dissonance. That's what I see here," Suthers said of the survey's results during the 2013 presentation. "You can't say you want legalized marijuana and then you don't want your kids exposed to it." He added: "History (with alcohol and tobacco) suggests we're not going to be very successful at (banning the commercialization of a legal industry). Don't count on any corporate responsibility. Don't look for the online folks to cooperate."

"I just don't want anybody to fall into this notion that we are going to regulate this and everything is going to be fine."





GOOD *to* KNOW

*For those underage,*  
**IT'S JUST NOT OKAY.**  
THEIR BRAINS ARE STILL GROWING,  
**SO KEEP IT AWAY.**

Retail marijuana use is unsafe for anyone under 21.

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

# State prevention efforts criticized

A governor-appointed task force places promotion of safe use over prevention of use by youths

In one of the neatly maintained, brick buildings lining a street on the campus of the Colorado Mental Health Institute at Fort Logan in southwest Denver is a hive of offices where about 60 state employees focus on the prevention and treatment of mental health problems, including substance abuse and addiction.

Their work in the Office of Behavioral Health is cut out for them in Colorado, home to some of the highest drug-use rates in the nation and one of the country's worst track records for public funding of mental health care, especially for youths. The state almost entirely bankrolls the office's efforts to prevent substance abuse and addiction with an \$8.3 million federal grant.

How much did Colorado budget in fiscal 2014-15 for the office's substance prevention work? About \$34,000.

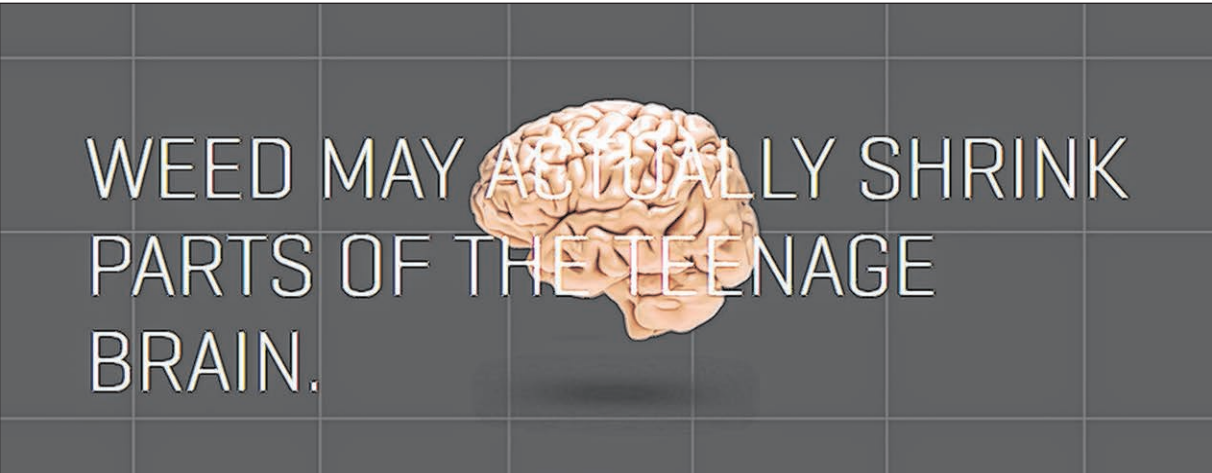
"Let's just say this state talks a good game about wanting to prevent problems but ultimately aligns its priorities much more closely with the interests of industries whose profits come from addiction and use of a harmful drug," said Bob Doyle, executive director of the Colorado Tobacco Education and Prevention Alliance and chairman of Smart Approaches to Marijuana, a policy group opposed to marijuana legalization.

"It is especially obvious that the state of Colorado is prioritizing marijuana and the marijuana industry over public health and welfare and basically ignoring many effective prevention strategies and professionals," he said.

**Money funds messages**

Indeed, the Office of Behavioral Health, which is the only state office specifically charged by statute with the development, coordination, supervision and evaluation of statewide efforts to prevent drug abuse and addiction, hasn't received a dollar this fiscal year to support efforts aimed at preventing marijuana use.

Instead, money for marijuana prevention and education initiatives has been channeled to the Governor's Office of Marijuana Coordination and to the Prevention Services Division of the Colorado Department of Public Health and Environment, which provides information on its website about "marijuana and your health" under the heading "Retail Marijuana



LABRAT.COM

Colorado's "Don't Be a Lab Rat" campaign features messages such as this one about marijuana's effects on the still-developing teenage brain.

na" — the state's preferred term for recreational marijuana.

Unlike the OBH, where every staff member is a certified prevention specialist holding an internationally recognized credential, employees at the helm of Colorado's marijuana prevention and public education efforts have comparatively little training and work experience in substance prevention and issues related to substance treatment. None is a certified prevention specialist.

But there's a more important difference: Unlike these better-funded prevention groups, the OBH does not invite drug industry executives to help it develop and execute prevention strategies or lead community meetings.

"We have learned early on (in) substance abuse prevention from tobacco and alcohol that the industry has no place with direct prevention," said Stan Paprocki, who retired March 1 as the OBH's director of community prevention programs.

Paprocki has more than 28 years of professional experience in substance prevention and treatment and recently wrapped up supervision of a federally funded, five-year, \$11 million campaign aimed at reducing underage alcohol consumption, especially among Latino youths, in Adams, Denver, Pueblo and Weld counties. The OBH's work was so effective that it met its five-year goal to reduce binge drinking among Latino youths in three years.

Paprocki said it didn't occur to him or his colleagues to ask alcohol industry executives to consult on the campaign.

But working with marijuana

industry executives has been a consistent method employed by the CDPHE and governor's office when developing prevention and public awareness campaigns.

The latter issued this edict when searching for a creative team to produce its three-week, \$2 million "Don't Be a Lab Rat" campaign: "Offerer will demonstrate ability to navigate and thoughtfully address the potential of involving representatives from the pharmaceutical and marijuana industry as part of a collaborative effort toward a successful campaign."

**Promotion or prevention?**

The resulting initiative was developed with input from marijuana industry representatives and from health care providers who urged state officials to distance themselves and the work from industry involvement. They presented state officials with published, peer-reviewed studies showing that industry involvement in prevention campaigns has been associated with increased substance use rates.

"We know what works. We know that media working with interventions that change environments and speak to personal drug use prevent use. But that's not what industry wants to do," said Harold Holder, a world-recognized researcher in substance prevention science and the former director of the Prevention Research Center of the Pacific Institute for Research and Evaluation.

One element of the campaign was a 30-second video focused on teens getting high in a car. The spot has no voiceover. Viewers instead must read a brief message alluding to debated brain research

that is transposed over footage of youths who appear to be having a great time as they smoke pot.

"It was all just so stupid because there was no clear prevention messaging," said William Crano, a professor of psychology at Claremont Graduate University in California who specializes in the development of media to support scientific, evidence-based drug prevention initiatives.

Crano knows a thing or two about angering bureaucrats who develop anti-drug messaging without full regard for its effectiveness. He was an early and outspoken critic of the federal government's memorable — but ineffective — "This Is Your Brain On Drugs" campaign of the 1980s.

"I quickly became a pariah with our Office of National Drug Control Policy and the drug czar," Crano said with a laugh. "But what I care about is effective messaging that changes behaviors and attitudes to prevent drug use."

Research shows effective drug prevention campaigns are not made up only of media, such as websites, billboards and television commercials. Successful campaigns also include an array of regular and consistent education carefully developed for specific audiences and community interventions that limit access to, and availability of, a substance in various ways, including price, Crano said.

He has even sharper words for Colorado's recently released "Good to Know" campaign — which also was crafted with significant input from marijuana business owners.

Supervised by the Colorado Department of Public Health and

Environment, "Good to Know" so far is telling people not to avoid marijuana use but, rather, to use the drug responsibly. The tactic mirrors the alcohol industry-driven "Drink Responsibly" campaigns that have been shown to increase alcohol use, Crano said.

"It's an old and dirty trick the alcohol industry loves — and pays many millions of dollars for because it's obviously working for their bottom line," he said.

"The message isn't prevention; it's about creating acceptance of alcohol use, which drives up sales. So, Colorado isn't preventing marijuana use. It's now in the business of promoting it."

Many of the state's addiction treatment providers, substance prevention professionals and advocates working in their communities to reduce drug use and abuse also say the CDPHE and the Governor's Office of Marijuana Coordination have given marijuana industry representatives too much influence. Among them is Jo McGuire, a Colorado Springs-based consultant who specializes in helping employers maintain drug-free workplace policies and serves on the national board of the Drug and Alcohol Testing Industry Association.

In August, McGuire attended a CDPHE event headlined "Marijuana Workshop for State and Local Public Health," during which a lawyer for the marijuana industry and a physician who recommends marijuana spoke. She was particularly surprised by the bud tender who lectured about the safe, regular use of highly potent THC concentrates.

"None of what these marijuana-industry representatives said was supported by one shred of responsible science, and it was absolutely stunning to me that our state health officials gave these people such a place of authority and legitimacy," she said.

"It's one thing if CDPHE officials want to better understand the industry by meeting with people and taking their own notes, but it is very much another and beyond ridiculous for them to make marijuana industry leaders keynote speakers who get to dominate the floor and drive the agenda.

"It's like inviting Philip Morris executives to help us learn how to use tobacco and develop our next anti-smoking campaign."





A PERSPECTIVE SERIES BY THE GAZETTE

# CLEARING THE HAZE

## DAY TWO: MARIJUANA AND CRIME

Proponents of Amendment 64 said legalizing recreational sales and use of marijuana would stifle the black market in Colorado. That is not the case; crime statistics indicate we have more to learn about the long-term effects of legal pot on public safety and other concerns. Data indicate there is new black market trafficking across the country as a result of legalized pot sales in Colorado. Other safety concerns surrounding concentrates and their manufacture are consequences of legalization that were never anticipated.

**Editor's Note:** See the full series, including related videos, at [gazette.com/clearingthehaze](http://gazette.com/clearingthehaze). To order a reprint, email [reprints@gazette.com](mailto:reprints@gazette.com), visit the website or call 719-636-0291.

## ABOUT THE SERIES

After the first year of recreational pot sales, The Gazette takes a comprehensive look at the unintended consequences of legalizing sales and use of recreational marijuana.

**Day 1:** Colorado has a fragile scheme for regulating legal marijuana and implementing a state drug prevention strategy.

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**Day 4:** Amid the hoopla about recreational marijuana sales, the medical marijuana industry is flourishing and has its own set of complicated concerns.

# Black market is thriving in Colorado

A shrinking black market for marijuana was among the biggest benefits Colorado would realize from legalizing and regulating the drug, proponents of Amendment 64 promised in the months leading up to the state's historic decision to sanction pot's recreational use.

However, the black market is thriving — and growing in new, unforeseen ways as marijuana, highly potent THC concentrates and THC-infused foods and drinks produced in Colorado make their way across the country.

More than 40 states have reported seizures of Colorado marijuana and THC products, according to the Rocky Mountain High Intensity Drug Trafficking Area. The federally funded task force also reports that seizures involving Colorado marijuana bound for other states have risen nearly 400 percent, from 58 incidents in 2008 to 288 in 2013 — the year before Colorado's marijuana retail stores opened. That is consistent with Denver police records showing a nearly 1,000-percent spike in the amount of marijuana officers have seized — 937 pounds in 2011 compared to a little more than 4 tons last year.

El Paso, Denver and Boulder counties are the top three sources for out-of-state marijuana trafficking, the HIDTA reports.

"Colorado is the black market for the rest of the country," HIDTA Director Tom Gorman said. "Now, the state just has a so-called legal market competing with the cartels, which haven't missed a beat. All ships rose with this tide."

Colorado Attorney General Cynthia Coffman spoke in similarly stark terms when meeting with fellow state attorneys general at a professional conference in February. She lambasted marijuana legalization advocates' linchpin argument that marijuana producers and users would play by the rules of law and significantly wrest control of marijuana sales from drug traffickers and cartels.

"Don't buy that," she told the room. "The criminals are still selling on the black market. ... We have plenty of cartel activity in Colorado (and) plenty of illegal activity that has not decreased at all."

Mexican cartels remain big players in Colorado's illicit drug trade, working their turfs as usual. Only now, because American marijuana users increasingly are turning to the more potent forms of pot produced at home, the cartels are changing tactics to capitalize on other profitable drug sales. Mexican drug producers have shifted their crops from marijuana to opium poppies — which produce the black tar heroin that has ravaged many parts of the country — and they're ramping up production of methamphetamine. Last year, U.S. law enforcement agencies seized more than 2,100 kilograms of heroin coming from Mexico — almost triple the amount confiscated in 2009 — and about 15,800 kilograms of meth, up from 3,076 kilos in the same period, according to the Drug Enforcement Agency. The DEA estimates that about 90 percent of meth sold in the U.S. is produced in Mexico.

Americans' consumption of all three drugs — marijuana, meth and heroin — is on the rise, and Colorado's use rates are higher than the national average, according to the National Survey on Drug Use and Health, which is funded by a U.S. Department of Health and Human Services agency.

"The cartels are flooding our markets with cheap heroin and meth at the same time we're growing

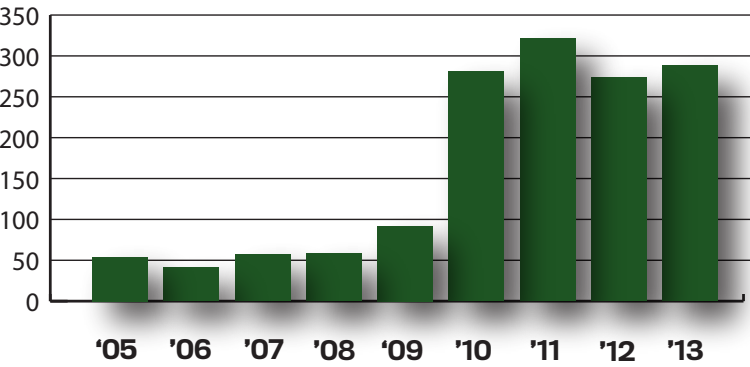


A law-enforcement investigation in Nashville in November led to the arrest of two people from Breckenridge and a third suspect from New Mexico after police officers found 425 pounds of high-grade marijuana and nearly \$355,000 in a bust. The trio also had 4 pounds of hash, packaging materials to band and wrap large amounts of money, and 17 cellphones, officials said.



Two Coloradans and a resident of New Mexico were arrested in Tennessee. Officials said they had pounds of marijuana and hash bound for distribution in North Carolina. Officials in Oklahoma and Nebraska have sued Colorado over costs related to local legalization.

## Marijuana seizures in which drug was destined for other states



Source: Rocky Mountain High Intensity Drug Trafficking Area, August 2014 report

the numbers of marijuana users who might move on to try that next thing," said Ernie Martinez, national at-large director for the National Narcotic Officers' Association Coalition. "Nothing good will come from this."

Colorado's black-market marijuana trade is hardly limited to cartels — and state officials can't say how much marijuana flows through it. However, they estimate that only 60 percent of the marijuana consumed in Colorado is purchased through legal channels. The rest is sold through illicit operations that include back-door sales out of

warehouses and other licensed facilities and home-grow operations far exceeding the six-plant limit Colorado law allows those 21 and older to cultivate.

Colorado's home-grow market is "minimally regulated" and a chief area of concern, said Lewis Koski, director of the state's Marijuana Enforcement Division. Yet home-grows take a back seat to the division's mandate to ensure that Colorado's 2,250 licensed marijuana facilities — businesses including edibles manufacturers and retail marijuana stores — follow the rules. Of the division's 55

employees, 38 conduct criminal and compliance investigations, spending most of their time at licensed establishments. The office is requesting 13 additional, full-time employees.

"One of our main enforcement priorities is specifically focusing in preventing or limiting the diversion of regulated marijuana outside the state of Colorado," Koski said.

Promises of increased enforcement ring hollow with law enforcement agencies in several other states. Sheriffs in neighboring Kansas and Nebraska have joined sheriffs from Colorado in filing a lawsuit against the state, alleging in part that Colorado's inability to keep black-market marijuana from flowing over its borders has put an economic burden on other states.

"We're running into more people with marijuana out of Colorado — just a regular, old traffic stop," said Dillon Mach, a sheriff's deputy in Custer County, Okla., who regularly patrols Interstate 40, a major east-west freeway stretching across the country. "They'll drive to Colorado, they'll pick it (marijuana) up, and they'll drive back to where they're from, whether that be Oklahoma, Texas, Missouri or Arkansas."

Traffickers are also flying the

## RECENT BUSTS

Last year, about 148,000 pounds of marijuana were sold in Colorado's regulated retail shops and medical dispensaries, along with 4.8 million edible products, according to a recent report by Colorado's Marijuana Enforcement Division. How much was sold in the black market is unknown, but some recent busts with Colorado ties have been big:

- In November, three people — two from Summit County and a third from New Mexico — were arrested in Tennessee after investigators found them with 425 pounds of what the Metropolitan Nashville Police Department called "high-grade marijuana from Colorado" valued at \$1.7 million, along with nearly \$355,000 and 17 cellphones.

- In January, two men from the metro Denver area were arrested after a routine traffic stop in South Carolina and found with 168 pounds of marijuana with a street value of around \$900,000. The marijuana was believed destined for Charlotte, N.C., according to news reports.

- In January, Pueblo police responded to a UPS facility after being alerted to a suspicious package. Inside: \$58,000 of high-grade pot and \$5,000 worth of marijuana edibles bound for San Angelo, Texas. Police say 23-year-old Johnny Wolfe was trying to ship the package to his home in San Angelo; he was later arrested by authorities in his home city and extradited to Pueblo to face charges.

- This month, brothers Gideon Barker, 19, and Seth Rhoades, 21, of Wisconsin were charged with drug conspiracy after police investigated a 45-pound marijuana bust. Police say Barker paid drivers to travel to Colorado to pick up large quantities of marijuana and take it to Wisconsin. Authorities found more marijuana, cash, drug paraphernalia, marijuana edibles and a document titled "Dos and Don'ts When Making a Run to Colorado" at Barker and Rhoades' home.

drug across state borders, former Colorado Attorney General John Suthers told The Gazette.

"I can't talk details, but there's some cases in the pipeline that I think will come to fruition in the next month or so that will indicate just how much marijuana is going straight out of grow operations in Colorado to regional airports and being flown to other states," he said.

Then there's the black-market marijuana that stays in Colorado — much of it falling into the hands of the very people legalization proponents said regulation would protect: youths. Marijuana use among Colorado adolescents is among the highest in the country, the state's public schools are reporting record numbers of marijuana-related problems, and healthcare providers say diversion of the drug from legal recreational and medical buyers to underage users is common. One study conducted by researchers at the University of Colorado found that about 74 percent of teens reported using marijuana they had obtained from a medical-marijuana license holder.





# Legalization didn't unclog prisons

Voters were told many inmates were locked up for minor pot offenses, but numbers were small

Of all the misunderstandings about marijuana's impact on the country, perhaps none is greater than the belief that America's courts, prisons and jails are clogged with people whose only offense was marijuana use. This is the perception, but statistics show few inmates are behind bars strictly for marijuana-related offenses, and legalization of the drug will do little to affect America's growing incarceration numbers.

"It's this myth that won't go away and gets repeated by people who should know better. Unfortunately, no one reads public records," said Ernie Martinez, Denver-based at-large director for the National Narcotics Officers Association Coalition. "But the truth is there — and it looks a lot different than the story pushed by marijuana-legalization advocates and amplified in news media."

Leaders of the country's biggest groups pushing for and against marijuana legalization surprisingly stand on a lot of common ground.

Both camps say they do not want people jailed only for drug use and/or possession of small amounts consistent with personal use. They also agree with what public records show: Nationwide, racial and ethnic minorities are arrested and convicted at higher rates than whites across many criminal categories, including drug possession and use.

Both camps also favor law enforcement strategies that streamline low-level drug offenders into drug courts and treatment programs. They push for reforms of the criminal justice system that would give judges more flexibility in sentencing in specific, lower-level, nonviolent cases.

Similarly, advocates on both sides of the legalization debate say they want to see legal reforms that could help remove the stigmas that may prevent low-level drug offenders with personal-use convictions from having housing, jobs and scholarships that help them lead productive and healthy lives.

Where the factions sharply disagree is on the question of whether marijuana legalization is needed to accomplish any of those goals.

"Marijuana legalization isn't required to reform problematic laws, and it's not the answer to our prison problems, and it certainly won't end racism where it exists in the legal system," said Kevin Sabet, a former senior White House drug policy adviser who co-founded Smart Approaches to Marijuana, a nonprofit organization advocating for reform of marijuana laws without legalizing the addictive drug.

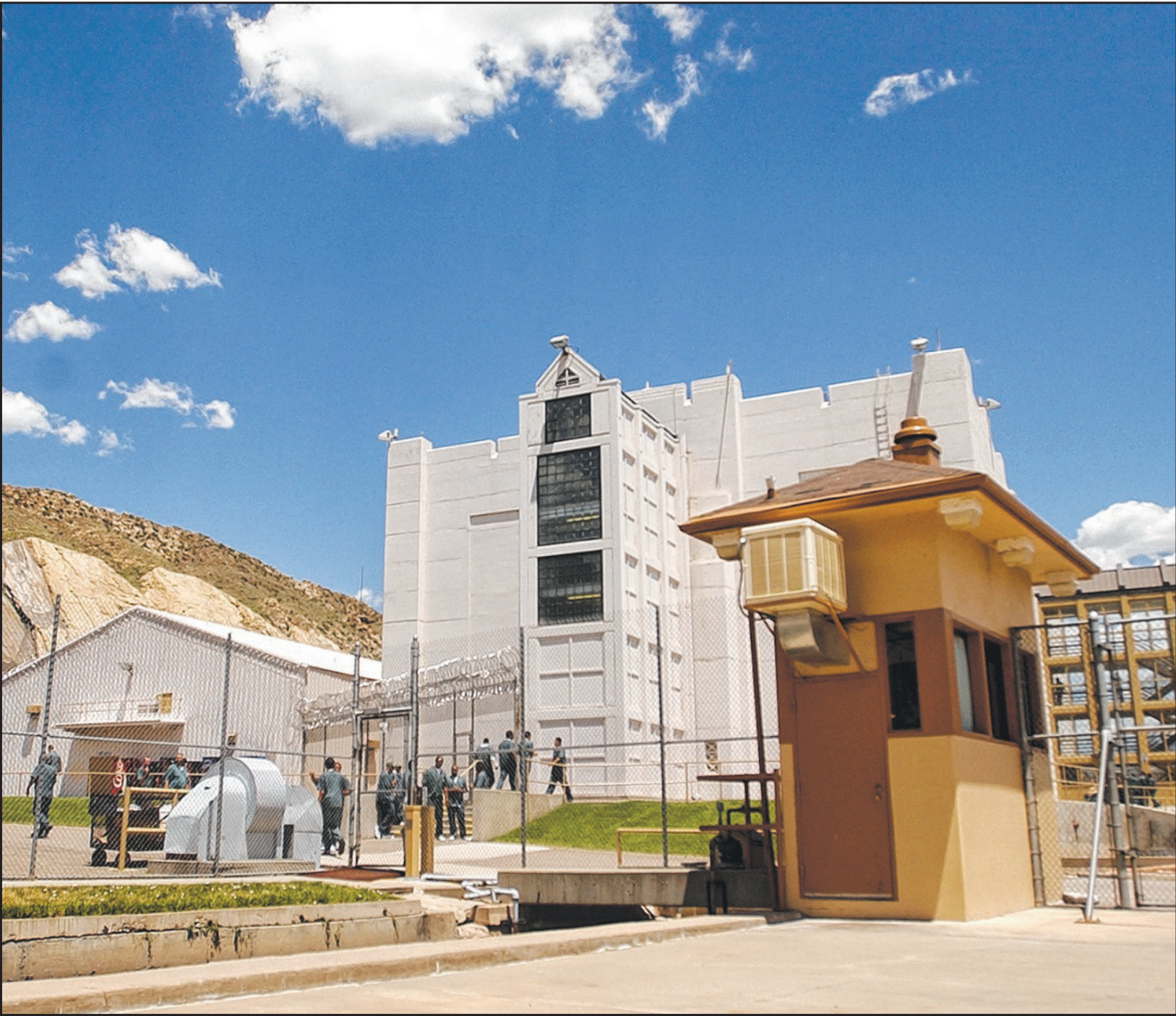
"Legalization is really about creating a heavily commercialized Big Tobacco 2.0 that lets people make a lot of money from the sale of another addictive drug that we have every reason to believe will disproportionately harm poor people who don't have the resources to overcome the problems of substance abuse and addiction," Sabet said. "We've already seen this with alcohol and tobacco."

### Data needed to track impact

Martinez, the law enforcement officer who has been appointed to serve on local and state committees tasked with examining and implementing marijuana laws, said law enforcement agencies throughout the state are only now beginning to gather the marijuana-centric data they need to track the drug's impact on their resources.

In the meantime, his more than three decades of professional experience — and those public records he would like more people to review — tell him very few people are arrested and/or imprisoned only for marijuana possession and/or use.

"Our courts and prisons are actually filled with people who committed serious crimes while



THE GAZETTE FILE

Colorado Territorial Correctional Facility Medium Security Prison in Cañon City. Proponents of Amendment 64 told voters that legalization of recreational marijuana sales would unclog the state prison system, but only 1.4 percent of state inmates are locked up exclusively for crimes involving only marijuana, according to the Bureau of Justice Statistics in 2004.

*Only 1.4 percent of inmates in the state corrections system were imprisoned for offenses involving only marijuana-related crimes.*

### Bureau of Justice Statistics, 2004

under a drug's influence or while they were in possession of very large amounts of a drug with the intent to sell it in circumstances associated with violence and/or firearms," he said. "If anything, we need to conduct more research on how marijuana use contributes to criminal behavior."

According to the Bureau of Justice Statistics in 2004 — eight years before Colorado voters cited the reduction of prison populations as a chief reason for their 2012 vote to legalize recreational marijuana:

- One-tenth of 1 percent of people in state prisons were serving sentences for first-time marijuana possession. Those people also may have concurrent sentencing for other offenses.
- Three-tenths of 1 percent of people in state prisons were serving time for marijuana possession with prior criminal offenses. They, too, may have concurrent sentencing for other offenses.
- 1.4 percent of people in state corrections were imprisoned for offenses involving only marijuana-related crimes.

Those national numbers are consistent with a report released by the Colorado Drug Investigators Association. In 2010, only 1 percent of court commitments to prison in Colorado involved marijuana charges. There were more court commitments to prison for traffic-related offenses (185) than for all marijuana offenses (91) that year, the association reported, cit-

ing a review of Colorado Department of Corrections records.

### Casual users not targeted

In 2011, the U.S. Sentencing Commission issued reports also suggesting that low-level drug users are not the targets of law enforcement nationwide:

- That year, there were 216,362 inmates in the federal system. Among them were 6,961 marijuana offenders, only 103 of whom were imprisoned for simple possession — the result of plea bargains in which prisoners pleaded down to possession in exchange for lesser sentences.
- The federal government convicted only 48 marijuana offenders who possessed less than 5,000 grams of marijuana. The average amount possessed was 3,800 grams — the equivalent of about 9,000 joints, or marijuana cigarettes.

Though people generally are not jailed for marijuana use, the nation's criminal justice system is flooded with possession charges. In 2011, the FBI reported that law enforcement agencies across the country made about 800,000 "arrests" for marijuana possession — but there are two major caveats Martinez and Sabet say often are not reported:

- Though a charge might be recorded as an "arrest," most localities across the U.S. treat marijuana possession much like a parking or speeding ticket. Many users are not actually arrested or taken to jail. But a possession conviction can harm someone unnecessarily for years, Sabet said.
- That is why we should advocate for laws that do not discriminate against those with records for small-time marijuana possession only — for instance, for getting college loans, public housing or other benefits," he said. "We don't have good data on the number of people affected by a criminal record tarnished only with marijuana possession arrests, but the number is not trivial."

*The federal government convicted only 48 marijuana offenders who possessed less than 5,000 grams of marijuana. The average amount possessed was 3,800 grams — the equivalent of about 9,000 joints, or marijuana cigarettes.*

### U.S. Sentencing Commission, 2011

- Possession charges are typically levied in conjunction with charges for more serious crimes, usually trafficking, and often the result of plea bargaining down from more serious charges.
- "In other words, many times, the system has done a lot of these people a favor by letting them plea only to possession," Martinez said.
- In 2008, Martinez coordinated a committee appointed by then-Denver Mayor John Hickenlooper to examine all marijuana-possession summonses the Denver Police Department issued that year. The review of 1,368 summonses, conducted by researchers at the University of Colorado Denver's School of Public Affairs, found:
  - The typical offender was a white male, representing 46.3 percent of the total sample. African American males followed at 33.9 percent, Hispanic males at 18.3 percent and Asian males at 1.5 percent.
  - The most common reason for contact between an alleged offender and a police officer was a traffic stop, cited in 32 percent of cases. Suspicion of other criminal activity was the second most common

reason police cited for stopping someone, recorded in 22 percent of cases.

- In cases where locations were noted on a summons, marijuana possession citations were issued in a public setting 83.6 percent of the time, compared with 14 percent issued at a private home — typically residences where officers had been summoned for help.

### Use high among offenders

Sabet and Martinez say they also stand against legalization because it would increase use of an addictive drug prevalent among people caught up in the criminal justice system.

"Correlation is not causation, but I do not think we've looked thoroughly enough at this association between criminal behavior and marijuana use — which has increased since marijuana legalization in Colorado," Martinez said. Indeed, marijuana is the "drug most commonly admitted when ... arrestees were asked about use in the prior 30 days," according to the federal Arrestee Drug Abuse Monitoring Program's 2013 annual report, the most recent data available. Consider:

- In Denver, 53 percent of adult, male arrestees admitted marijuana use in the 30 days before their arrest.
- Of male arrestees tracked by the program, those in Denver reported the least difficulty buying marijuana, with 17 percent reporting a "failed buy" in the previous 30 days.
- Arrestees tracked in Atlanta and Chicago, where recreational marijuana use is illegal, reported more difficulty obtaining the drug, with 24 percent and 40 percent "failed buys," respectively.
- The findings are consistent with a Colorado Department of Corrections report released in 2011 — before the legalization of recreational marijuana — that found 80 percent of court commitments to Colorado prisons had a moderate to severe substance abuse problem.





# Tough task for law enforcement

The legalization of marijuana has forced police officers to violate federal law, say a group of sheriffs who are suing Colorado over the drug. It has dramatically affected the officers who have to patrol the streets — delivering them a new set of complex problems.

“It’s legal, man, why are you hassling us?”

It’s a phrase Barry Rizk, a Colorado Springs police officer assigned to the downtown area, has heard frequently.

People think because pot is legal they can smoke in the open.

From January through October last year, police in the downtown area wrote 24 tickets for pot smok-

ing in public; citywide through Dec. 28, the number was 52.

Rizk has all kinds of stories associated with marijuana.

“I’ve had people driving by smoking it. I remember it was super hot one day, and I had my windows rolled up (with the air conditioning) and I’m in my patrol car and I’m on Tejon and a guy honks his horn at me and tells me to roll my window down. He’s driving by in his vehicle, smoking marijuana, sees me and has me roll my window down. I ended up writing him a couple of tickets. I asked him ‘what were you thinking?’”

There was the guy from Texas who said he moved here for Col-

orado’s grow. Others for the “hot bud.”

Then there were the four teens from Oklahoma who came here for pot. “They basically drove around looking for it, and they found a dealer with a red card who went to an MMJ dispensary and bought the pot. He went in and bought it and came out and sold to them. We ticketed them and identified the dealer and arrested him, who also had LSD.

“I’ve run into both transient and nontransient people who have moved here because of medical marijuana and now because of the legalization of marijuana. I can tell you personally, I’m sure

you have noticed this, too, but we smell it everywhere. Just everywhere,” Rizk said recently while on the job downtown.

Michael, a 58-year-old homeless man who did not want to give his last name, agrees with Rizk that pot is prevalent.

“Pretty much everyone out here uses,” he said on a recent warm day while resting in Monument Valley Park. “It’s a new game. Now it’s tough to get a cigarette. It used to be harder to get a buzz in this park than it was to get a cigarette. Now the shoe is on the other foot. It’s tough to get a cigarette,” he said.

“It seems like it’s falling out

of trees. I’ve found buds on the ground. It invaded the entire culture of the town.”

In Colorado, anyone 21 and older can possess up to an ounce of pot. Medical marijuana cardholders get to have twice as much. Police Chief Pete Carey has had to equip officers with the right tool for the laws.

“Aside from some training issues, I had to purchase scales for our officers so they know exactly how much an ounce is when they stop somebody,” Carey said. He bought 100 of them.

“If it’s 28 grams or less, they give it back,” Carey said, citing the equivalent of an ounce.



A house in Manitou Springs is seen in January with broken and boarded-up windows after a suspected hash oil explosion in May.

THE GAZETTE

## Potency creating problems

Marijuana isn’t just for smokers — especially under the law established by Colorado’s Amendment 64.

The state constitutional amendment that legalized the drug’s recreational use permits possession of up to 1 ounce of tetrahydrocannabinol (THC), the active ingredient that produces a euphoric high.

Many people think only in terms of the raw plant material that is dried and smoked and called marijuana. They envision an ounce of dried marijuana plant in a small bag or container — a form that yields about 40 standard cigarettes.

They do not consider THC in concentrated and highly potent forms known as hash oil and wax, typically sold at potency levels between 80 percent and 90 percent THC. At that concentration, these products are a far cry from the weed smoked at Woodstock that was around 2 percent THC.

THC concentrates are sprayed on and infused into foods and drinks called edibles. They are also loaded into electronic cigarettes, where the concentrate heats and is vaporized by the user for a faster, more intense high. Users talk about “waxing,” “dabbing” and “vaping.”

One ounce of concentrated THC is the chemical equivalent of more than 2,800 average-size servings of edibles such as brownies or candy (each typically contains 10 mg).

Researchers say vaping one hit of THC is the equivalent of 1 /20th of a gram. That means 1 ounce of hash oil is the rough equivalent of 560 standard hits.

# Authorities alarmed over increase in hash oil explosions

It’s known as wax, shatter, honey oil or, simply, BHO — butane hash oil.

Making it is legal in Colorado, but the process of extracting highly potent hash oil from marijuana plants using butane is highly dangerous. And it might be going on next door.

The number of hash oil explosions in Colorado nearly tripled in the first year of the legalization of marijuana — 32 reported explosions in 2014 versus 12 in 2013, according to data collected from the Rocky Mountain High Intensity Drug Trafficking Area Program. And people admitting themselves to the University of Colorado Hospital Burn Unit went from one in 2011 to 10 in the first four months of 2014.

The increases were so alarming

that Thornton police Sgt. Pat Long took it upon himself to develop a training program to educate law enforcement, firefighters and other first responders about the process and the inherent dangers of extracting nearly pure THC from marijuana.

So far, about 2,500 people in eight states have attended the training, including officers in the Pikes Peak region — one who cited it in court records regarding an explosion in Manitou Springs in May:

“While approaching the residence I observed several windows to the residence had been blown out and were lying on the ground,” the Manitou Springs officer wrote. “Visible from the outside is the kitchen area. I observed the refrigerator door

was broken off the hinges. It appeared that something inside the refrigerator had exploded and the contents were lying on the floor below.”

Long said he first heard about hash oil extractions a little more than a year ago, when Thornton police and firefighters responded to a residential fire but didn’t know the cause.

“There was no logical explanation of why a freezer would blow up,” he said of that incident.

“This whole hash oil stuff was so new — our department had no idea about it, no training, so I actually talked with our fire department and I started making phone calls to various fire agencies,” he said.

“What I was learning is most law enforcement and fire agen-

cies missed their first one or two explosions before they knew what it was.”

Now, Thornton has an ordinance prohibiting the use of any flammable solvent in a hash oil extraction, and a similar ordinance may be coming in Colorado Springs: City Fire Marshal Brett Lacey plans to propose an ordinance that will ban extraction of marijuana hashish oil in residences.

In addition to the case in Manitou Springs in May, news reports in The Gazette also cite at least three other local incidents — one more than a year ago when a man caused an explosion in an apartment on East Pikes Peak Avenue, another when a man was arrested in March 2014 after an explosion on University Drive, and

most recently, a home fire in the Cragmoor neighborhood in late February.

The process of extracting hash oil involves forcing butane — a volatile and explosive solvent — through a glass tube filled with marijuana. What results is a highly potent THC stripped from the plant. But something as simple as a spark or a pilot light — even static electricity — can trigger an explosion.

“It’s a process that’s too dangerous for amateurs to undertake on their own,” said Sgt. Jeff Bredehoeft, training manager for the Rocky Mountain High Intensity Drug Trafficking Area. “They’re not doing it correctly and they’re doing it hastily, and when you mix those two things together, you’re going to have problems.”





DAY THREE: YOUTHFUL ADDICTION

Protecting our children was a priority as the public headed to the polls to vote on Amendment 64. The most recent research on adolescent brain development and related addiction studies indicates this is more important than ever thought before. Adolescent exposure to marijuana is most troubling because young users are more vulnerable to addiction throughout their lives. Post-legalization trends in Colorado raise concerns because regulation has fallen short of the promises made by the state. The increasing rate of pot use also is a concern of employers.

**Editor’s Note:** See the full series, including related videos, at [gazette.com/clearingthehaze](http://gazette.com/clearingthehaze). To order a reprint, email [reprints@gazette.com](mailto:reprints@gazette.com), visit the website or call 719-636-0291.

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# Teen: Colorado voters were duped

Nineteen-year-old Kaleb is 41 days and seven hours sober when he sits down for a long conversation about his marijuana addiction.

Two more months, his treatment providers tell him, and he’ll likely be able to deliver his first clean drug test in many years showing no presence of THC, the active ingredient in cannabis that produces a euphoric high and can affect the mind and body for weeks after use — especially if you’re like Kaleb, who was getting high every day along with about 6 percent of American high school seniors. This according to the federally funded Monitoring the Future, one of the United States’ most extensive and longest-running surveys of students’ drug use and attitudes toward substances.

By his own admission, Kaleb, who is days away from his 20th birthday, has spent practically all of his teen years stoned, or “blazed.” He is still coming out of a mental and physical haze — and also coming to terms with the problems that stacked up for him when he checked out of life to pursue recreation of the chemically induced kind.

He’s regaining clarity and focus — and a sense of ambition he says he hasn’t felt in years.

It is a different kind of ambition than the one that drove him to manipulate everyone around him to score his next hit. With an easy smile — but determined brown eyes that family and friends say are finally clear again — Kaleb says he wants a fresh start and to be fully present in his life and community. He doesn’t want credit for merely showing up — which is how he sums up his graduation from Sand Creek High in 2013 with a 1.8 GPA. Kaleb wants a college degree and a career. He wants to repair strained relationships.

And when he’s healthy and confident enough, Kaleb also wants to work to stop the United States’ burgeoning marijuana industry and to reverse what he calls “clueless and dangerous” cannabis laws. Kaleb’s story suggests a state at risk of triggering a public health crisis that will hit youths especially hard because they are caught in a lot of the same social dynamics Kaleb said he found in his high school’s cafeteria.

“It’s [marijuana industry] all so misleading, and there’s a lot of trickery going on because there are big money and politics in this and not enough people standing up to do the right thing because they’re afraid of losing something — like money, power, privilege or image,” Kaleb said. “I compare it to Big Tobacco and bogus 1950s ads pushing everyone to smoke cigarettes — you know, as an expression of personal freedom and with a mythical 9 out of 10 doctors saying it’s all right. Only this time, it’s not just a buzz from some nicotine we’re talking about. Weed is a psychoactive, mind-altering substance. It is addictive. And I don’t care what anyone says; it is being marketed to kids.”

Advocates for drug abuse prevention say many Americans — including and especially those making public policy and influencing public opinion from massive media platforms — either have been duped by or are caught up in the hype generated by an industry that derives its chief profits from addiction.

“People are voting without the knowledge,” Dr. Nora Volkow, director of the National Institute on Drug Abuse, told hundreds of people gathered in February 2014



Lisa Taylor said her son Kaleb used marijuana daily in high school, which created tensions in their family, at school and among their framework of friends.

in Washington, D.C., for an annual meeting of the Community Anti-Drug Coalitions of America. “We have to counter investments of individuals wanting to change the culture and (promote beliefs that) it (marijuana) is a safe drug.”

And while no, most people who use marijuana — and alcohol for that matter — aren’t addicts, Kaleb says, “You just have to be intoxicated, not an addict, to cause serious damage. And yeah, getting sober in Colorado is really hard because drugs and media telling you why they’re so great are everywhere all the time now.”

Indeed, while the state reports that about 485,000 Coloradans 18 and older are regular marijuana users (defined as using at least once a month), state auditors examining marijuana sold in state-licensed facilities found that about 106,000 Coloradans — or nearly 2 percent of the state’s population — drove more than two-thirds of demand for the drug. Reports from the Colorado Department of Revenue refer to those people as the “heaviest users” because they consume cannabis daily or near daily — behavior consistent with substance addiction.

“We’re mortgaging our future for the almighty dollar,” said Kevin Sabet, a former senior White House drug policy adviser who teamed with former Democratic U.S. Rep. Patrick Kennedy and political pundit David Frum to start Smart Approaches to Marijuana, a national, nonprofit group that advocates for marijuana policy reform but does not support the drug’s legalization. “Make no mistake,” Sabet said. “Legalization is about cranking up the number of heavy users, targeting the most vulnerable — as every industry selling an addictive drug does — and making money. That’s it. If it were about getting people out of prison or increasing science-based prevention, there are myriad ways to do those things without ushering in Big Tobacco 2.0.”

In December, the National Survey on Drug Use and Health delivered more troubling news reinforcing the cacophony of late-night jokes that Colorado has a drug problem and plenty of enablers. Pick a substance — alcohol, abused prescription painkillers, cocaine, heroin, marijuana or tobacco — and the state ranks above the national average.

But it is marijuana use that Colorado works hardest on these days. The need to explain spiking

*“The weed, not alcohol or tobacco, came first, and the more I used, the more I drank, and the more pills I eventually popped. That doesn’t happen to everyone who uses weed, but it happens to enough of us. It’s a gateway.”*

Kaleb, 19, a former addict

drug-use rates while implementing legalization of retail marijuana sales is increasingly pressing: The state’s 2013 past-month marijuana use rate was the nation’s second highest, coming in at 12.7 percent of Coloradans age 12 and older. That is up from 10.41 percent in 2012, when voters sanctioned recreational marijuana use, and from 7.8 percent in 2000, when they sanctioned marijuana for medical use. With the January 2014 rollout of retail marijuana, Colorado usage rates are likely to increase.

Use of alcohol and nonmedical painkillers also increased in Colorado between 2012 and 2013. While marijuana legalization’s impact on the consumption of other drugs is the subject of heated debate among economists and drug-policy advocates, the connection is much more straightforward for Kaleb.

“The weed, not alcohol or tobacco, came first, and the more I used, the more I drank, and the more pills I eventually popped,” he said. “That (progression) doesn’t happen to everyone who uses weed, but it happens to enough of us. It’s a gateway.”

The trends in marijuana use and addiction specifically among Colorado’s youths are also disturbing — if for no other reason than the state has kept poor data and now finds itself building a baseline by which marijuana’s impact on youth can be determined.

The 2013 Healthy Kids Colorado Survey, administered to youths enrolled in public schools, is the state’s most robust evaluation of students’ marijuana use and attitudes about the drug, said Alyson Shupe, chief of the health statistics and evaluation branch of the Colorado Department of Public Health and Environment.

Comparing the 2013 state-survey data to the much smaller samples collected from students in previous years for a federally funded study released by the Centers for Disease Control and Prevention is difficult. “The actual percentages aren’t affected so much as the confidence with which you can say you have a clear picture of what has happened and can detect meaningful change over that time,” Shupe said. The state now wishes to press on with a more robust survey, but it will be years before researchers can determine use trends — a lag in information that could keep a response years behind any problems.

While Kaleb blames himself for getting high the first time, he also recognizes that he was a 14-year-old who believed his friend’s parents when they said marijuana wasn’t addictive and was safer to use than alcohol. The couple had medical marijuana cards and diverted their stash to their son and his friends, Kaleb said.

His experience is consistent with research conducted by Dr. Christian Thurstone, an associate professor of psychiatry at the University of Colorado, and his colleagues: 74 percent of Denver teens in substance treatment and 18 percent of Denver teens not in substance treatment reported getting the drug from people with a state-issued license. (Thurstone is the husband of reporter Christine Tatum, who worked on this project for The Gazette.)

When he turned 18, Kaleb wasted no time getting a “red card” — and dealing the drug. He found plenty of customers at schools. Of the 2.4 million Americans who try cannabis for the first time each year, about 57 percent are younger than 18, according to the NSDUH. Peak use among Americans is at age 20 — followed by ages 19 and 18. One of every six adolescents who try marijuana becomes addicted to the drug — a rate medical experts say was determined decades ago when marijuana was far less potent than it is today.

To land the state’s permission to use weed, Kaleb said he headed to a Colorado Springs business that sold medical marijuana evaluations for \$65. He fabricated a story about hurting his knee while playing football at school — a sport he’d never played at school. The doctor Kaleb briefly met diagnosed him with tendinitis and recommended what essentially became an unlimited supply of

marijuana, hash oil and THC-infused foods and drinks.

By then, Kaleb knew where to find coupons and special offers of pot freebies and paraphernalia in the free glossy magazines that were always stacked in local convenience stores.

Though the state permits medical marijuana users to designate only one “caregiver,” or supplier of the drug, Kaleb said he maintained “memberships” at 12-15 dispensaries at a time.

Fueled by constant buy-2-grams-get-1-free specials, Kaleb quickly amassed a cannabis stash. Each day he dealt to other kids, he said, he typically cleared \$1,083 in profit — much of which fed his own drug habit, which had advanced from smoking marijuana to consuming hash oil. The oil, which can be vaporized or infused into foods and drinks, typically starts at 85 percent THC. That’s about 40 times the potency of the weed of Woodstock, which was around 2 percent THC. Even 1 ounce of the oil can impair hundreds of people. Kaleb said he consumed hash oil five to eight times a day just to feel normal.

“It’s the crack of marijuana,” he said.

Use of hash oil is a relatively new and increasingly popular trend that can cause severe reactions, such as panic and psychosis, Thurstone said. Kaleb said he saw those reactions in friends.

Kaleb’s newfound drive to take a stand against cannabis in all its forms is fueled in part by anger he says he’s determined to channel to spare other people — especially youths — the problems he experienced. His use of hash oil really did him in, he said — but not so much that he didn’t notice the adults in his life who essentially shrugged their shoulders about his marijuana use.

There were the traffic stops, when waves of pungent pot smoke billowed from his car and into the faces of police officers who said nothing when Kaleb produced his red card. There were the teachers who winked and joked about how he’d obviously “had a really nice lunch” when he returned to their classrooms so stoned he’d just put his head on his desk. There were the parents of friends who liked toking with high schoolers.

And then there were Kaleb’s parents, who, after years of pleading and efforts to find him treatment, finally asked him to leave their home a couple of months before his high school graduation. Chief among their fears was that he would be a harmful influence on his younger brother.

“That was the hardest thing I’ve ever had to do in my life, but I know it’s what had to be done to save his life and to protect the rest of our family,” said Lisa Taylor, Kaleb’s mother. “What really gets me about this entire issue is that our country is rushing to legalize a drug under the guise of helping the very sick and the dying and the ruse that everyone agrees kids have no business using marijuana. But the truth is that we’re just clearing the way for more kids to become addicts.”

About a year after being forced to strike out on his own, Kaleb decided to fight for his sobriety.

“I was losing my family and losing my motivation,” he said. “I was seeing people a lot older than me using weed and working in the same low-level jobs as me and being perfectly content. I just saw where my future was heading, and it scared me. I texted my mom for help.”



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CLEARING THE HAZE



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# Concerns over adolescents’ use

Much of the latest brain development science conducted around the world shares this bottom line: Adolescent substance use is harmful and a bigger deal than researchers previously thought.

“Parents don’t have to accept teen drug use or the notion that drug use is just a part of growing up,” said Dr. Christian Thurstone, an associate professor of psychiatry at the University of Colorado, who also serves as medical director of one of Colorado’s largest adolescent substance abuse treatment programs.

Thurstone said many companies selling addictive drugs — including alcohol, marijuana and tobacco — are staffed with executives and researchers who know what he does about the science: The best way to develop the lifelong customers who guarantee business survival and boost profits is to hook people when they are young because that is when the brain is especially vulnerable to developing addiction. Most adults who struggle with addiction started their drug use as adolescents, he said.

Consider internal statements — publicized during the country’s tobacco lawsuit settlements — that informed tobacco companies’ advertising and business-development efforts:

- From Lorillard in 1970: “We have been asked by our client group to come up with a package design ... a design that is attractive to kids ... While this cigarette is geared to the youth market, no attempt (obvious) can be made to encourage persons under 21 to smoke.

**VIDEO ONLINE**  
Find video of Dr. Christian Thurstone explaining the basics of addiction science at [gazette.com](#).

The package design should be geared to attract the youthful eye ... not the ever watchful eye of the federal government.”

- From R.J. Reynolds in 1973: “Realistically, if our company is to survive and prosper, over the long term we must get our share of the youth market.”
- From Brown & Williamson in 1980: “The studies ... of young smokers’ attitudes towards ‘addiction’ ... contain multiple references to how very young smokers at first believe they cannot become addicted, only to later discover, to their regret, that they are.”

Companies offer the drug in familiar candy shapes and bright colors, promoted using fashion labels, media and events popular with youths. In doing so, they follow Big Tobacco’s playbook, said Bob Doyle, executive director of the Colorado Tobacco Education and Prevention Alliance.

“Marijuana is shaping up to be Big Tobacco 2.0,” Doyle said. “Only this time, the consequences stand to be even worse.”

Among the findings about pot use during adolescence:

- Heavy use of the drug starting in adolescence predicts up to an 8-point drop in IQ from age 13 to age 38, according to research published in 2012 by Proceedings of the National Academy of Sciences. The study findings suggest the drop in IQ is permanent and dose-de-

*Companies are following Big Tobacco’s playbook, offering marijuana in familiar candy shapes and bright colors.*

**Bob Doyle, executive director, Colorado Tobacco Education and Prevention Alliance**

pendent — meaning the more marijuana used, the greater the drop in IQ.

- Adolescent exposure to marijuana doubles the risk of developing psychosis in adulthood — which includes seeing and hearing things that aren’t there and maintaining fixed, false beliefs not shared by the larger community, according to research published in Lancet in 2009. This finding first was reported in 1988 and has been replicated at least five times with studies controlling for dozens of possible, confounding variables — and all yielding similar results.
- Adolescent exposure to marijuana predicts a doubling in the odds of having an anxiety disorder in adulthood, according to research published in 2013 in the peer-reviewed journal Addiction.
- Adolescents who use marijuana are at least twice as likely to go on to use other substances, compared with those who do not use the drug, according to research published in Addiction.

Science has shown for many years that the brain achieves its maximum size and weight

at about age 6. What researchers didn’t know until the start of the 21st century is that the brain fully matures around the age of 25.

During adolescence, the brain changes rapidly. While under this important construction, it is especially vulnerable to harm from substance use, said Thurstone, who directs the medical training of physicians completing fellowships in addiction psychiatry at CU. To underscore how easily teens become addicted to substances, he provides a quick rundown of peer-reviewed research published in respected medical journals:

- One in six people younger than 18 who try marijuana becomes addicted to it — compared with one in 11 adults. These rates were calculated decades ago, when marijuana was much less potent.

It’s the sequence of brain development that makes adolescents more vulnerable to addiction than adults. The reward circuit matures in early adolescence. But the part of the brain that helps us plan, organize and contemplate consequences develops in the mid-20s.

“So for about 12 years, kids are biologically off to the races with fully functioning gas pedals and no brakes,” Thurstone said. “The imbalance could be a good thing if it encourages teens and young adults to take some risks — such as leaving home and finding a mate — but it presents big challenges that should underscore for all of us that adolescents are not merely little adults and that the ages of 18 and 21 aren’t somehow going to make drug use all right.”

# Babies, children at risk

In January, a group of Colorado Springs pediatricians had an unusual topic on the agenda for one of their monthly meetings: Breastfeeding and babies who test positive for THC.

“When that hits the agenda, it’s clearly important,” said Dr. Darvi Rahaman, a pediatrician at Peak Vista. “There’s so many, so many good things about breastfeeding and its positive effects. When a child is born, we and the nursing staff promote breastfeeding. The question is what happens when we know Mom was positive on a THC screen? Do you recommend you breastfeed or not? What do you do?”

Rahaman, a pediatrician of nearly 20 years, said the concentration of THC in breast milk is several times higher than in the mother’s blood and “there are very few studies about end results of children who are breastfeeding to moms who are consistently using.”

Rahaman said that although his colleagues report seeing more and more THC-positive infants, determining the number of babies born positive has been difficult because there is no specific code for a marijuana-exposed baby — only a general code for illicit drugs. “We’re trying to figure out



Lollipops

how to track this,” he said.

“I think most people were a little frustrated that this was even a discussion. But then there’s the realization that this is happening so we should have a consistent way to approach this. I think one thing for sure is that we haven’t come up with a final approach in Colorado.”

Guidance may be coming: The Colorado Department of Public Health and Environment plans to release a document this month for physicians to use in talking with pregnant or breastfeeding women.

But doctors and hospitals in Colorado report seeing more people of all ages testing positive for marijuana — from tots to teens to 20-somethings and older.

In 2009, Children’s Hospital Colorado reported two marijuana ingestions among children younger than 12. In the first six months of 2014, there were 12, according to a report by the Rocky Mountain High Intensity Drug Trafficking Area.

“Our children’s hospital is seeing a significant number of admissions,” said Dr. Richard Zane, professor and chairman of emergency medicine at the University of Colorado School of Medicine.

“The problem that’s really come into fruition is this issue of marijuana looking just like childhood candy,” he said of edibles made to look like lollipops and gummies. “For the first time ever, we have enough concentrated marijuana in one edible product where it’s sufficiently strong enough to cause a child to stop breathing. There have been children admitted to the ICU with respiratory support.”

Dr. Kenneth Finn, a pain medicine specialist in Colorado Springs, is studying emergency room data locally from Penrose-St. Francis hospitals.

“The preliminary data is somewhat frightening,” Finn said. “If you’re looking at the unintended consequences of Amendment 64, you’re looking at a much broader acceptance of use and safety. My perspective is a public health perspective.”

The number of urine drug screens positive for marijuana only in patients younger than 18 more than tripled from 2009 to 2013, going from 30 to 101, he said. Among all ages at the time, the number of positives went from 355 to 1,090.

# Parents, schools say more youths using pot

Employers aren’t the only ones drug testing these days. Parents are springing tests on their kids, who are smoking more marijuana since legalization. The owner of two labs in Colorado Springs reports seeing large increases in such tests.

Amy Mullins, who owns two Any Lab Test Now franchises, says the number of drug tests conducted at her location near Chapel Hills Mall was up more than 22 percent in 2014 over the prior year. It was even higher at her south-side location: Testing was up 45 percent.

“I thought 22.4 percent was insanely high,” she said after running the numbers for The Gazette.

While the company offers everything from DNA to thyroid panels, Mullins said it’s not uncommon to receive multiple phone calls a day from moms and dads about marijuana.

“We have had an uptick for sure in parental testing. We’re seeing a lot more parents bring their kids in for marijuana

testing, especially because lines have been blurred with the legalization of recreational marijuana. I think kids think they can get away with it because they are hearing in the news the word ‘legalization.’”

Terra Runyan, medical assistant supervisor at the north branch, said she typically sees 10 teens a day — most of them surprised when they figure out where they are.

“A parent will walk in and the children don’t know they’re being tested. They just picked them up from school and took them straight here.” Some, she said, save their parents the \$49 testing fee and confess to using marijuana.

The increase comes in the aftermath of surveys that show teens have a decreasing perception that marijuana is harmful.

The 2014 Monitoring the Future survey, released by the National Institute on Drug Abuse, showed marijuana use “steady among eighth-graders at 6.5 percent, 10th-graders at

16.6 percent and 12th-graders at 21.2 percent. Close to 6 percent of 12th-graders report daily use of marijuana.

“However, the majority of high school seniors do not think occasional marijuana smoking is harmful, with only 16.4 percent saying occasional use puts the user at great risk, compared to 27.4 percent five years ago,” according to the survey.

In addition, a June 2014 survey of 100 Colorado school resource officers conducted by the Rocky Mountain High Intensity Drug Trafficking Area found that:

- 89 percent of officers saw an increase in marijuana-related incidents since recreational marijuana was legalized.
- The most common on-campus violation was possession, followed by being under the influence and then by possession of edibles.

Colorado Springs Police Chief Pete Carey said school resource officers are being “inundated” with issues regarding vape pens.

“I’m worried about how it’s

affecting our kids, our expulsion rates and suspensions,” Carey said.

It’s too early to tell how marijuana is affecting schools in the Pikes Peak region. District 11 reports that through mid-January of this academic year, 102 students were suspended or expelled for incidents related to marijuana. In all of 2013-14, there were 184 suspensions/expulsions.

A Gazette analysis shows that overall, local school districts recorded 602 drug violations in 2013-14, up 12 percent from the previous year. That’s higher than the state average increase of 7.4 percent. Statewide, drug incidents reported by all public high schools hit a decade high last school year of 5,377.

While local middle schools had the highest percentage increase (24 percent), high schools in the region had the most violations last year — 469. That’s an increase of 8.3 percent. Statewide, high school violation numbers were flat.





THE ASSOCIATED PRESS

A supervisor oversees installation of a large truss section at a job site recently. At least two large Colorado construction companies report increasing difficulty hiring drug-free employees. “Our workplaces are too dangerous and too dynamic to tolerate drug use,” said Jim Johnson, CEO of GE Johnson in Colorado Springs.

# Drug use a problem for employers

Two families with deep Colorado roots — the Johnsons of Colorado Springs and the Haseldens of Centennial — have built rival commercial construction companies, each employing hundreds of people and reporting hundreds of millions of dollars in annual revenue. In business, they are practically sworn enemies.

But there is at least one issue where the Haseldens and the Johnsons are in agreement and encourage key members of their staffs to collaborate: construction safety. It is of paramount importance, and all of their employees must be drug-free.

“I’ll get straight to the bottom line,” said Rick Reubelt, Haselden Construction’s director of environmental health and safety. “If you’re in the construction industry, marijuana use is not acceptable at any time, under any circumstance or condition.”

“He couldn’t have said it better,” said Jim Johnson, GE Johnson’s chief executive officer. “We endorse that stance, and this is one thing we absolutely unite on.”

**Company hires out of state**

Johnson said his company has encountered so many job candidates who have failed pre-employment drug tests because of their THC use that it is actively recruiting construction workers from other states.

The dwindling candidate pool especially affected GE Johnson during its trumpeted, \$57 million renovation of the luxurious Broadmoor hotel’s West Tower in late 2013. The company had such a tough time staffing required shifts that Johnson said his team decided to abandon local job-recruitment efforts, pay current workers plenty of overtime wages and look outside Colorado for drug-free employees.

“This is a very troublesome issue for our industry, but I do not see us bending or lowering our hiring standards,” Johnson said. “Our workplaces are too dangerous and too dynamic to tolerate drug use. And marijuana? In many ways, this is worse than alcohol. I’m still in shock at how we (Colorado) voted. Everyone was asleep at the wheel.”

Since Colorado’s 2009 boom in medical marijuana dispensaries and 2012 vote sanctioning the

**DRUG USE IN THE WORKPLACE**

According to the 2013 National Survey on Drug Use and Health, sponsored by the Substance Abuse and Mental Health Services Administration (an agency of the U.S. Public Health Service):

- 9.1 percent of full-time employees use illicit drugs
- 13.7 percent of part-time employees use illicit drugs
- 24.6 million Americans age 12 or older use illicit drugs

Among those 24.6 million Americans age 12 or older who use illicit drugs:

- 19 million use marijuana
- 4.5 million use a nonmedical pain reliever
- 1.5 million use cocaine
- 1.3 million use hallucinagens
- About 500,000 use methamphetamine
- About 333,000 use heroin

**SMALL BUSINESS AND DRUG USE**

- 75 percent of adults who use illicit drugs are employed, most often in small businesses
- Absenteeism is 66-percent higher among workers who abuse substances
- Substance use results in higher employee turnover and increased associated costs
- Among those who abuse substances, health benefit utilization is 300 percent higher

**SOURCES: NATIONAL DRUG-FREE WORKSHOP ALLIANCE, U.S. DEPARTMENT OF LABOR, DRUG-FREE WORKPLACE ACT, SBA.GOV**

psychoactive drug’s recreational use, many of the state’s employers have had to confront marijuana’s growing impact on their budgets, operations and staffing.

So far, the prevailing interpretations of Colorado’s state amendments sanctioning marijuana use have sided with the rights of employers to terminate employees who use the drug even if their use is off the clock and premises and/or part of a healthcare regimen.

Marijuana-using workers are challenging those restrictions, claiming their employers have no right to regulate what they do during their free time. Though the U.S. Food and Drug Administration has not approved THC as a safe and effective drug for any condition, employees are using arguments of medical necessity against employers who don’t tolerate marijuana use.

**Hard to test lingering effect**

Legal skirmishes also center on employee drug testing. Marijuana-using workers and lawyers representing the marijuana industry argue that a positive test showing low levels of THC does not meet the burden for proving impairment on the job. Unlike alcohol, marijuana can remain in a user’s

system for weeks. A heavy user who stops using can test positive for the next 60 days or more.

Therein lies a dilemma for workplace safety professionals like Reubelt. An employee who drinks over the weekend can be sober and safe to work on Monday. In the event of a workplace incident, it is relatively easy to determine whether alcohol was a factor.

Not so with marijuana. If an employee tests positive for low levels of THC, Reubelt said, it is nearly impossible to rule out impairment as a cause.

The company maintains a 100-vehicle fleet that travels the Rocky Mountain region, and Reubelt said he must be able to determine whether drivers are working under the influence.

“I don’t think it’s right to expect employers to deal with ticking-time-bomb situations like these,” Reubelt said. “The science is not available to show exactly how someone is affected by the marijuana they’ve used . . . marijuana isn’t voided from the body like alcohol...”

Reubelt also worries about employees easily concealing their use of THC. A powerful concentration of the drug can be infused into brownies, cookies, candies and

other food products that can be openly consumed without raising a red flag.

Reubelt said it’s all a threat to the bottom line. If an employee causes injury or death and then tests positive for THC, he believes the employer will pay.

“It’ll be a company owner long before it’s an individual employee,” he said.

While numbers show marijuana use is on the rise in Colorado, the state has not reported the drug’s impact on dynamics important to employers, such as absenteeism, accidents and worker’s compensation claims.

However, the number of workers nationwide who tested positive for marijuana jumped 6.2 percent from 2012 to 2013, according to the Quest Diagnostics Drug Testing Index. And the number of positive tests was dramatically higher among workers in Colorado (up 20 percent) and Washington state (up 23 percent). It was the first national spike in positive drug test rates recorded in 10 years — and one attributed largely to the use of marijuana and amphetamines.

Substance-abusing workers are more costly for companies than their drug-free colleagues.

A U.S. Postal Service study found that absenteeism is 66 percent higher among substance-abusing workers. The U.S. Department of Labor cites multiple studies showing higher use of health benefits among substance-abusing employees. It also found lower turnover among companies with substance abuse programs that include drug testing.

**Small business especially hurt**

Small businesses bear the brunt of workplace drug problems, the Department of Labor reports.

“I see it all the time,” said Jo McGuire, a Colorado Springs-based consultant who helps employers promote and maintain drug-free work environments and serves on the national board of the Drug and Alcohol Testing Industry Association.

“Small businesses often feel as if they don’t have the money to conduct regular, random drug testing programs, and they’re willing to gamble that they won’t need them,” McGuire said. “But they really do need them because they’re losing a lot more productivity and

wasting far many more resources than they often realize. And if an accident happens, they’re likely to be financially destroyed.”

Even without data from the state, Leona Wellener, owner of Front Range Staffing in Colorado Springs, said marijuana use has compromised the state’s workforce. In February, Wellener said, more than half the applicants who came to her company looking for work failed the required drug tests because of THC use.

Wellener said she’s also seeing more people trying to cheat drug tests by passing off substances that are not their urine. Her firm has started asking people to take drug tests soon after walking in the company’s door for the first time.

“I’m not wasting my time and money or my clients’ time and money on people who use marijuana,” she said. “If you can’t pass a drug test right away, then we don’t even want to interview you.”

Chuck Marting, owner of Fort Morgan-based Colorado Mobile Drug Testing, urges his clients — and all Colorado business owners — to adopt clearly defined rules like Wellener’s and apply them consistently.

Doing so, he explained, can preclude charges of discrimination. In the event of a workplace accident, evidence of clearly communicated and consistently enforced drug policies and testing could help employers defend themselves and mitigate financial damages, he said.

Marting also urges employers to avoid the misperception that everyone is using marijuana. He points to the 2013 National Survey on Drug Use and Health, which shows that a minority of American workers report illicit drug use.

“It’s obviously not everyone, but those numbers will grow if employers don’t set firm limits and stick to them,” said Marting, who worked in law enforcement as a drug recognition expert for 17 years.

Marting said employees who do not use drugs urged one of his clients to begin administering drug tests. They were concerned about continual “screw-ups” by stoned co-workers.

“All of this is going to catch up with Colorado — and our country,” Marting said.





A PERSPECTIVE SERIES BY THE GAZETTE

# CLEARING THE HAZE

DAY FOUR: MEDICAL MARIJUANA

Medical marijuana sales in Colorado exploded after October 2009 as the result of a federal memorandum stating that resources likely would not be used to prosecute people involved in the business, which remains illegal under federal law. Gazette research confirmed the medical marijuana market continues to grow as the result of porous regulation and a favorable price differential versus retail marijuana sales. The issue is big and complex and may derail legitimate efforts to conduct research on parts of the marijuana plant that could produce new, clinically proven medicines.

**Editor's Note:** See the full series, including related videos, at [gazette.com/clearingthehaze](http://gazette.com/clearingthehaze). To order a reprint, email [reprints@gazette.com](mailto:reprints@gazette.com), visit the website or call 719-636-0291.

ABOUT THE SERIES

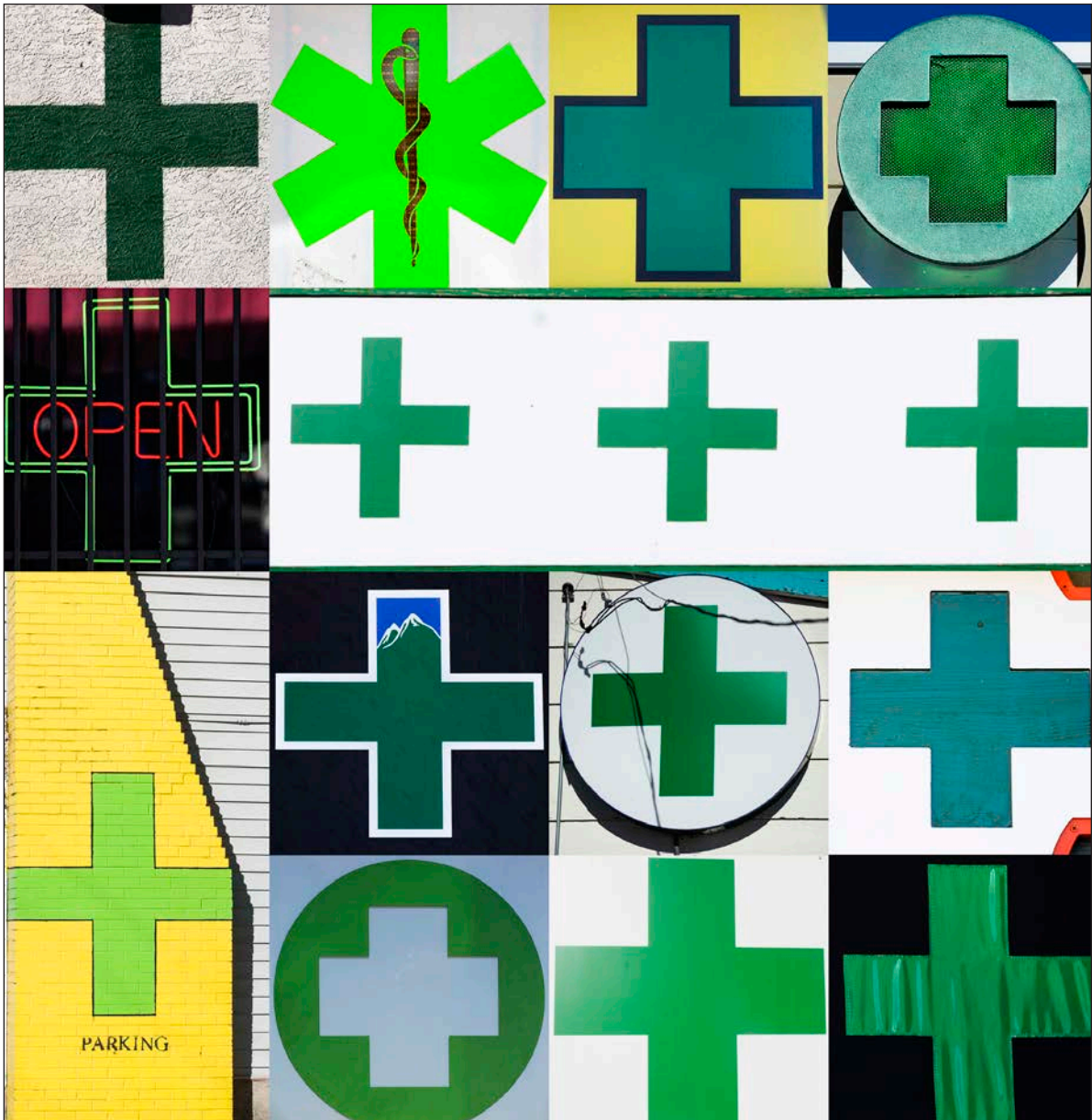
After the first year of recreational pot sales, The Gazette takes a comprehensive look at the unintended consequences of legalizing sales and use of recreational marijuana.

**Day 1:** Colorado has a fragile scheme for regulating legal marijuana and implementing a state drug prevention strategy.

**Day 2:** One of the suppositions about legalizing pot was that underground sales would be curtailed; instead, there has been an upward trend in pot-related crimes.

**Day 3:** One teen's struggle to overcome his marijuana addiction shows how devastating the drug can be for younger, more vulnerable users. And employers face new workplace issues.

**Day 4:** Amid the hoopla about recreational marijuana sales, the medical marijuana industry is flourishing and has its own set of complicated concerns.



Marijuana cannot be sold for recreational use in Colorado Springs, but there are 91 business licenses for medical marijuana dispensaries in the city.



Sales of medical marijuana in Colorado Springs last year were up almost 11 percent over 2013 – from \$53.7 million to \$59.6 million.



PHOTOS BY THE GAZETTE  
The number of El Paso County residents on Colorado's Medical Marijuana Registry grew 17.3 percent in 2014.

# Medical marijuana industry still growing

Savvy consumers opting to shop at dispensaries rather than pay high taxes at recreational stores

Colorado made headlines worldwide when recreational marijuana went on sale to the public in January 2014.

News organizations descended on the Centennial State to document, and hype, the advent of legalized retail pot.

The act of applying for and opening a retail pot business became reality-TV drama. MSNBC filmed a six-part documentary titled “Pot Barons of Colorado.” There was great anticipation, and long lines, as pot shops opened for business, and a multimillion-dollar industry was born overnight.

By early February 2015, 334 retail shops were selling pot to the public, based on state Department of Revenue data.

And amid all the hoopla around legalized recreational pot, its older cousin, the medical marijuana (MMJ) industry — with 505 stores throughout Colorado — quietly continued to grow, adding patients by the thousands who seemingly had no problem finding physicians willing to diagnose what critics say are often phantom medical conditions. Statewide, the number of people on the Medical Marijuana Registry grew 4 percent in 2014 — the first year of legal recreational sales — from 111,030 to 115,467 by year's end.

El Paso County was no exception. Although retail pot sales were banned in Colorado Springs, that didn't dampen the local demand for marijuana — or its availability. The number of El Paso County residents on Colorado's Medical marijuana registry grew 17.3 percent — from 15,328 in January to 17,986 in December. And those people have plenty of places to shop. City records show there are 91 licenses for medical

dispensaries in Colorado Springs — one for roughly every 4,900 residents. Sales of medical pot in the city last year were up 11 percent over 2013 — from \$53.7 million to \$59.6 million — according to Gazette calculations based on tax collections.

**Shoppers look for bargains**

The rise in the MMJ registry roll likely comes down to personal finances. Medical marijuana is subject to fewer taxes than its retail counterpart. When it comes to pot, Coloradans have proved themselves cost-conscious. A pot purchase at El Paso County's lone recreational shop in Manitou Springs is subject to 24.03 percent in taxes — and that doesn't include a 15 percent excise fee collected by the state. The same purchase at a medical marijuana dispensary in Colorado Springs would be taxed at 7.63 percent.

The cost disparity may explain why tax collections from recreational pot sales statewide haven't produced the windfall originally projected.

In a blog post by the Colorado Fiscal Institute titled “Half a mile high: Coloradans not buying as much pot as expected,” the institute noted: “Coloradans are consuming about half as much retail marijuana as state economists predicted before voters approved special taxes on recreational pot in 2013, and many state residents have instead stuck to using medical marijuana, taxed at a significantly lower rate.”

Some MMJ stores even advertise their price advantage over retail shops. A sign at a store on West Colorado Avenue, for instance, touts “\$ave Money! Become a MMJ patient!”

**BUSINESS COMPARISON**

The Colorado Springs City Council voted to ban retail marijuana stores in the city. However, there are dozens of medical marijuana dispensaries in town and other marijuana-related businesses. There are dispensaries in every region of the city, with clusters in some neighborhoods (see map, facing page). For a comparison, The Gazette looked up licenses of pharmacies and liquor stores within the city:

- 91 medical marijuana center licenses
- 98 pharmacies
- 107 retail liquor stores

Critics say the data raise questions about pot's role in medicine and the legitimacy of the medical marijuana industry. Consider Arizona, which tracks daily sales of medical marijuana. Sales are highest on Fridays — just in time for the weekend. Wondering which days over the past few months were most popular for MMJ sales? New Year's Eve and the Friday before the Super Bowl, according to the Arizona Medical Marijuana Program.

Twenty-three states have some sort of medical marijuana program, but regulations vary widely. Minnesota, for instance, will have just eight medical marijuana dispensaries statewide when its program launches in July, and patients will receive medical cannabis only in a liquid, pill or vaporized form. New York's program also only allows nonsmokable marijuana.

Colorado lawmakers intend to address medical marijuana this legislative session. Among the issues expected to get attention: the oversight of caregivers — those designated by medical marijuana patients to grow pot for them — and doctors who approve patients for the registry.

Some say the number of patients on the state's Medical Marijuana Registry far exceeds the number of people who have legitimate need for the plant. Ninety-three percent of medical marijuana patients in Colorado cite “severe pain” as their reason for using the drug and are smoking “medicine” with names like “Armageddon,” “Willie Nelson” and “Green Crack.”

Dr. Richard Zane, head of the Department of Emergency Medicine at the University of Colorado Hospital, summed up the MMJ industry in Colorado this way:

“It is not statistically mathematically possible that this one substance could possibly be effective for all the things that it has been listed for — and for the number of people in Colorado who have medical marijuana cards to have an indication for a disease for which a singular medicine is indicated and works. It's a medical epidemiological statistical impossibility.”

Even so, the state seemingly has made getting on the registry more attractive; it lowered the application fee to \$15, down from \$35 in 2014 and \$90 in 2012.

**History of Amendment 20**  
In November 2000, Colorado

voters approved Amendment 20, allowing doctors to recommend marijuana for people suffering certain debilitating conditions. The vote was 53.5 percent to 46.5 percent.

But the industry didn't really take off until after October 2009, when U.S. Deputy Attorney General David W. Ogden issued a memorandum stating it wasn't prudent to use federal resources to go after MMJ patients and caregivers who were in “clear and unambiguous compliance with existing state laws.”

His memo said, in part: “The prosecution of significant traffickers of illegal drugs, including marijuana, and the disruption of illegal drug manufacturing and trafficking networks continues to be a core priority in the department's efforts against narcotics and dangerous drugs. As a general matter, pursuit of these priorities should not focus federal resources in your states on individuals whose actions are in clear and unambiguous compliance with existing state laws providing for the medical use of marijuana.”

This was the green light financiers needed to open medical marijuana businesses without fear of prosecution — and applications for Colorado's medical registry exploded.

In January 2009, for example, just 5,051 Coloradans were on the medical marijuana registry — including 568 people from El Paso County and 65 from Teller County, according to data from the Colorado Department of Public Health and Environment, which was charged with implementing and administering the MMJ registry.

The registry numbers in El Paso



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CLEARING THE HAZE

MMJ

FROM PAGE 12

and Teller counties spiked to 2,947 and 300, respectively, by the end of 2009.

Today, MMJ shops in Colorado Springs are about as common as traditional drugstores. There are 98 pharmacies in the city and 91 licenses to sell medical marijuana. And dispensaries aren't the city's only marijuana businesses. Colorado Springs has issued 242 medical marijuana business licenses that also include grow operations and infused-product manufacturers, some just a stone's throw from residential neighborhoods.

Jason Warf, executive director of the Southern Colorado Cannabis Council, came to Colorado for marijuana.

"Honestly, I moved out here to be more legitimate as a cannabis patient," he said. "People stick with their red cards because they're sick and they need it as medicine. Individuals need this as medicine. For patients, it's not about recreating. It's about treating what our issues are."

Warf said he became a cannabis patient after a failed back surgery left him disabled.

"The red card numbers are up slightly, but there are some factors to take into account. We still have a huge influx of sick people coming to Colorado (for treatment)," he said. "And now since it's legal, it opens the door for more people to be comfortable becoming cannabis patients."

Warf worries that bills set to be introduced in the Legislature will chip away at the industry.

"In the last three years at the Capitol, what I've seen is really a push to essentially do away with medical. This is nothing more than a money grab. Obviously patients don't pay nearly the tax on medicine that consumers on the recreational side do."

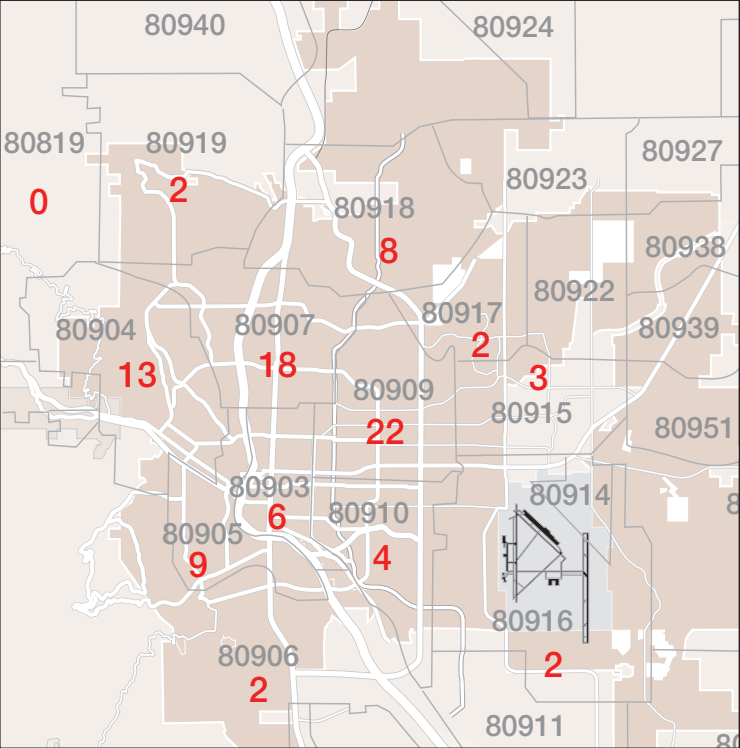
Kevin Sabet, co-founder of Project SAM (Smart Approaches to Marijuana), which advocates for public health-based marijuana policy, believes there are components of marijuana that may have medicinal benefits but they concern only a small fraction of the industry.

"Look, I think the concept of medical marijuana is a political fraud and most businesses involved with medical marijuana are a sham," said Sabet, who got top billing in Rolling Stone's list of people deemed the biggest threats to pot legalization. "However, that does not mean there is not medical utility we can derive from the marijuana plant."

"We have early evidence about CBD, which could be helpful with muscle spasticity — if you're suffering from MS or epilepsy," Sabet said, referring to cannabidiol, a component in marijuana that does not produce a high. "These things should be further explored and that research should be promoted."

"But medicine should be approved by the FDA and gotten at a pharmacy with your doctor's prescription. The way it has panned out in the last 20 years is that this has become a political movement designed to essentially get anyone stoned who wants to. It's a political sham because most people who

Colorado Springs marijuana dispensaries by ZIP code



*Voters were duped by medical marijuana proponents ... Only 4 percent of cardholders in Colorado report using marijuana for HIV/AIDS or cancer.*

Kevin Sabet, co-founder of Project SAM (Smart Approaches to Marijuana)

have medical cards ... the vast majority of them are just to serve their own recreational pot interests."

Sabet believes voters were duped by medical marijuana proponents into approving Amendment 20. Only 4 percent of cardholders in Colorado report using marijuana for HIV/AIDS or cancer, he said.

"But people vote for it and they want it because that's who they think it's going to," he said.

"The legalization movement — they wanted to change the face of marijuana from the 1970s stoner to the 80-year-old with cancer. They did it very effectively. What that has done has unfortunately impeded the development of proper marijuana-based medications," Sabet said.

A Colorado Springs physician who specializes in pain medicine and is a member of the Colorado Medical Marijuana Scientific Advisory also believes marijuana may have a medicinal use but said its sales and use are problematic.

"You can theoretically fill your trunk with medical marijuana products in one day — there's no system to track that," Dr. Kenneth Finn said.

"You know the definition of a caregiver?" he added. "Anyone who's over 18 years of age and has a pulse."

"Patients are free to self-medicate with a 10 percent THC bud or 90 percent hash oil," Finn said. "They can eat, smoke and vape all day without any control."

"To be honest with you, I think that the industry has created a huge disservice for the people who might actually benefit from it. ... I think it's important that the terminally ill are not part of the debate, nor do I have issues with the pediatric population and the nonpsychoactive cannabinoids to treat pediatric seizure disorders,"

Finn said.

"But I think it's very important that cannabis as medicine needs to be studied just like any medication should be studied."

Studies about possible medicinal benefits of marijuana are about to get underway. The state's Board of Health approved spending \$9 million to research marijuana's impact on several conditions, including PTSD, Parkinson's and childhood epilepsy.

Not everyone was thrilled by the news, including pot advocates who argued against funding the studies with the registration fees paid by those on the registry; the group said such funding is an unconstitutional use of the money.

The Journal of the American Medical Association weighed in on the importance of marijuana research in its December issue, noting: "Patients with some seizure disorders may benefit from the cannabidiol component in marijuana, and several clinical trials will soon enroll patients." It also noted: "However, it is unlikely that marijuana is effective for the wide range of health problems approved under Colorado law."

Getting the card

According to the Colorado Department of Health and Environment, more than 800 doctors have signed a certification form the state requires for a person to apply to the marijuana registry.

Dr. Larry Wolk, executive director and chief medical officer of the Colorado Department of Public Health and Environment, said the majority of those doctors have each made just a handful of recommendations. But some physicians raise red flags — either by the sheer number of MMJ recommendations they are making or because they are making recom-



PHOTOS BY THE GAZETTE

Some stores that sell recreational marijuana are next to medical dispensaries selling the same products under different names — "medical" joints at one spot and "recreational" joints at another.

mendations out of the scope of their expertise.

"Some things that don't make sense — an OB/GYN who's making hundreds of recommendations for male patients," Wolk said as an example, or a pediatrician making recommendations to adults.

"Just in the past year alone we've referred 16 physicians for investigation," Wolk said.

In December, one physician admitted to writing recommendations to more than 7,000 patients — many whom he didn't personally see or evaluate. Dr. Lenny Sujdak pre-signed the Medical Marijuana Registry application forms and delegated the evaluations to mid-level practitioners. Documents from the state's Department of Regulatory Agencies show his license to practice was placed on probation for five years. He is banned from performing any more marijuana evaluations and he was ordered to complete a course titled "The Opioid Crisis: Guidelines and Tools for Improving Chronic Pain Management."

It's unclear how many physicians have been sanctioned for similar infractions.

"We don't track discipline by that specificity," said Cory Everett, director of strategic and external affairs for the Department of Regulatory Agencies, which maintains licensing and disciplinary records of physicians. "We track it by the statutory violation."

In order to make a medical marijuana recommendation, physicians are required to have a "bona fide" relationship with a patient.

"For us, it's ensuring physicians are acting responsibly," Wolk said. "They have to have a bona fide physician-patient relationship, which requires an ongoing relationship with a patient — not coming in once a year and not receiving all of the necessary components of a doctor visit including a history and physical exam and appropriate laboratory testing. You would expect to see at least that much if it's truly a bona fide physician-patient relationship."

"I believe there are physicians who do have bona fide patient-physician relationships who are earnestly and honestly making

recommendations based on their knowledge of medical marijuana and their relationships with patients."

Former Colorado Attorney General John Suthers told The Gazette that Colorado's laws "have driven the adolescent perception of risk into the ground."

Based on 2012 data from the Rocky Mountain High Intensity Drug Trafficking Area, nearly 27 percent of Coloradans ages 18 to 25 reported using marijuana in the prior month — the third-highest percentage in the nation behind Vermont and Rhode Island, which also allow medical marijuana.

Although retail sales are banned in Colorado Springs, the city ranked No. 2 nationwide for pot use in a Movoto Real Estate Blog, behind only Denver. The blog cited dispensaries per capita, number of residents with medical marijuana cards and head shops per capita among the criteria for its analysis.

If the numbers, anecdotes and experts' opinions are indicators of how hard it is to regulate medical marijuana, Colorado certainly has work ahead as it attempts to regulate the recreational pot industry.

"What will be the impact of Amendment 64 on Colorado and other states? Only time will tell," reads an excerpt from HIDTA's 153-page August report titled "The Legalization of Marijuana in Colorado." "The five-year experience with medical marijuana in Colorado may be indicative of what to expect."

Does marijuana or some of its components have medicinal benefit? Early evidence indicates it may, but research is needed.

Suthers said the medical marijuana industry is "pretty much a joke."

"I think there's probably 2 percent of patients who have legitimate debilitating medical conditions. The surprise to me — I thought that with legalization the vast majority of these young people who are lying to their doctor about their chronic back pain would want to go legit. But that hasn't happened. Apparently the market is a lot more price-sensitive than I thought it was."

EL PASO COUNTY MEDICAL SOCIETY POLICY STATEMENT ON MARIJUANA USE

Evidence exists that may indicate the possibility of certain medicinal benefits from select components of the cannabis plant. A growing body of evidence also indicates negative physiological, psychological, developmental, and cognitive health effects associated with

cannabis use. Until clinical research meeting rigorous scientific standards can be performed, EPCMS, in line with the policies of the American Medical Association and the Colorado Medical Society, believes:

- the medicinal use of marijuana should be discouraged in adults and prohibited in children and adolescents;
- the medicinal use of marijuana should take place only within the context of an established physician-patient relationship, under medical supervision, based upon scientifically valid

clinical research, and for specified medical conditions;

- additional research meeting the rigorous standards of pharmaceutical research should be conducted to determine any risks and benefits.

AMERICAN MEDICAL ASSOCIATION POLICY ON MEDICAL MARIJUANA

H-95.952 Cannabis for Medicinal Use

(1) Our AMA calls for further adequate and well-controlled studies of marijuana and related cannabinoids in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy and the application of such results to the understanding and treatment of disease.

(2) Our AMA urges that marijuana's status as a federal schedule I controlled substance be reviewed with the goal of facilitating the conduct of clinical research and development of cannabinoid-based medicines, and alternate delivery methods. This should not

be viewed as an endorsement of state-based medical cannabis programs, the legalization of marijuana, or that scientific evidence on the therapeutic use of cannabis meets the current standards for a prescription drug product.

(3) Our AMA urges the National Institutes of Health (NIH), the Drug Enforcement Administration (DEA), and the Food and Drug Administration (FDA) to develop a special schedule and implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research involving cannabis and its potential medical utility. This

effort should include: a) disseminating specific information for researchers on the development of safeguards for cannabis clinical research protocols and the development of a model informed consent form for institutional review board evaluation; b) sufficient funding to support such clinical research and access for qualified investigators to adequate supplies of cannabis for clinical research purposes; c) confirming that cannabis of various and consistent strengths and/or placebo will be supplied by the National Institute on Drug Abuse to investigators registered with the DEA who are conducting bona fide clinical research

studies that receive FDA approval, regardless of whether or not the NIH is the primary source of grant support.

(4) Our AMA believes that effective patient care requires the free and unfettered exchange of information on treatment alternatives and that discussion of these alternatives between physicians and patients should not subject either party to criminal sanctions. (CSA Rep. 10, I-97; Modified: CSA Rep. 6, A-01; Modified: CSAPH Rep. 3, I-09; Modified in lieu of Res. 902, I-10; Reaffirmed in lieu of Res. 523, A-11)





A PERSPECTIVE SERIES BY THE GAZETTE

# CLEARING THE HAZE

### WHO CAN BUY?

#### To buy recreational marijuana

- Buyers must be 21 years old.
- Colorado residents can buy up to 1 ounce at a time.
- Tourists/visitors to Colorado can buy a quarter of an ounce.
- Even if communities banned retail sales, residents there can still grow up to six plants.

#### To buy medical marijuana

- Buyers must be 18 years old.
- Buyers need to be on the state's Medical Marijuana Registry and possess a valid registry card, which were redesigned in September.
- Buyers can purchase 2 ounces of marijuana.

### RED CARD CONDITIONS

Medical marijuana may be recommended in Colorado for patients with cancer, glaucoma, HIV or AIDS, and patients with a chronic or debilitating disease or medical condition that produces one or more of the following: cachexia, persistent muscle spasms, seizures, severe nausea and severe pain. The physician also must believe a patient's condition may be alleviated by the medical use of marijuana. Since the Medical Marijuana Registry was created in 2001, no new conditions for treatment have been added.

#### Denied conditions

Petitions to add the following to the list of conditions approved for marijuana treatment have been denied: asthma, atherosclerosis bipolar disease, Crohn's disease, diabetes mellitus types 1 & 2, diabetic retinopathy, hepatitis C, hypertension, methicillin-resistant Staphylococcus aureus, opioid dependence, post-traumatic stress disorder, severe anxiety and clinical depression and Tourette's syndrome. SOURCE: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

#### MMJ USERS

- As of Dec. 31, 2014:**
- 115,467 Coloradans possessed a medical marijuana "red" card.
  - 16 percent, or 17,986, of the red card holders live in El Paso County.
  - Denver had the highest percentage of card holders – 17 percent (19,269 people) – on the registry.
  - The five counties with the most people on the registry are Denver, El Paso, Jefferson (12,637, or 11 percent), Arapahoe (12,131, or 11 percent) and Adams (8,688, or 8 percent). (Teller County had 936 people on the registry.)
  - The five counties with the fewest people on the registry are: Hinsdale, 12; Kiowa, 12; San Juan, 24; Jackson, 25; Cheyenne, 27.
  - 93 percent of people on the registry reported "severe pain" as their condition for using medical marijuana; 1 percent cited HIV/AIDS and 3 percent cited cancer.
  - 65 percent of red card holders are male. The average age of people on the registry is 42.
- SOURCE: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

# No approved 'medicine' in marijuana

Dr. Stuart Gitlow, a physician serving as president of the American Society of Addiction Medicine, does not mince words:

"There is no such thing at this point as medical marijuana," he said. It's a point he has made routinely for the past decade, as advocates for marijuana legalization have claimed the drug treats an array of serious illnesses, or the symptoms of illnesses, including cancer, depression, epilepsy, glaucoma and HIV, the virus that causes AIDS.

Backing up Gitlow are the National Institute on Drug Abuse and practically every major medical association in the United States, including the American Medical Association, the American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics, which recently reaffirmed its stance. Cannabis in its various forms is an addictive drug that is especially dangerous to the developing brain — a linchpin the country's largest medical groups give for opposing its legalization.

NIDA details specific reasons why the cannabis plant is "an unlikely medication candidate" — whether smoked as marijuana or consumed in the form of hash oil or "wax." The organization argues:

- The plant contains numerous chemicals with unknown health effects.
- It is too variable to be considered medicine, which requires all ingredients to be specified so the product can be reproduced consistently. In other words, there's no way to guarantee a plant produced and processed in northern Colorado yields the same, or even similar, treatment as one produced and processed in another part of the state, much less in a different region of the country.
- It is typically consumed by smoking, further contributing to potential adverse effects.
- It has cognitive and motor-impairing effects, which may limit its utility.



THE ASSOCIATED PRESS

#### MORE ONLINE

This month, the Colorado Department of Public Health and Environment released a report outlining marijuana's impact on health. Download the report, "Monitoring Health Concerns Related to Marijuana in Colorado: 2014," at <http://l.usa.gov/1z74CIA>.

At the same time, medical experts say it is important to distinguish between the whole marijuana plant — which is sold in dispensaries without U.S. Food and Drug Administration approval or oversight and has been shown to have more carcinogenic compounds than tobacco when combusted — and isolated ingredients of the plant. Those ingredients can and be researched and developed into nonsmoked medications that actually work and do not subject users to unreasonable risks of addiction and communities to greater public-safety risks, medical experts and marijuana legalization opponents say. They point to medications that have received

FDA approval, such as dronabinol, which is man-made THC, or are being developed under the agency's supervision. The FDA is monitoring Sativex, an oral spray made from cannabis for the treatment of neuropathic pain related to cancer and spasticity related to multiple sclerosis, and Epidiolex, also derived from cannabis, for the treatment of intractable epilepsy.

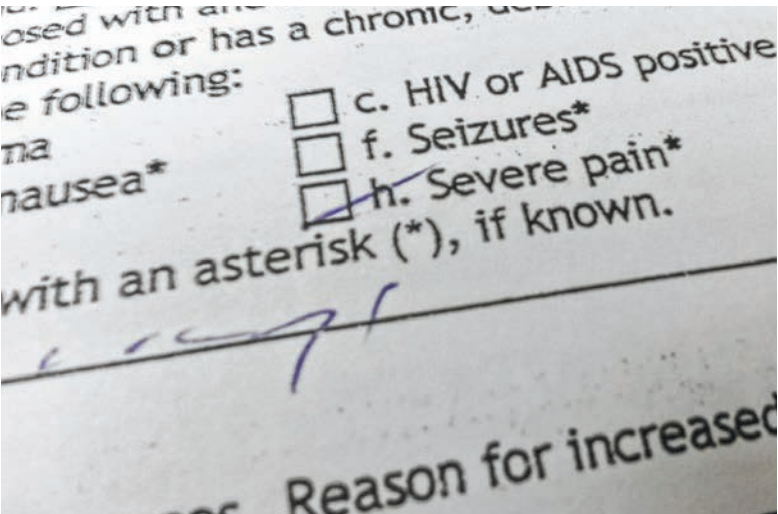
Since 2007, the National Institutes of Health has awarded more than \$14 million for research of components of cannabis and whether they could be used to treat several diseases and conditions, including chronic pain, brain damage, Crohn's disease and Alzheimer's disease.

"Could we and should we speed up research? Absolutely, and let's make sure we push for the funding that allows qualified and highly skilled scientists to do that work, free from the influence of politicians and the marijuana industry," said Kevin Sabet, a former senior White House drug policy adviser who co-founded Smart Approaches to Marijuana, a nonprofit, marijuana policy reform group whose science advisers, including Gitlow,

are among the world's most respected addiction researchers and treatment specialists. "We do not have to legalize marijuana and trigger massive problems for public health and safety to conduct this science."

State policies sanctioning marijuana for medical use are undermining the integrity and safety of the country's medicine approval process, the world's safest and most respected, said David Murray, a senior fellow at the Hudson Institute, where he co-directs the Center for Substance Abuse Policy Research. He formerly served as chief scientist and associate deputy director of the White House Office of National Drug Control Policy.

"With marijuana, we are seeing medicine created by popular vote and political pressure, both of which undermine the safety and efficacy of the U.S. medical supply," he said. "No matter where anyone stands on marijuana, do we really want to allow the subversion of this process and the integrity of medical approval? The cost of doing so would be greater than I think we can imagine now."



PHOTOS BY THE GAZETTE

Ninety-three percent of people on the state Medical Marijuana Registry in 2014 reported "severe pain" as their condition requiring treatment with marijuana, 1 percent cited HIV/AIDS, and 3 percent cited cancer. A trip to a local clinic revealed the path to receiving a red card for medical marijuana use is laid out step by step. Clinic workers even provided an addressed envelope for mailing a patient's application and fee.

# Cost may be biggest hurdle to red card

Critics of Colorado's medical marijuana program say it's a fraud starting with the application process to get a red card, which allows a person to buy and use marijuana.

Is getting on the state's Medical Marijuana Registry as easy as everyone says? The Gazette decided to see what the process involves.

Applying for a red card was a little more involved than buying cold medicine containing pseudoephedrine, but not much. The requirement of a doctor's examination and approval, for example, was as simple as having a quick cup of coffee with a stranger.

It took \$95 and 46 minutes — maybe five of those with the doctor — to get a recommendation to use medical marijuana. No stethoscope, no blood pressure reading, no checking of the pulse.

Making an appointment was easy: Google "how to get a red card in Colorado Springs" to find local clinics, sign up online and you'll get a phone call and a text within minutes to confirm an appointment.

Don't have any medical records? Shouldn't be a problem. Applicants need only bring an ID, a \$15 money order for the state application fee and \$80 cash to cover the appointment and

#### LOCAL RED CARD HOLDERS

The number of people on the Medical Marijuana Registry has jumped in El Paso and Teller counties:

Year	El Paso	Teller
Dec. 31, 2014	17,986	936
Dec. 31, 2013	15,320	855
Dec. 31, 2012	14,888	922
Dec. 31, 2011	10,408	737
Dec. 31, 2010*	12,173	949
Dec 31, 2009	2,947	300

\* First year after federal memorandum  
SOURCE: COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

notary services. All application paperwork is on-site.

The waiting room in one Colorado Springs MMJ clinic was packed with men and women, from 20-somethings to senior citizens, on a recent afternoon. One man worried he wouldn't qualify but was quickly assured he should see the doctor to be sure. Office staff members were polite, professional and efficient.

Upon arrival, patients were asked for a

driver's license, which was photocopied and returned, and given a clipboard with a sheet from the Colorado Department of Public Health and Environment titled "Medical Marijuana Registry — Application for Registration Card." Instructions: Fill out lines 1 through 12 only, which consists of the usual personal data — name, address, date of birth. "Line 8 says County, Not Country," each person was instructed. "Please put El Paso."

Two other sheets required signatures, one detailing health privacy laws.

Our diagnosis after explaining our symptoms: severe pain. Advice: Try eating a very small amount of an edibles cookie before bed. With that, the physician paperwork was signed.

Next step: Hand over \$80. A packet was put together with everything necessary for a red card, including a notarized copy of the application, a driver's license copy, the \$15 money order and the physician certification sheet, and placed in an addressed envelope to the Colorado Department of Public Health and Environment.

Final instructions: Send the envelope certified mail and keep the receipt. Apparently some dispensaries accept the receipt and a copy of the paperwork as a temporary red card.