



Working to Reform Marijuana Laws

My name is Carly Wolf, State Policies Manager with The National Organization for the Reform of Marijuana Laws (NORML) – a Washington, DC based advocacy organization that opines in favor of evidence-based cannabis policy reforms.

NORML objects to several explicit provisions included in House Bill 1317. We also question the broader motivations of certain groups that are pushing for this legislation.

House Bill 1317 places additional and unreasonable hurdles for those patients ages 18 to 20 who are now eligible to receive medical cannabis authorizations. Specifically, it requires “two physicians from two different medical practices ... to diagnose the patient as having a debilitating or disabling medical condition after an in-person consultation.” This requirement places an undue burden on young adult patients, many of whom may not have access to even one primary care physician – much less two. This requirement also places an undue financial strain on many patients who can least afford it. Further, proponents’ contention that such stringent requirements are necessary in order to limit potential abuse among this demographic is not persuasive. **To date, young adults comprise less than five percent of all registered patients in Colorado** (Medical Marijuana Registry Program Statistics, January 2021: <https://drive.google.com/file/d/1MfrM4wETU1tmJTjD-OkUzzMVbElaA5cs/view>). **Further, this percentage has remained consistent** throughout the period of time that regulators have been tracking medical cannabis use by age (2016-2021).

More problematically, **House Bill 1317 also provides overly burdensome requirements upon physicians** issuing medical cannabis recommendations. Specifically, for the first time, it requires physicians to create an explicit dosing regimen for patients. This plan must include instructions regarding the potency of THC to be used by the patient, the specific type of cannabis formulation to be consumed, and the precise amounts that patients should be taking daily. Currently, **no other state medical cannabis access program places such burdensome requirements upon authorizing physicians.** Further, dozens of surveys of health professionals, from both the United States and abroad, report that physicians and nurses are highly uncomfortable counseling patients in this manner. **Most will likely not recommend such highly explicit treatment plans, thereby leaving patients without the access they have grown accustomed to.**

In addition, the need for such explicit treatment plans is largely unnecessary. Unlike most prescription medicines, cannabis is incapable of causing lethal overdose and its dependence liability is lower than that of many other commonly prescribed substances, like opioids. Most importantly, **most patients consume cannabis ad hoc – ingesting it only when necessary to offset symptoms.** For example, a patient using cannabis for migraines would only consume cannabis when necessary, but arguably not on a daily basis. In addition, these patients have historically self-titrated their dose – consuming only as much as needed at that particular point in time. As a result, **a daily dosing protocol would likely be unnecessary and inappropriate for**





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**most patients**, specifically those using cannabis to mitigate intermittent symptoms – such as those using it to address spasms, nausea, pain, or seizures.

Moreover, HB 1317 adds a new requirement that a health care provider must conduct a “full assessment” of the patients’ “mental health history.” **Such an assessment may be beyond the scope of expertise of many primary care providers – thus forcing patients to seek multiple doctors and thereby unduly limiting their access.** Further, while such a requirement may be reasonable in instances where physicians are recommending cannabis for mental health conditions, this is simply not the case in most cases in Colorado. According to the state’s most recent statistics, the overwhelming majority of recommendations are made to address patients’ pain (87 percent), followed by muscle spasms (35 percent) and severe nausea (20 percent). **It is unreasonable to require that these patients receive a mental health assessment prior to receiving medical cannabis when there is no indication that these patients possess any history of mental health issues, nor are seeking cannabis to treat a mental health indication.**

Finally, it has been well-established by the statements and actions of the primary proponents of this bill that their ultimate goal is to recriminalize certain cannabis products above an arbitrary percentage of THC. That said, at this time there exists no persuasive data indicating that these products are either a) particularly popular among Coloradoans (most of whom gravitate toward more moderately strength products) or b) that these products pose such a unique and significant danger to public health that they warrant being banned from the market. Proponents already know these facts, which is why they have left this specific mandate out of this bill, and instead have proposed the creation of a scientific review counsel to further look into the issue.

In reality, more potent varieties of cannabis, such as hashish, have existed for decades and many patients enrolled in medical access programs have grown to rely on these higher potency products to treat their medical conditions. **Just as conventional medicines are readily available in a variety of strengths and potencies in order to meet individual patients’ needs, medicinal cannabis products should also be available to patients in varying potencies and formulations.** Currently, the United States Food and Drug Administration regulates the production and sale of dronabinol, a pill containing 100 percent THC. Several years ago, the agency rescheduled this drug from Schedule II to Schedule III because of its remarkable safety profile. Furthermore, studies have thus far failed to identify any independent, causal relationship between cannabis use and mental, physical, or psychiatric illnesses. **Prohibiting patients from accessing to these products at legal dispensaries will only push these patients to seek out similar products in the unregulated illicit market.** This scenario is not in the best interests of either patients or public health.

In conclusion, NORML does not oppose the notion of tweaking or amending elements of Colorado’s medical access program. The law is 20-years old and lawmakers and regulators have already made several changes to it in the past and no doubt will continue to do so in the future.





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That said, these proposed changes should have the best interests of the patient community in mind, and they should be made with proper input from this community and from other important stakeholders. This measure does not. In fact, **stakeholders have largely been left out of this process**, and this effort has been primarily crafted by organizations – such as Project SAM – that are on record – [opposing the very existence of laws permitting patients access to cannabis flowers](#), even in instances where such activities are authorized by a physician and in full compliance with state laws. However, even groups like SAM recognize that this position is entirely out of step with public and political reality, as well as with the available science. Therefore, they are now trying to get a foot into the door to begin to roll back these voter-initiated laws, starting here in Colorado.

I urge you to reject this cynical effort that will only negatively impact Colorado's patient community.



HB21-1317

## Regulating Marijuana Concentrates

Hi, I'm Jonathan Holmgren. I'm an Extended Plant Count Medical Cannabis Patient and a medical transplant from MN. I've lived in Pueblo, Colorado for last 3.5 years. I love Colorado because this State allowed me to move & save myself from my life threatening medical conditions and legally allowed my medical need for concentrated cannabis to stay alive.

I was born with Ehlers-Danlos Syndrome (Genetic Mutation of all my bodies connective tissues), I also have fully active Crohn's Disease (inflammation of my entire GI tract and never have been in remission), Cervical Spondylitis, Sacroillitis (neck & pelvis fusion), Mast Cell Activation Syndrome (Body releases excess Histamines causing body skin rashes), Pancreatitis (Unable to ingest oral opiates & NSAID's medication for pain) and just had my right hip replaced 6 months ago due to Osteoarthritis.

I have a extremely high tolerance and medical need of life for cannabis concentrates, especially RSO oil or concentrated cannabis oil.

My daily medical need when I can afford it living below poverty on Social Security Disability Income is currently at 6 grams/6,000 mg a day plus using vapable/smokable cannabis concentrates & using raw flower cannabis in a combination.

I'm aware that a 6 gram/6,000 mg dose of concentrated cannabis oil is enough to treat 1200 human beings at a 5 mg dose, but it's what helps me stay alive every day and treat my complex array of life threatening illnesses & symptoms.

My medical dispensary Tweedleaf in Colorado Springs sells me 30 grams for \$300 out the door(\$10 for 1 gram if I buy 30 at a time), which is enough medication for 5 days at my current needed medical dose. This is already really expensive for me and with the unnecessary added rules of HB21-1317 will make my concentrated cannabis medication extremely more expensive. I already have to drive 2 plus hours from Pueblo to Colorado Springs 1-4 times a month, I don't need any more trips for my medications. Pueblo doesn't have the same access & affordable priced concentrated cannabis oil I need to live.

HB21-1317 will also make my life a nightmare more than it is already. I don't need more legal hurdles, hoops and landmines to cross to access my life saving concentrated cannabis medicine and neither do all the medical cannabis patients who need concentrated cannabis in the entire State of Colorado.

HB21-1317 is a perverse reversal of a excellent working & running medical cannabis program in Colorado.

Please do not pass & vote NO on HB21-1317 Concerning Marijuana Concentrates.

Thanks for your time & please be safe in the world,

Jonathan Holmgren  
2626 Lake Ave Lot 34  
Pueblo, CO 81004

**Beginning in the 1980s, every generation of legalization opponents have claimed that the marijuana of their era is exponentially more potent and, therefore, more dangerous to health, than the marijuana of yesteryear. These largely sensationalist claims have fueled the plant's continued criminalization, as well as the stigmatization and criminalization of those who possess and consume it.**

Source: [\*Rolling Stone, February 20, 1997. "Reefer madness 1997: The new bag of scare tactics"\*](#)

**The potency of cannabis has grown over past decades, but not nearly to the extent claimed by opponents. Fundamentally, cannabis remains largely the same plant it has always been — with most of the increase in strength akin to the difference between beer and wine, or between a cup of tea and an espresso.**

Source: [\*A comprehensive review of cannabis potency on the USA in the last decade \(2021\)\*](#)

**Higher potency products, like hashish, have always been available. When consuming higher potency products, subjects typically titrate/self-regulate their intake accordingly.**

Source: [\*Do cannabis users reduce their THC dosages when using more potent cannabis products? A review \(2021\)\*](#)

Source: [\*Effects of tetrahydrocannabinol content on marijuana smoking behavior, subjective reports, and performance \(1989\)\*](#)

**Higher potency THC products do not dominate the state-legal market; when provided the option, users tend to gravitate toward products of more moderate potencies.**

Source: [\*Variation in cannabis potency and prices in a newly legal market; evidence from 30 million cannabis sales in Washington state \(2017\)\*](#)

Source: [\*Cannabis policies and user practices: market separation, price, potency, and accessibility in Amsterdam and San Francisco \(2007\)\*](#)

**Subjective adverse effects of high potent products are rare among those who consume them. Concentrates are not more reinforcing/addictive than other, more traditional formulations of cannabis.**

Source: [\*A within-person comparison of the subjective effects of higher vs. lower potency cannabis \(2020\)\*](#)



**Studies have failed to substantiate an independent link between the increased use of cannabis within the general population and any parallel rise in psychiatric disorders, like psychosis or schizophrenia; Claims in The Lancet and elsewhere purporting such a link are specious because they are based on self-reports of users consuming cannabis products of unknown potency obtained on the illicit market.**

Source: [Assessing the impact of cannabis use on the trends in diagnosed schizophrenia in the United Kingdom from 1996 to 2005 \(2009\)](#)

Source: [The Hill, March 24, 2019. "Will smoking cannabis make you psychotic? Not likely"](#)

Source: [NORML White Paper: Cannabis, Mental Health, and Context – The Case for Regulation](#)

**THC, regardless of either quantity or potency, cannot cause lethal overdose in humans. Since 1985 the US FDA has regulated the drug dronabinol, which consists only of synthetic THC. In 1999, the agency reduced the restrictions on dronabinol based upon the finding that it posed little risk to health and safety.**

Source: [The Cannabist, July 12, 2017. "Even the DEA says nobody has ever dies of a marijuana overdose"](#)

Source: [WedMd: dronabinol](#)

Source: [DEA 1999 announcement in the US Federal Register](#)

**Re-criminalizing the high potency market will not eliminate this market or market demand; it will, however, drive the producers of these products and those who use them underground where their manufacturing and sales are no longer regulated and subject to oversight.**

**Laboratory testing differences, rather than actual changes in THC content, may be driving some of the reported increase in the potency of state-legal products.**

Source: [The frequency distribution of reported THC concentrations of legal cannabis flower products increases discontinuously around the 20% THC threshold in Nevada and Washington state \(2021\)](#)

**THC caps, where imposed in other states, have been quickly abandoned (e.g., New Jersey) and legislative efforts in this direction have almost always been rejected by legislators (e.g., Florida, Washington, etc.)**



To the Honorable Members of the Colorado General Assembly,

I am writing in regard to bill HB21-1317, concerning the regulation of marijuana for safe consumption. I encourage you to amend this legislation as written on the grounds that it does not accomplish its intended directives. Instead, this Bill acts as a yet another attack in the lengthy war against legal cannabis.

I have lived in Colorado for 21 years, 10 of which I have been a Boulder resident. As an employee within the cannabis industry, I can share with you some different perspectives on how this bill will negatively affect businesses and patients alike. First, for many, cannabis has replaced prescription drugs for ailments such as insomnia, stress, pain relief, and seizures. People who use cannabis as a natural alternative to prescription drugs have experienced life changing benefits that Colorado should be proud to have facilitated. HB21-1317 would effectively reverse all this progress by reducing daily limits for medical cannabis patients. Restricting access to a much-needed natural alternative medicine is not a solution for safe consumption.

Second, as an industry professional, I can tell you that by requiring 1 gram portions to be divided into 10 separate portioned amounts, this bill will make production prohibitively expensive for licensed operators. Smaller portions result in the need for more packaging and labor, which forces prices up due to increased production costs. This will ultimately drive patients and consumers to the black market. Additionally, consider the negative impact increased packaging would have on our environment.

Lastly, 0.1 gram portions have no correlation within the industry because there is no standard concentrate consumption size. Each person uses a unique amount of concentrate that is right for them and a tenth of a gram would typically be too large for most people. Consequently, a 0.1 gram unit could look deceptively small and may lead to more tourists and new users accidentally consuming too much. This would be the opposite of the intended effect of HB21-1317.

In closing, I am asking for this bill to be amended with stakeholder partnership. The companies that would be impacted by this bill need to be partners in this process. Meaningful research must be done in partnership with the licensed, regulated companies that will provide product for studies. HB21-1317's proposed study is not objective and is intended to fuel a premeditated conclusion that supports an intended outcome. This is an attack on the cannabis industry, using "research" as a smokescreen for concentrate prohibition and potency caps.

Thank you very much for the time and effort that you contributed to improving this bill. As a cannabis industry professional, I greatly appreciate the careful thought that you have given to my profession and our patients' well-being.

Sincerely,

Ethan Daniel  
Cultivation Program Supervisor  
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HB1317

Lafayette Chaney to: committees.lcs.ga 05/18/2021 03:58 AM

To the lawmakers and representatives of Colorado that will vote on HB1317,

Imagine you are a minor in high school. You might not have a lot of cash, and you may not have an easy way of getting cash. You buy concentrates from a dealer, and you always ask for less than a gram because you don't have a lot of money to spend. Or maybe you ask for less because you're young and still a lightweight. Since the dealer buys grams from the dispensary, an obvious concern is if the dealer is accurately weighing your gram correctly. In fact, your dealer could be taking some off the top, and you wouldn't really have a way of knowing without getting a precise scale and manipulating the concentrate onto it. And even if they are weighing light on you, what can you do about it? They're probably your only option. Now imagine a future where your dealer has concentrates in 0.1g increments, and each is sealed from the dispensary. That would probably put your mind at ease and make buying it more convenient.

I also believe this will increase the waste this industry creates (at least ten times more waste for every gram), which is already an unfortunately large amount. However, after thinking about HB1317 for a while, I believe the most dangerous part of the bill is that it will make buying concentrates, as a minor, more trustworthy and thus more convenient.

Maybe concentrates should be regulated for contamination, not by increasing the disposable packaging tenfold from 1 gram increments to .1 gram increments...

***Pointless, unsustainable and especially, incredibly wasteful.***

This bill, if passed, will hugely increase waste of single use, non-recycleable packaging. It unfairly targets low-income youth who need medical cannabis by requiring two separate recommendations (do you need that to get Xanax or opiates from your primary care?).

And this opens the door for anyone under 25 to have their medical records open, thus bypassing HIPPA laws. This is real dangerous territory requiring *all deaths under 25* be tested while using 'cannabis' as the justification **WHY**. From the bill;

*The measure also asks the Colorado School of Public Health to study high-potency cannabis products and their effect on adolescents. Finally, it would require county coroners to use toxicology testing to determine if there was marijuana in the system of anyone age 25 or younger who died by suicide or in another kind nonnatural death.*

By this logic the single shots of liquor you can buy for 1-6 bucks prevent people from getting drunk and somehow keep alcohol out of the hands of kids, so why doesn't the alcohol control board take these same invasive measures on the alcohol industry?

It would probably be better to have a sustained discussion on how to treat this as a normal public health problem when it comes to suicide and over consumption of high potency cannabis. Making it illegal creates waste but moreover legal status will never stop the

underage youth from doing anything. In fact, it could make the problem worse, driving more sales to the black market and creating a bigger/better market for adolescents to buy from.

May 18, 2021

**Dear Public and Behavioral Health and Human Services Committee Members:**

My husband and I started our business, Green Dot Labs, in 2014 to bring whole plant medicinal extracts to Colorado's medical patient community. We believe in the power of the whole cannabis plant – all of its cannabinoids and all of its terpenes which together are all of the plant's medicine. The products we produce to this day serve our original mission of delivering safely produced, regulated, clean, rigorously tested whole plant medicinal extracts to cannabis patients and adult consumers across the state. While we participate in the medical and adult-use markets, our products across both segments are known for their purity and high quality.

I am writing today to comment on HB1317.

I am the Founder and CEO of the longest standing extract company in our state and a city official serving on Boulder's Cannabis Licensing and Advisory Board, and I implore you to consider that ***rushing a bill in the final days of session that impacts an entire industry and all of its consumers and patients – without a stakeholder process – is a blatant process foul.***

The bill lays the foundation for research focused narrowly on the products the bill sponsors want outlawed – concentrates.

The requirement related to packaging in .1g increments would drive labor and packaging costs so high that the cost of a unit would increase an estimated 475% for my company. As a result, neither consumers, nor patients, nor producers would be able to afford to produce or purchase the products they rely on. Our financial profile doesn't support such cost increases, so this product line which accounts for 50% of our annual business would be dead in the water.

Colorado adults use extracts responsibly every day, myself included. Using cannabis extracts helps me manage sleep and mental health, and I would be among many thousands of Coloradoans put at a huge disadvantage if the products we rely on from the regulated industry are sent to the black market due to prohibitory rules brought forth in an improper manner.

The purpose of this bill is to send extracts – the producers, patients, and consumers – back to the black market, which will do nothing to help our youth.

The drafters of this bill need to take a step back and stakeholder this impactful proposal. The committee should not move this forward until proper stakeholding and expertise has been leveraged.

I look forward to seeing a better product and am available at your convenience.

Alana Malone

Co-Founder, CEO

Green Dot Labs

[alana@greendotlabs.com](mailto:alana@greendotlabs.com)

Re: HB21-1317

My name is Brooke Teal. I have been a medical marijuana patient since 2013. I was diagnosed with Multiple Sclerosis in 2010 and use marijuana to help control pain associated with the disease. Because of accessibility to marijuana, I have been able to enjoy an improved quality of life. I am in college and have 4 children. I would not be able to function at this level without the pain relieving aid of marijuana.

While I agree that studies need to be done regarding the use of concentrates, I do not agree with having to be submitted to mental health testing to get my medication. The original tracking for these medicinal cards was on a secured server that was not accessible to the internet. That was to protect the card holder's privacy. I understand that there needed to be a way to verify the cards so some of those restrictions have changed. The privacy of the card holders has been compromised a little bit more with each change.

HB21-1317 seeks to destroy any privacy that was left. My name, address and mental health status will be passed between multiple agencies that have shown to be unsecure and vulnerable cyber-attack. How do you plan to protect the HIPPA rights of those applying for medicinal cards? I will no longer be allowed to decide how best to medicate myself depending on my needs at that time. The prescribing doctor gets to decide what products I use, how often and how much.

It isn't clear to me if the prescribing doctor must get in touch with my regular doctor to prescribe marijuana or if it must be prescribed by my regular doctor. If my regular doctor now must prescribe marijuana, how do you plan to address doctors that refuse to prescribe for people who are already cardholders?

While I believe that the creator of this bill is concerned about public safety, it is a massive overreach of government. Personal responsibility is still something that this marijuana user has and I'm certain I'm not alone.

The restrictions being placed on those who are 18-20 is also unfair. The process is already difficult to get through for those in this age bracket. 85% of patients in this age range are severely disabled and living under care of a parent or other caregiver.

It is apparent that the creator of this bill doesn't understand concentrates. I don't even know how that you would break up 1 gram of distillate (I use this to make edibles) into 10 even doses. The exorbitant amount of packaging that would be created makes my heart break for the environment. A crazy amount of packaging trash is already created with current marijuana laws. You would also lose a large portion of your concentrate due to it sticking in the container. If you break that up into 10 teeny, tiny containers you're going to have problems getting it all out. There are many of us that use concentrates to make edibles. Commercial edibles are extremely expensive, especially if that is the main way that you consume marijuana.

In conclusion, I believe that the creator of this bill has their heart in the right place, but it is quite apparent that they are not familiar with marijuana and its various forms. I believe that the mental health and reporting requirements will create hesitancy to get a card and will increase black market sales of marijuana. I could also see this bill creating more at home concentrate makers. If you were around in the early days of legalization, you know what a disaster that was. I also believe that you will create hesitancy in people about going to the ER due to the drug testing and reporting requirements.

A better solution to the mental health issue would be a questionnaire like your regular doctor asks you to fill out during your physical each year.

Thank you for taking the time to consider what I have written here and thank you for your service to the people of the great State of Colorado.

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May 18, 2021

House Public & Behavioral Health & Human Services Committee Members  
200 E Colfax Ave  
Denver, Colorado 80203  
Re: SB 218 Amendments – Medical Marijuana Code

Re: HB21-1317 Concerning The Regulation Of Marijuana For Safe Consumption

Dear Madam Chair and Members of the Committee:

I am writing regarding House Bill HB21-1317 Concerning The Regulation Of Marijuana For Safe Consumption.

My name is Bryon Adinoff. I am a Clinical Professor at CU Anschutz Medical Campus. Prior to moving to Colorado upon retirement from full-time academia three years ago, I was the Distinguished Professor of Alcohol and Drug Abuse Research at UT Southwestern Medical Center and for over 30 years I was an addiction psychiatrist in the Department of Veterans Affairs. I have published and spoken widely on the biological effects and treatment of addictive disorders and I am the Editor of *The American Journal of Drug and Alcohol Abuse*. My research has been funded by the National Institute on Drug Abuse (NIDA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Department of Veterans Affairs.

**As a member of the Legislative Committee of the Colorado Psychiatric Society, I agree with their support of this bill and their recommended amendments.**

On my own behalf, I would recommend the following being considered for incorporation into the bill. Section 1, 23-20-141 High-potency THC marijuana and marijuana concentrate research appears to be setting the stage for future consideration cap on THC concentrations (as was evident in previous versions of this bill). It is admirable that a research-based inquiry is being proposed. However, the proposed section does not consider the potential downsides of a mandated THC cap. If there is a cap, then cannabis above the cap will be illegal. If illegal, it will be a crime. An illicit, unregulated market will, of course, then step in and people will be arrested and incarcerated for participating in the illicit market.

I would, therefore, recommend that a systematic review be commissioned by the State to assess the potential benefits and consequences of a THC cap. Specifically,

- One of the primary concerns of high concentration cannabis is the potential effects of high concentration THC on minors. A wealth of studies have shown that cannabis use in minors has *not* increased in states with legalized cannabis (1-3). A recent study in JAMA Psychiatry (4) found that any use and frequent use of cannabis did *not* increase in 12-17 years old individuals and cannabis use disorder was *lower* in 2013-2016 (after adult use legalization) compared to before legalization (see Figure 3 in supplement, left panel). Colorado was the first state to have legal, adult-use sales. A sting operation in Colorado found that 98.5% of buyers 18-20 years old were unable to buy cannabis in a legal dispensary (5). Colorado Healthy Kids Survey [(6), Fig 5 and (7)] showed that high schoolers reported past-30 day cannabis use *decreased* from 22.7% in 2005 to 22.0% in 2011 and to 20.6% in 2019. Using different survey methodology, the CDC's Youth Risk Behavior Surveillance found 22% of Colorado high schoolers reporting past-30 day use immediately pre-legalization in 2011 and 20.1% in 2019 (8). Notably, the past-30 day use in Colorado high school students was 3-4% higher than U.S. high school students in 2003 through 2009 (using YRBS data) but has been persistently *lower* than U.S. high school students from 2011 through 2019. With this context, **whether or not higher concentration is more toxic to the brain than lower concentration THC [high concentration is undoubtedly more toxic], is having carefully regulated, legal high concentration THC the optimal option relative to unregulated, contaminated high concentration THC?**
- What will be the social justice consequences of a mandated cap? Would this allow law enforcement the prerogative of assuming all cannabis is illicit (containing more than the allowed THC concentration) pending testing? This could lead to the arrest and incarceration of anyone (and, within Colorado's historical context, proportionately more likely to be people of color) suspected of having high concentration THC, pending testing.
- Should a THC cap differ for cannabis bought from adult use (recreational) vs. medical cannabis dispensaries?

In summary, adolescents are best protected by a regulated market that prohibits sale to those under 21 y/o. Cigarette use in high school students decreased from 35% to 4% using education and regulation, not prohibition. **Education and regulation are far more just, inexpensive, and effective routes of protecting our youth than revisiting prohibition. It is hoped that, while the Committee considers the consequences of high concentration THC, they simultaneously explore options (other than law enforcement) for mitigating these consequences.**

Thank you very much allowing me the opportunity to speak to the Committee.

Sincerely,



Bryon Adinoff, M.D.  
Denver, CO

Distinguished Fellow, American Academy of Addiction Psychiatry  
Distinguished Life Fellow, American Psychiatric Association

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Greetings,

My name is Alex Wiggans. I am a MMJ patient/cardholder of nearly 10 years as well as an industry employee at a concentrate company. Cannabis has been at the forefront of both my personal life and professional life for the past decade.

I am deeply concerned about the changes being deliberated currently for both the cannabis industry and MMJ patients. Without MMJ access almost a decade ago, I would not be able to function nor provide for my family. I have patella tracking syndrome in my left knee which causes my kneecap to go out of place and strains my MCL, without cannabis I would not be able to control either the inflammation nor the pain from this ailment. The most effective method to treat this issue is cannabis concentrate, mainly live resin and rosin.

The changes to concentrate dosing/packaging also deeply trouble me. The cannabis industry already is wasteful/overburdened with excess packaging as it is with jars, labels, boxes, bags etc. To change the rules so a 1 gram concentrate jar has to now be packaged as 10 single doses is the absolute epitome of wasteful. There is no reason why a bottle of 1.75 liter 100 proof bottle of Everclear alcohol can be sold to a responsible adult with no portion control whatsoever while a 1 gram amount of cannabis concentrate has to be split into .1 gram doses. There is also not a standard dosing size for cannabis or concentrates as each strain/harvest/concentrate run will have different potency amounts. There are too many variables with both growing and extracting cannabis to apply a "one size fits all" attitude to dosing & access.

Colorado has long been a model for not only a regulated cannabis industry but also for that industry & its laws reflecting the will of the responsible consumers who voted for it. Please do not ruin our cannabis industry & its progress by passing this irresponsible & reprehensible bill. Thank you for your time.

Sincerely,

Alex Wiggans

160 Gold Maple St

Brighton, CO 80601



To whom it may concern,

In regards to HB21-1317, I would like to voice my opinion strongly against the bill.

The proposed bill would severely harm business owners and consumers who rely on Recreational and Medical Marijuana in the State of Colorado. The negative consequences passed onto business owners and consumers would be increased price and packaging requirements.

Along with increases in price and packaging requirements, we will also see a decline in legal recreational and medical marijuana sales and an increase in 'black-market' marijuana sales. The reason for concern is due to the correlation between 'black-market' sales and violence.

Not only would this bill harm business owners and consumers, this bill is most harmful to the environment. This bill at its core is an anti-environmental bill, requiring businesses to produce 10x the packaging will be detrimental to the Colorado Marijuana industry. Not only does this bill negatively affect Colorado, but this will affect supply chains, pollution levels, and the environment on a global scale.

The bill in question truly isn't meant for the benefit and/or wellbeing of the citizens of Colorado. Euphemistically, this bill is a targeted and hypocritical attack on the Marijuana industry in Colorado. If legislators and lawmakers truly cared about the well-being of Coloradans this bill would have been proposed against Opioid and/or Alcohol companies. There is plenty of statistical data suggesting the dangers of the opioid and alcohol industries are greater than the marijuana industry. Yet, there are still very relaxed and few regulations governing alcohol and opioid companies.

To provide some ethos for the provided testimony, I have lived in Colorado for the last 7 years. I'm a college graduate in my late 20's and I work for an environmental sustainability company in Denver. I'm a law abiding citizen that pays taxes. And unfortunately, I have experienced 4 people overdose on opioids and 1 die from alcohol poisoning in my short life. One unfortunately on my living room couch. Yet I have never seen or heard of anyone who died from marijuana use.

Lastly, to the sponsors of bill HB21-1317, please take a moment to compare and critically think about the marijuana laws compared to the alcohol/opioid laws that exist. Are your actions still just? I would implore you to reconsider your stance and target a different industry in Colorado.

Now that you have some more context I will reiterate. HB21-1317 is NOT in the best interest of the people of Colorado.

Please consider these negative factors in the discussion of HB21-1317.

Thank You,  
Greatly Concerned Colorado Citizen



**HB 21-1317: Regulating Marijuana Concentrates**  
Speaker Garnett and Rep. Caraveo / Sen. Hansen and Sen. Lundeen  
*May 18, 2021*

Madame Chair and Members of the House Public & Behavioral Health & Human Services Committee:

Thank you for the opportunity to submit written testimony in support of HB 21-1317. My name is Christine Benero and I have the honor of serving as President and CEO of Mile High United Way. We were the very first United Way in the world. And for over 130 years, Mile High United Way has been uniting the full force of the community to fight for the education, health, and financial stability of everyone in Metro Denver. **We stand with our community leaders, parents, and educators, in asking for better protections for our youth against regulatory gaps in the cannabis industry and high potency THC products.**

Mile High United Way working to realize a bright and hopeful future for Colorado's children. Our programs and investments focus on giving all children a strong and fair start, and ensuring they are able to graduate from high school with post-secondary opportunities, like higher education and employment. High potency THC products like dab, wax, vaporizers, and inhalers are appealing and easily accessible to our young people. The use of these products is affecting brain development and is correlated with negative mental health outcomes such as anxiety, depression, and increased instances of psychosis. A recent study from the Colorado Department of Public Health and Environment (2020) shared that

- Marijuana is the number one substance found in youth aged 15-19, who died by suicide.
- High school students are twice as likely to drive after using marijuana than after
- using alcohol – vehicle fatalities where marijuana was found in a driver's system increased 153% between 2013 and 2017.

The health and safety protections outlined in this bill work to prioritize the health of our young people, using data-driven regulations. It is with the future of our children in mind that we strongly urge a "yes" vote on HB21-1317.

Sincerely,

Christine Benero  
President and CEO  
Mile High United Way

As a recreational user of *cannabis* I am **AGAINST** the proposed bill; HB1317 "Regulating Marijuana Concentrates".

Cannabis became legal for 21+ adults, similar to alcohol and cigarette laws. I could go buy gallons upon gallons of alcohol and thousands of cigarettes all in one store and consume them as fast as humanly possible. Nobody would bat an eye, even though alcohol is literal poison that can kill and cigarettes are a long term killer. I can consume pounds and pounds of cannabis and not be anywhere near dying, I actually would be just relaxed, elevated, and at peace. Can't say the same for alcohol or cigarettes.

Changing the limit to 0.1g is useless, unnecessary, and ill-conceived. The amount of wasteful packaging that is already being sold is an abundance, but passing HB1317 will make the amount of waste astronomical. Passing HB1317 will not change the masses of cannabis users to buy less, like you think it will. Consumers will buy their max limit, go to dispensaries multiple times a week, or get pushed to black market to buy mass amounts.

To all of our representatives, with your time to think of bills and legislation to be introduced, maybe put your time and effort towards moves on getting those still in prison for cannabis "crimes" expunged or a push towards eco-friendly packaging. Do not pass HB1317 !!!

I live in Centennial and am a constituent of Rep. David Ortiz. Thank you for the opportunity to share our family's story. In the beginning of 9th grade, our 14 year old son was given marijuana with 28% THC by a sophomore. That's all it took. Knowing what we know now, we believe he was almost instantly hooked on it. We later learned that in the months that followed, he experimented with every possible way to consume marijuana (waxing, shatter, vaping, etc) and concentrations likely as high as 90%. We now know that high concentrate marijuana is easily available to every kid, everyday, and everywhere. By April of Freshman year, we knew that our son had a real problem and was officially a drug addict. You are mistaken if you believe one can't become addicted to marijuana. Our son is proof that it's happening everyday in our schools.

We were extremely vigilant parents with both of our children. We both worked from home, knew all of their friends, encouraged their friends to hang out at our house and never missed a school or sports activity. Despite providing both of our children with extensive drug education and making it part of regular dinner conversations starting at a young age, our precious son took that first hit and became an addict. He had been a straight A student and athlete. In a matter of months, our son became a very proficient liar and was someone we didn't know anymore. He was extremely adept at hiding his use from us. Our kind and loving son was now an angry and defiant child and a stranger to us. He cared more about being high and using than anything else and was willing to forgo everything he had once held dear to get high.

As soon as we realized the extent of his addiction, we spent hours researching the available treatment options. Given the extent of his addiction and how quickly it had developed, we chose the program that we thought would be best for him and it turned out to be a residential treatment center out of state. We had to say goodbye to our son for ten months - it was heartbreaking and devastating for us to be without him. We missed almost an entire year of his life. An entire year. The cost of this treatment? \$200,000 over the next ten months. Two hundred thousand dollars. Let that sum sink in. Insurance covered only \$10,000 of that amount. The remainder was paid out of our savings. We were lucky that we had the savings. How many families can afford that? And that does not include the ongoing costs we still incur for the weekly therapy he needs to help him stay sober.

The residential treatment program probably saved his life but the sad reality is that while he is no longer physically addicted, he is still very much psychologically addicted. He struggles with addiction every single day. He is triggered every single day. He hasn't smoked in over a year yet he is an addict and will be for the rest of his life. The devastating truth is that his life may have a happy ending or it may not. We struggle with coming to terms with that every day. The hopes and dreams we had for our son may or may not come to pass. The hopes and dreams he has for himself may not come to pass. He may be able to avoid relapse or he may not. For the rest of our lives, we are going to wonder if he is using. Is he sober? Has he relapsed? Is he ok? Our life now consists of random drug testing, struggling to rebuild trust, watching his every move on the Life 360 app, sneaking glances at his texts and social media, and having to ask him questions about his whereabouts and activities that are invasive. We are always watching and on high alert. Our anger is immeasurable. The devastating impact on his sister, us, our marriage, our family, our finances and our life in general is immeasurable. Our family will never be the same.

We are full of resentment regarding the easy access our kids have to marijuana. It is everywhere. You can drive down I-25 with car windows closed and smell it. What chance does my son have of remaining sober? He feels like everyone in school is smoking pot and he can't get away from it. It's at school and at every party. He told us he knows many teens who were easily able to procure medical marijuana cards, convincing their parents that they need it for their anxiety. To this day, he still doesn't understand the harm these drugs do. All he hears is that marijuana is legal so it must be ok. He still wishes he could use. After a year of intensive treatment and sobriety, he STILL wishes he could use. That is how addictive the marijuana of today is.

What happened to my son and our family is happening across the state. It's happening in every neighborhood and every school. It knows no social or economic boundaries. If this could happen to our family, it could happen to anyone. We must take action to stop this scourge on our communities. I beg you to vote for this bill HB 1317 - you will be saving lives.

Esteemed Members of the Committee,

Thank you for taking the time to listen to my written testimony. I am writing on behalf of HB21-1317 which contains language that will repeal HB19-1031, colloquially known as "Ethan's Law." Ethan's law was created for the purpose of allowing two primary caregivers, likely the parents, the legal authority to purchase, travel with, and administer THC to an individual who has qualified for medical marijuana.

As the eldest brother of Ethan Cerrato, the namesake of this bill, I have seen firsthand the way THC works to essentially stop a seizure in its tracks, as well as to help prevent it entirely. There have been several times in my life where Ethan has had a sudden seizure in my family home, and THC has stopped it in its tracks.

One time a few years ago, Ethan had a seizure late at night. We were all spending time together watching a movie while Matthew was working in the basement. All of a sudden, chaos broke out. We were running around trying to get all different things together for the hospital trip that is soon to come. Meanwhile, because only one person is authorized to administer the THC, someone had to run down and get Matthew. The THC was not far from my Mother at that point, but because Ethan's Law did not exist, we had to wait until Matthew could get involved. Now while this all took place in about a minute's time, that meant losing precious seconds from the time that the seizure starts to the time that it can become dangerous. Luckily for us, once Matthew got the THC and administered it to him, it was able to work quickly.

Before Ethan's Law, only my stepfather was able to administer THC to Ethan. When Ethan is hospitalized and Matthew is at home with me and the rest of my siblings, my Mother was powerless to do anything but watch when Ethan had a seizure. In fact, the reason why my Mother and Stepfather helped create this bill was due to this exact scenario happening several times before a law could be written and voted into effect.

Now, if at this point in time, Ethan's Law is repealed, the choice my Mother and Stepfather face would be a hard one: having to make sure that the one primary caregiver is around at all times. It would mean that when Ethan is in the hospital, should he have a seizure, nothing can be done for the first 5 minutes to stop it. This will subject both my Mother to trauma, and Ethan to more harm, and even more trauma than he's already unfairly experienced in his life.

Recently we watched a show about zoo life as a family. Out of nowhere during one of the episodes, one of the animals had a seizure. Like clockwork, all of us immediately were thrust back into a moment where Ethan had experienced such an event. Watching him have to go through a seizure, and knowing there's nothing you can do, is one of the harder things I've experienced throughout this journey. Certain images will stay in my mind forever and remain a constant spot of struggle as I go through life.

So please, I ask you now, vote against HB21-1317, so that children like my brother can continue to receive the care they deserve. Thank you.





HB 1317

Kyle McTague to: committees.lcs.ga 05/18/2021 08:51 AM

As a resident of Colorado, I have to object HEAVILY to HB1317 passing for numerous reasons. This would drive manufacturing costs up on the businesses due to purchasing entirely new packaging, old packaging already purchased and extra labor time to fill smaller containers precisely; thus the average consumer in Colorado would end up paying more, causing a scenario where the black market becomes more viable in the eyes of the average citizen. This is unwanted for obvious reasons and it would be much more beneficial to the state, people and communities of Colorado that a legitimate, legal market thrives; this measure will put a heavy strain on the system that exists and could have massive consequences. As there are no regulation in product testing, no taxes to the state and forces money away from legitimate businesses functioning within the laws of Colorado. This will also cause many of the concentrate companies to consider leaving Colorado, as this change could cause an end to their businesses due to the massive cost involved of switching over an entire line of packaging, loss of sales due to poor reception of the new containers and cost to consumer, extra labor costs and quality control issues from having to fill 10 times as many containers with a smaller surface area. This would also be incredibly wasteful for the environment, as I already believe the current rules for cannabis packaging are exceedingly wasteful as they currently stand. Individually packaging concentrates into .1g is massively and excessively wasteful; concentrates being in 1g containers already creates a vast amount of waste within Colorado, so you would only be increasing the amount of waste the state produces. Please vote against this passing, as it is not what the citizens of Colorado want and is an over correction to a terrible tragedy.



It is a strategic priority of Colorado Christian University to impact our culture in support of traditional family values, sanctity of life, compassion for the poor, Biblical View of human nature, limited government, personal freedom, free markets, natural law, original intent of the Constitution, and Western civilization. The Centennial Institute at Colorado Christian University engages public policy in an effort to advance these principles.

**The Centennial Institute is supporting HB21-1317 and respectfully requests a "YES" vote.**

The history of commercialized marijuana in Colorado is to put the interests of the drug industry ahead of the health and safety of Coloradans. It's time for Colorado's leaders to put common sense guard rails on the marijuana industry.

There are serious concerns about the impact marijuana has on mental health, especially among young people. Recent studies show that marijuana can increase psychosis, possibly leading to schizophrenia, and lowers a young person's IQ.

This bill requires the Colorado school of public health to do a systematic review of the scientific research related to the physical and mental health effects of high-potency THC marijuana and concentrates.

It requires medical marijuana assessments to include the patient's mental health history.

The bill requires the coroner in each case of a suicide, overdose death, or accidental death to order a toxicology screen to understand how high potency marijuana may be impacting these tragedies.

The bill prohibits medical marijuana advertising that is specifically directed to those ages 18 to 20 years old.

It prevents marijuana dispensary hopping where consumers go from one shop to the next, breaking Colorado law, to collect as much marijuana as they can.

This bill does good work to help Colorado families balance out an aggressive drug industry. It protects young people from a predatory industry and helps secure their future. We need to do more, but this bill is in the right direction.

We ask for your "Yes" vote on HB21-1317 and for your continued partnership to add rational regulation on the marijuana industry.

Thank you for your time, thank you for your service, and thank you for your consideration.

Jeff Hunt

Director, Centennial Institute

Testimony for HB 21-1317:

Hi, my name is Tom Kunstman and I am a doctor testifying in support of House Bill 21-1317 concerning the Regulation of Marijuana for safe consumption. I originally trained as a pediatrician at Dartmouth and completed Adolescent Medicine fellowships at Harvard and UCSF.

I worked in the field of college healthcare for more than 30 years, first in San Diego, then spent the last 25 years of my career at the University of Colorado Boulder where I retired from the position of medical director in 2019. I continue to serve as the co-chair of the board that reviews biomedical research, but want to make it clear I am speaking solely for myself and not representing the university today. Likewise I am not representing the city of Boulder where I have served as the chairperson of the Cannabis Licensing and Advisory Board for the past year. Neither I nor any family members have any financial links to the cannabis business.

I wholeheartedly agree with the premise of HB 21-1317 that seeks to establish a scientific review council to systematically review all available scientific-based research regarding the physical and mental health effects of high potency THC marijuana and marijuana concentrates on the developing brain.

As a pediatrician with 3 now-grown children, I have long been interested with everything a child, adolescent and young adult faces and how that might affect their health, including the development of their brain and ultimately a person's mental health as they make the transition to adulthood. Studies have shown anecdotal links between high potency THC exposure and significant mental health problems in adolescents and young adults. This includes long-term effects such as development of depression, anxiety and psychoses and short-term but devastating effects such as suicide.

It is of paramount importance that much more research be done, as well as characterizing and analyzing the research that has already been done, including some from the US as well as other countries such as the Netherlands and Israel. I have come to believe that any one individual's response to CBD and THC depends on many factors including the THC concentration, but also the age and maturity of the developing brain. Younger brains seem to be at so much more risk. The characteristics of the marijuana consumed also seem to be a factor as asserted by industry representatives. A person's own genetic structure has been shown in some studies to be a factor leading to both positive and negative effects.

Let me reiterate, I'm strongly urging you to support the scientific review council that would be established by this bill to systematically review all available research to date, and maybe even show future directions for research to try to make this cannabis consumption as safe as is possible.

Representatives,

I am testifying to represent my self as an HR professional working in the cannabis industry.

I would like to speak directly to the packaging requirements and regulatory changes added to what is presented as a research bill. I am concerned about the large increase in cost for both labor and production to meet these packaging requirements. I am concerned about the impact this will have on businesses and employees in the industry.

Packaging costs currently account for 20% of the over all costs for my current organization. If we are asked to meet these new requirements our production and labor costs will rise by more than 400%. This kind of cost increase is an onerous burden to all employers in the industry. A large part of this cost increase would come from increased labor costs.

Normally I would be excited to say that the organization I work for is hiring and adding staff this year and adding jobs and wages to the Colorado economy. As an industry we have also added thousands of jobs to the Colorado economy. The employees I work with are dedicated to their jobs and love working in this industry. They rely on us as an employer to provide a living wage.

Large increases in labor cost to meet proposed requirements will not only keep my organization from adding planned staff this year but will cause the organization to reduce production. This reduction would put jobs of 30 current employees at risk. If this is the case for our organization it will likely be true for other employers in the industry. A loss of current and planned jobs across the industry would have a large impact on the Colorado economy. We as an employer are dedicated to increasing diversity at our organization and in the industry. Increased labor costs would also take our focus away from these goals which overall hurts the industry and communities in Colorado.

On a personal level, I am greatly alarmed about the impact of tenfold increase in packaging pollution that would be created by this bill.

I would like to ask that the comity amend this bill, not to avoid safety measures, but to allow time to work with stake holders on all levels including, the industry, up to date science and the patient community to better understand the downstream effects of these changes.

Rachel Mudd, MA, SPHR

Broomfield Colorado

HB 21-1317 Written Testimony

Position: Against or Amend with full stakeholder input

5/8/2021

Megan Harlow

720-588-3083

Good Afternoon,

Thank you for inviting public comment on the recently introduced House Bill 21-1317.

My name is Megan Harlow, and my background informs my knowledge on the subject and interpretation of the proposed bill.

I am a founding member and current owner of Lazercat, a cannabis cultivation and extraction company whose primary product is solventless concentrates. We use ice, water, heat and pressure only (no butane, propane or other hydrocarbons) to remove the trichome heads (that is, the part of the plant that contains cannabinoids and terpenes) from the cannabis buds or flower.

However, I am also a Registered Nurse and a Certified Nurse Midwife. I used to work at the University of Colorado Hospital on the Anschutz Medical Campus as a midwife and clinical educator as a member of one of the midwifery services there and have dedicated a large part of my life to promoting the health and wellbeing of all people.

Regarding House Bill 21-1317, let me start with -- I believe the stated intent behind the introduction of this bill is something almost all of us can and should support. That is, we need to take steps to prevent teen recreational cannabis consumption and that we should promote further physician involvement with medical patients, particularly the youngest ones. And I respect and appreciate the testimony of those supporting this bill to protect Colorado's children.

However, if you actually read this bill, most of what's in it has nothing at all to do with protecting children but instead would have huge negative repercussions for yes - legal Colorado cannabis businesses, the workers they employ, the tax revenue concentrate sales generate, but most

importantly the medical marijuana patients that rely on concentrates to manage their chronic medical conditions.

- First, the passage of this bill and its provisions would ultimately put an end to the legal cannabis concentrate market in Colorado.
  - Concentrates are by nature, high potency. Concentrates are the Trichome Heads of a flower or bud separated from the chlorophyll containing plant material. If a concentrate is low potency, this generally means it may be contaminated with plant or other material, or that it has residual solvents (propane, butane or other) or that it has been cut or diluted with a potentially harmful additive. So, high quality concentrates are (generally speaking) of higher potency, and it really is an oxymoron to create a “low potency” concentrate.
  - There are actually health benefits to vaporizing concentrates versus smoking flower or bud. When smoking a joint for example, a patient is incinerating plant material and inhaling smoke, which as we know, smoke inhalation harms the lungs. Vaporizing concentrates allows patients to reap the medical benefits of inhaling cannabinoids and terpenes without damaging the lungs via smoke inhalation.
  - Although this bill would end the legal concentrate market, we all know these concentrates aren’t going anywhere. This bill would just drive production and consumption to the unregulated black market, which as we know, without lab-testing and other safety measures would endanger patients, while businesses trying to operate legally would be forced to close, and while the state would forfeit the tax revenue associated with the production and sale of concentrates, which as of 2019 already made up a third of the Colorado cannabis market.
  
- Second, there are several non-evidence-based assumptions built into the foundation of this bill. Namely, that the “physical and mental health effects of high-potency THC” -- which the Colorado School of Public Health would be ordered to study -- must be bad, since their findings would then have to become a public education campaign, which if I’m reading this right, I don’t think this is intended educate about the benefits of high-potency THC. What’s more, the fact that physicians will already be required to impose limits on the dosage form, THC potency level, and the patient’s daily authorized quantity assumes

that a larger quantity of or more potent cannabis is inherently bad for patients. So, a lot to unpack here.

- Since the “physical and mental health effects” aren’t specified in the bill, I want to address one that is commonly cited, but inadequately studied and poorly understood. Cannabinoid Hyperemesis Syndrome (or CHS), is the vomiting syndrome associated with cannabis use. Given that this is a relatively new syndrome, many - myself included - don’t believe this is a reaction to cannabis itself, but rather to a common organic pesticide (neem oil) that is frequently used in the industrial cultivation of cannabis, which is common now that with legalization cultivation has become so large scale. This needs further study, but it is likely that CHS is actually caused by Neem (an organic pesticide) poisoning as the symptoms of neem poisoning also include nausea and vomiting.
- From a pharmacologic perspective, we don’t know what the right routes, potency and/or dosages are for certain medical conditions because they haven’t been studied yet. And like some other medications, the route, potency and dose really is more patient-dependent than condition-dependent.
  - If we consider the mechanism of action of cannabis (entirely leaving out the role terpenes play for the purposes of this discussion), THC molecules attach to the cannabinoid receptors in the brain and in other organs and systems throughout the body. For a patient with a severe medical condition eased by frequent cannabis use, those receptors will remain largely saturated with THC molecules. Which means, even if they are taking high-dose concentrates in large quantities to manage their symptoms, they will not experience the same strong psychoactive effects as a patient who uses very little cannabis and therefore has those cannabinoid receptors open.
  - And so, from a medical perspective, we need to question the assumption underlying this bill that a large quantity of potent concentrates is bad for patients, as there are many patients that need a large quantity of potent concentrates to manage their conditions and do so successfully and as an alternative to polypharmacy with multiple medications with combined side effects that are often more severe than those of cannabis.

- Third, the proposed packaging requirement (0.1g limit) is not only arbitrary and unnecessary from a patient perspective as I just laid out, but it would place an undue financial burden on businesses, while harming the environment and making the industry overall less sustainable.
  - Most concentrates are currently packaged and sold in 1g units.
  - This bill would increase the cost of packaging (both supplies and labor) 10 fold, which in and of itself would be prohibitive for most cannabis businesses, but particularly for small businesses like ourselves.
  - The proposed harm to the environment is unmistakable, as the bill would:
    - increase 10 fold the environmental impact associated with manufacturing packaging materials
    - Increase 10 fold the post-consumer waste generated
    - What's more, this provision is directly contrary to current efforts being undertaken by Colorado's Marijuana Enforcement Division, which has recently launched a sustainability initiative and soliciting information from stakeholders such as ourselves on how to make our industry more sustainable. Let's not move backwards on the environment.
  
- Fourth, the proposed purchasing limits are not only unnecessary from a safety perspective, but they will prevent patients from easily accessing the medicine they need, which would cause a real crisis.
  - It is hard to understand why we are limiting the purchase quantity of a plant medicine that studies have shown is overwhelmingly safe for patients with true medical need. If we are considering limiting cannabis in this way, why don't we limit marijuana's more dangerous comparables? That is:
    - Why are there no purchase quantities on alcohol, which is responsible for 95,000 American deaths every year?
    - Or why are we not encouraging more people to manage chronic conditions with cannabis instead of opioids and other drugs, which in 2020 alone, drug-overdoses claimed 81,000 American lives.
  - And since cannabis is safe, why are we trying to make it harder for patients to access this medicine? Lines and wait times at dispensaries are already prohibitive for many. Reducing purchasing limits 5-fold (from 40g to 8g) would mean patients need to make 5 trips for every single trip they make now. This will

only increase wait times and crowding at dispensaries, which would be unfortunate at any time but is particularly troublesome during a pandemic.

- To conclude, we support the effort to curb recreational child and teen cannabis consumption and we support the greater involvement and follow-up of prescribing physicians with their medical marijuana patients.
  - However, the proposed bill does not accomplish these goals but instead threatens the legal Colorado concentrate market in ways that will have major repercussions for the Colorado cannabis industry, its workers, the tax dollars it generates and above all, the patients that rely on this remarkable medicine.
  - We are asking that any rewriting or amendment of this bill include collaboration with all stakeholder groups, and that the improved legislation aim to protect all children while ensuring patients have continued safe access to the medicine they need.

Thank you.

Sincerely,  
Megan Harlow

Dear Madam chair, Representative

Dafna Michaelson Jenet, Madam Vice chair Emily Sirota, and all the other members of the house of representatives Public & Behavioral Health & Human Services committee.

5 16 2021

My Name is Dr. Peter Pryor MD MPH, although many people know me by my business name Doc Morrison.

I have been a Medical Marijuana Doctor for 7 years now. This makes me an expert in Medical Marijuana. Before this I was a successful Emergency Medicine Doctor at Denver Health. The hospital considered me to be an expert in Emergency Medicine.

Ever since I graduated from Tulane Medical School back in 2000 I have enjoyed every second that I have been a physician. During my career I have met amazing patients along the way and been able to help an extremely large amount of sick patients.

In my current position focusing on deciding whether or not a patient will benefit from the use of Cannabis. I have developed a "bonafide patient doctor relationship" better than I was ever able to do being an Emergency Medicine doctor. While I did see many more patients in the ER, I have thousands of patients that I've developed a personal relationship with. Once I left Emergency Medicine and began my private practice I focused intensely on staying up to date on regulations and making sure that I always abide by the rules and regulations set forth by the state legislators as well as the MED. To have been left out of any type of stakeholder process prior to the introduction of HB 21-1317 was not only disappointing to me as a medical marijuana expert who follows all the statutes and guidelines, despite the difficulty of keeping up with the ever changing regulations set forth in this state. I love what I do though so I have no complaints if that's just one hurdle I have to deal with to continue providing the highest quality of care to my patients while making sure to stay compliant.

I meet with all of my patients for up to 20 minutes. HB 21-1317 would make that impossible as well as burden my practice in a number of ways. I am unaware of any evidence that shows that we as recommending physicians, many who have been following basically the same protocol for over twenty years, need to drastically change how we practice medicine.

In order to stay compliant with the changes as written in the current draft of HB 21-1317 I would have to either charge my patients a significantly higher rate, we all ready know insurance does not cover or reimburse visits to a marijuana recommending physician. This bill would also keep records of the medical records brought to me by the patient and my written SOAP note.

I currently document why the individuals who visit my office would benefit from using Medical Marijuana MMJ and I ask them how they get it in their system. I encourage everyone suffering from a condition who can benefit from mmj to use edibles, topicals, or other consumption methods that do not affect the lungs. I make sure that nobody leaves my office before I discourage vaping, dabbing, and smoking flower. I discuss how smoking gave me a cough that sounded like COPD. I decided to quit smoking MMJ 3

years ago and feel better in my 50s than I did in my 40s. I have found that I can still receive the same benefits through other routes of administration as previously mentioned without putting my lungs in jeopardy.

I spend as much time as necessary educating patients who have limited or no experience and how they can start dosing comfortably.

I give all my patients my cell phone number. Imagine that 3,000+ patients all get my cell number. My phone stays busy with interesting questions, observations and discussions surrounding illness and how MMJ might be helpful (risks & benefits). pre pandemic and now by video conference. Everyone has the option for video conference but many of my returning patient prefer the simplicity of the phone interview. I fill out the State Physician Certification for them.

I believe I was one of the first MMJ doctors on asking for help in the form of Telemedicine when the pandemic began last year. Beginning February 2020 I was seeing patients in their cars in my parking lot. On 2/27/2020 I wrote a letter to Governor Polis and CDPHE to beg for permission to see patients by telephone and video. It has been a wonderful experience. There are many benefits and very few down sides. The benefits are conveyed to me through my patients who I ask for their feedback on telemedicine. Not everyone likes it but it is my impression that if you took the politics out of it that very few people would prefer to drive across town or the state to get to my office where you may be in the waiting room with 6 other people and their families. Taking a day off of work to get to see me. Driving from Sedgwick CO. Getting yourself out of your death bed to come for a 20minute visit. What are the downsides? None that I see as truly negative and I am still developing bonafide patient doctor relationships and encouraging people to change their lives for the better. Live healthier.

We hope COVID19 is going away for good and we have everything under control. I say stay tuned. COVID19 will not go away easily. In the not too distant future we may have further reasons we will not all want to be face to face, in the same small waiting room, maskless with strangers. Especially when there are safe alternatives to face to face with no downsides. I believe that our world climate is changing and we are living it. Car emissions contribute to global weirding. Keeping this as an option cuts down on the driving by 15 patients daily. I see patients from everywhere in the state.

In reading the amendment regarding patient's between 18 & 20 years old and the idea that 2 physicians need to diagnose. I don't feel I need another doctor to agree with me for evaluation of chronic pain nor do I think that would help the patient. I believe I satisfy this by reviewing medical records which I require for all patients under the age of 30. If a patient has never been to see a physician but has obvious deformity due to trauma I do not think it is beneficial for that patient to see another doctor who may unnecessarily X ray or perform bloodwork and then prescribe medications such as Percocet, Oxycodone, Gabapentin, Methocarbamol, Vicodin, sleeping meds, anxiety meds, antidepressants. Gabapentin may be the next opioid epidemic. The idea that you have to have two physicians from different medical practices diagnose the patient and have an in person medical consultation makes no sense on a Telemedicine bill. That is a

barrier to treatment. I don't think it works well with patients under the age of 18 where this is already in place. I am a doctor. Let me be a doctor.

Regarding the idea that 18 to 20 year olds are getting more MMJ licenses since the pandemic lets review the CDPHE statistics regarding number of patients in that group in Jan Feb 2020 vs Jan Feb 2021 which are the most current stats available at the time of writing this. Jan 2020: 3,483 patients which is 4.25 % of all patient on registry in terms of age, Feb 2020: 3,563 patients 4.32%. Now in Jan 2021: 3,935 patients 4.53% and Feb 2021: 3,979 patients 4.56%. This does not seem like a race to the doctors office by patients under the age of 21.

Although I recommend that my patients use edibles and topicals and avoid smoking flower vaping and dabbing not all will do this. If you spend too much effort establishing so many barriers to treatment these children you are trying to protect will likely continue to use Marijuana either legally or illegally pushing them away, I don't have the chance to tell them about how smoking negatively will effect their lungs. This is a population who struggles for their money. I consider it an honor to get to them when they are so young. They hear me when I tell them not to smoke. No one ever argues with "our lungs were not meant to smoke" and many tell me thank you for telling them not to smoke.

Every one of my patients gets my cell phone number. I see the follow up every 3 months as another barrier to treatment. I believe an annual update is adequate and should not be changed.

Regarding the prohibition of charging additional fees for plant counts I don't believe the State can tell me what to charge for my services. It has taken me years to develop my strategy for plant counts and how to keep within the CO State regulations which I believed were later deemed unconstitutional. I have kept those numbers down and to my knowledge I have never had a plant count issue with any of my patients. In all types of medicine the billing varies by the risk of the procedure or evaluation. Arm stitches will be low risk so you charge little. Brain Surgery high risk and so you charge more. Everyone who expresses a desire to have a plant count is required to have medical records which I review with them to determine if they have documented support of a required condition. There is a lengthy discussion of how they use their plants and why how they would use or process their desired amount of plants. I have used this risk evaluation to price the plant counts I am willing to provide in accordance with the requested number of plants along with the evaluation of the medical records provided. Doing all of this to keep the number of plant counts down as a part of my total patient population. The risk is to reputation and to practice. Many doctors including one I know personally have had their medical licenses suspended by the board of health here in Colorado because they were writing too many higher plant counts per their patient population. My patients return to me because I take the plant counts seriously. They pay for those licenses because they know if they go to court while legally growing the plants counts they have paid for that I will go to court with them and defend their state constitutional right to grow MMJ.

Thank you for your consideration regarding these topics. I am willing to free my time to testify at any point or speak to anyone about this. This is important. Telemedicine is a great thing. I don't think you should hurt Medical Marijuana by giving us the goodness of Telemedicine and the badness of the attempt to mandate pricing and pushing people away from what is now a legitimate medical practice. Medical Marijuana is struggling. Taking away the plant counts will change Medical Marijuana and I don't believe the change will favor Medical Marijuana. Putting more barriers to alternative treatments mandating evaluation by the very doctors many of my patients are trying to avoid going to in the first place is ironic and insulting. As is the every 3 month follow up.

Thank you for your consideration,

Sincerely

Peter Pryor II MD MPH  
720-272-2897 cell  
[www.DocMorrison.com](http://www.DocMorrison.com)



Written Testimony HB21-1317--Against  
Kirk Hamm to: committees.lcs.ga@state.co.us 05/18/2021 06:00 PM

I am a professor of Law and Business, as well as a practicing attorney representing WTJ Family Enterprises, LLC, a medical marijuana provider.

While I have heard many sympathetic stories during testimony, unfortunately, good law is not about expressing sympathy, but rather about the technical details of implementation, and this bill is quite troublesome in that regard.

The bill does have some positive aspects. Its attempts to prevent looping and its goal of compiling all available academic research are laudable, though I would echo my colleagues in the industry in stipulating that such research must be unbiased and draw comprehensively from both positive and negative findings. I am leery of requiring only toxicology reports from coroners without examining surrounding circumstances. Merely reporting the presence of THC without a great deal of other information regarding suicides could be misleading at best and utterly worthless for research methodology at worst.

Unfortunately, this bill goes much further than simply trying to glean better research for policy. Despite admitting in media that they have insufficient information, the sponsors have plowed on anyway in imposing regulation regardless. This demonstrates an impermissible animus against the industry and opens the bill up for legal challenges.

Several witnesses have already testified that the purchase limits create irrational limits on patients and impose undue burdens on their access to medication. Worse, setting more severe limits on 18-20 year old patients has no rational basis if they have a legitimate medical need no different than older patients. Further, if one doctor recommendation is sufficient for others, requiring two for 18-20 year old patients merely imposes punitive and burdensome obstacles to keep them from access to needed medication.

Further, as several witnesses mentioned, requiring dosing recommendations and periodic sign offs from doctors will force physicians into severe conflict with federal regulations that may threaten their licenses. This will immediately deprive numerous patients from access to needed medication. The list of requirements for reporting also violate patient privacy.

The packaging requirements have also been thoroughly highlighted by witnesses. The additional costs this will impose—without any rational justification— may exceed 100% increases and will be prohibitive for providers and utterly deny access for many poor patients.

Finally, the advertising restrictions imposed by this bill are blatantly unconstitutional restrictions on commercial speech. While the goal is obviously to prevent the encouragement of illicit use by underage people, there is absolutely no showing that such a severe restriction would accomplish this. However, such a prohibition would certainly prevent medical providers from even mentioning substantial medical benefits to certain patients (e.g. the help cannabis concentrates may have with some forms of childhood seizures). This sort of ban will never hold up under legal challenge under either the U.S. or Colorado Constitutions.

If the sponsors are serious about gathering research on THC effects, then they would be better served to institute a simple labeling requirement for TCH level in all products. This would provide transparency in products as well as better enable us to study actual use and needs in medical treatment.

As it stands, this bill is impractical, burdensome, and unconstitutional. Thus, I humbly request the committee to vote against it. Thank you for your time.

Kirk Louis Columcille Hamm, J.D., M.P.A.  
Attorney & Counselor at Law  
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Wheat Ridge, Colorado 80033  
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Testimony for HB 21-1317

Thomas R Kunstman to: committees.lcs.ga@state.co.us 05/18/2021 05:17 PM

Cc: "Malia Wildman", "Robin Noble Gribbon", "dawnreinfeld@me.com", "Haddock, Kathy", "natalie.mullis@state.co.us"

I had been trying to testify remotely, but apologize that I could not negotiate the signup system. I would at least like to submit my written testimony.

Thanks so much to Natalie Mullis from your legislative staff for all the help she did with me on the phone today.

I hope my testimony will still be considered. Thanks so much,

Tom

**Thomas Kunstman, MD**  
 University of Colorado Boulder  
 C 303-579-2456

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### Testimony for HB 21-1317:

Hi, my name is Tom Kunstman and I am a doctor testifying in support of House Bill 21-1317 concerning the Regulation of Marijuana for safe consumption. I originally trained as a pediatrician at Dartmouth and completed Adolescent Medicine fellowships at Harvard and UCSF.

I worked in the field of college healthcare for more than 30 years, first in San Diego, then spent the last 25 years of my career at the University of Colorado Boulder where I retired from the position of medical director in 2019. I continue to serve as the co-chair of the board that reviews biomedical research, but want to make it clear I am speaking solely for myself and not representing the university today. Likewise I am not representing the city of Boulder where I have served as the chairperson of the Cannabis Licensing and Advisory Board for the past year. Neither I nor any family members have any financial links to the cannabis business.

I wholeheartedly agree with the premise of HB 21-1317 that seeks to establish a scientific review council to systematically review all available scientific-based research regarding the physical and mental health effects of high potency THC marijuana and marijuana concentrates on the developing brain.

As a pediatrician with 3 now-grown children, I have long been interested with everything a child, adolescent and young adult faces and how that might affect their health, including the development of their brain and ultimately a person's mental health as they make the transition to adulthood. Studies have shown anecdotal links between high potency THC exposure and significant mental health problems in adolescents and young adults. This includes long-term effects such as development of depression, anxiety and psychoses and short-term but devastating effects such as suicide.

It is of paramount importance that much more research be done, as well as characterizing and analyzing the research that has already been done, including some from the US as well as other countries such as the Netherlands and Israel. I have come to believe that any one individual's response to CBD and THC depends on many factors including the THC concentration, but also the age and maturity of the developing brain. Younger brains seem to be at so much more risk. The characteristics of the marijuana consumed also seem to be a factor as asserted by industry representatives. A persons' own genetic structure has been shown in some studies to be a factor leading to both positive and negative effects.

Let me reiterate, I'm strongly urging you to support the scientific review council that would be established by this bill to systematically review all available research to date, and maybe even show future directions for research to try to make this cannabis consumption as safe as is possible.



Submitting written testimony

Kenneth Maestas to: committees.lcs.ga, Julie Reiskin 05/18/2021 09:02 PM

History:

This message has been replied to.

Good evening,

I've tried communicating several times via chat and email but did not receive a reply.

I'm no longer able to wait to testify which is disappointing especially because the 'submitting written testimony' will no longer let me submit CCDC testimony. It's my job and I'm not able to do it?

I'm going to copy and paste it here as well as attach it.

Thank you,

*"Good afternoon, Kenny Maestas – the legislative coordinator for the Colorado Cross-Disability Coalition. Thank you for the opportunity to testify on HB21-1317 - Regulating Marijuana Concentrates.*

*We offer testimony to strongly amend. We seek 'strike below' everything after section 1; And believe section 1 should include users, users with disabilities, parents and anyone else affected.*

*We agree the Colorado school of public health do a systematic review of all scientific research related to the physical and mental health effects of high-potency THC marijuana and concentrates.*

*And to the creation of a scientific review council to review the report generated.*

*However, we want CO patients [who use] and CO doctors [who recommend] cannabis to be included in both the study and the development of this bill.*

*We were originally asked to participate but were subsequently left out after voicing our concerns early on. This was an insult to the disability community, and we only ask for our rightful seat at the table.*

*We also want studies to look at the benefits of medical marijuana not just focus on harms, so all information is closely examined.*

*With that noted: We believe HB21-1317:*

- *Will create barriers & restrictions on therapeutic access to medical marijuana.*
- *Asks doctors to prescribe vs recommend- which NO Dr will do, as it is federally prohibited.*
- *Unnecessarily requests for a Mental Health professional to be contacted by referring physicians.*
- *limits purchasing amounts potentially requiring multiple trips to access recommended dosing levels...*

*Leaving patients outside of the metro area and people who have transportation barriers hugely impacted.*

*HB21-1317:*

- *Creates a link between MMJ use & mental health concerns such as schizophrenia and psychosis even though there is no data proven causal relationship.*
- *It will increase cost of medical cards and medical product, yet another barrier for those with limited incomes*

- *We oppose the lower limits for kids with disabilities.*
- *We oppose excess medical documentation as no doctor will do this.*
- *We want kids who were on MMJ before age 18 exempted.*

*I'm a single dad raising a 16-year-old son in a crazy world. I understand teens get into trouble with substances.*

*This deserves attention but other than outright banning all substances including alcohol these laws do not help prevent it, they just drive use further underground.*

*We are taking away medical options to deal with pain, seizure disorders and other effects of a disability that are proven to be greatly helped by the use of medical marijuana.*

*We ask you Amend HB21-1317"*

Thank you!

Kenny

**Kenneth S. Maestas**

**CCDC Legislative Coordinator**

[kmaestas@ccdconline.org](mailto:kmaestas@ccdconline.org)

**1 (719) 231-2659**

**Colorado Cross-Disability Coalition**

1385 S. Colorado Blvd.,

Bldg. A Ste. 610

Denver, Colorado 80222

303.839.1775 | Direct Line: Your #

[AmazonSmiles](#) - [Online Giving](#) - [Other Ways to Support](#)

[Schedule your ColoradoGives Day \(December 8th\) donation here](#)

Please see and share our website on disability specific issues related to COVID 19 in CO: [CCDC COVID-19 Resources & Information](#)

***Nothing About Us Without Us...Ever!***

[CCDCONLINE.ORG](http://CCDCONLINE.ORG)

CCDC is a member of [OneStrongVoice.org](http://OneStrongVoice.org)

CCDC Logo -Nothing About Us, Without US!

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Aubree Adams  
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719-250-5740  
jastadams@gmail.com  
support Bill HB 21-1317

5/18/2021

Dear Legislator,

Please read this op-ed that I wrote for the Pueblo Chieftain. It was published on Mother's Day, 5/8/2021. Please support HB 21-1317.

## High-potency pot hurt my son, forced my family from Pueblo

Aubree Adams Guest columnist

My family moved to Pueblo in 2005 to be closer to family. We loved the people, weather, beauty and close access to hiking and the mountains.

Many families were moving to what I thought was Colorado's best-kept secret.

We raised our kids in Pueblo, got involved with community organizations and I worked as a licensed physical therapist assistant at several well known local clinics. I got to know the people and heart of Pueblo through my jobs.

In 2014, the commercialization of THC, the mood-altering chemical in marijuana, changed Pueblo.

We saw the influx of homelessness, crime, and kids dying from suicide. Still, I never thought this policy would affect my family.

That year, my son started using marijuana edibles.

He had access to these products at school and homes in the neighborhood because 18-year-olds could easily get medical marijuana cards.

We did not know he was using marijuana because the industry makes products in deceptive forms to disguise use.

By 2015, my son was irrational and paranoid, repeating things that did not make sense. I now know this was a psychotic break; one night he was so violent that his brother ran barefoot through the snow to get away.

He attempted suicide and was hospitalized. When discharged, he was still suicidal. I took him back to the E.R. where I was told "it's just marijuana" and we were sent home again. Within a few days, my son was hospitalized in a different town because there were no available beds in Pueblo.

He told me he was using dabs, and he knew they were making him feel crazy. He was trying to quit. He described dabs as "crack weed".

Through research, I found out dabs are highly concentrated THC. I was horrified that such a dangerous drug could be legal. I read the science of marijuana and how it increases the risk for suicide and psychosis.

I volunteered my family for crisis intervention with the department of social services because I couldn't find treatment.

My son had developed the pediatric disease of addiction and, by the next year, he also was using meth and heroin.

My son allows me to tell his story because he wants the nation to know that marijuana is harmful and can change you forever with delusional thinking, hallucinations, and an increased risk for suicide, depression, and addiction.

Over one out of four Pueblo high school students use marijuana now, according to state youth surveys – the highest rate in the state and exceeding even Denver. Statewide, the percentage of youth who dab and vape more potent products has increased rapidly.

In 2018, there was a marijuana head shop next door to an alternative high school where kids can see shiny colorful bongs, pipes, clothing, and advertisements glorifying and normalizing marijuana.

Now I know my family was not the only one to suffer from this more potent form of THC. The top cause of death for Colorado teens is suicide and the main drug the victims are testing positive for is marijuana.

Every parent wants their kids to live a healthy, productive life. After his fourth hospitalization in another state, I knew I couldn't bring him back to a community that embraces high-potency marijuana.

In 2016, I found a recovery community in Houston. My son found peers that supported him being sober. He lived with host families for two years.

My younger son and I joined him in Houston in 2018 and started our recovery process too. It's one of the best decisions I've made. We are healing and living parent-driven enthusiastic recovery.

We now host teens and young adults in recovery in our home and my younger son, who doesn't have a substance abuse problem, attends a recovery high school, Archway Academy. He learns tools that allow him to manage his emotions without drugs.

These past few years have allowed us to take a breath and be part of a community that embraces our kids, not drugs.

Pueblo kids only have one chance to grow up, so please support THC potency caps and other youth protections.

*Aubree Adams is director of Every Brain Matters, an alliance that educates about the dangers of marijuana and the drug culture expansion. She hopes to return to Pueblo next year to grow drug prevention and recovery resources locally.*

Thank you,

Aubree Adams  
Former Colorado mom  
Host mom for kids in recovery

## Written Testimony

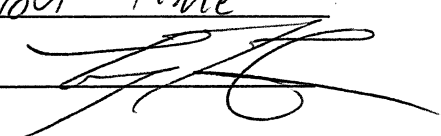
Written testimony is a public record under the Colorado Open Records Act (CORA) and is provided to individuals upon request. Individuals submitting written testimony must use this sheet, but do not need to complete the optional portions. Attachments to this sheet are permitted. Please see a staff person for any questions regarding written testimony.

Bill: HB-1317

Date: 5/14/21

I am not in support of this bill. This is dangerous for our youth. We have come so far w/ testing and regulations in the last decade. To do away with the ability to purchase medically it will result in a rise in black market production and sales. This is dangerous because there will be less regulation on the high potency products. This is also dangerous for patients suffering from seizures, epilepsy, auto immune disorders, and many other serious forms of illness that destroy the lives of many. Many suffering from these illnesses have found unprecedented relief from high doses of cannabis. I am in full support of research, education, and safety. This is the reason I am against this bill is I believe it is unsafe for our children and our terminally ill patients. Thank you for your time and concern.

Name	LOGAN NUSS	
Address <small>(optional)</small>	1 CYPRUS CT	
City <small>(optional)</small>	WINDSOR	Zip <small>(optional)</small> CO
Telephone: <small>(optional)</small>	970 988 6526	
Email: <small>(optional)</small>	highpointing92@gmail	
Representing		
Position on Bill:	For	Against <input checked="" type="checkbox"/>
	Neutral	



May 18, 2021

## TESTIMONY IN SUPPORT OF HB21-1317

My name is Mrs. Halstead. I've lived, worked, studied, and raised my family in Boulder for 22 years. My husband and I both work full-time; our 2 Children are 14 and 18. As a conscientious parent and keen observer of my kids development, I prioritize their physical and emotional well being above all else. I follow the latest brain science which is why I am gravely concerned about the lasting, harmful effects of THC on their developing brains and mental health, particularly in a vulnerable phase of self-actualization, discovery, independence from parental influence, and identity-shaping. Let me be perfectly clear that my spouse and I do not allow, possess, nor consume marijuana in any form, and I believe there is no "safe" amount for teenagers. We've tried to set the best example we can and have had conversations with our kids about drugs and other dangers in our society.

Now I'd like to share my story:

Four years ago my Child entered high school, an honors student, athlete, and highly creative, sensitive soul. My Child took pride attending a highly-ranked public school with a reputation for excellent teachers, academics, sports, and college placement after graduation. Unfortunately, navigating school didn't come easily for my curious, intuitive and intense Child; an adolescence shadowed by struggles with the double demons of depression and anxiety, having fought and overcome OCD in middle school that centered around a fear of school shootings. Our shiny, wealthy neighborhood high school too has a dark side; vaping is rampant and the open campus policy allows privileged students with their own cars to leave the property at will. My Child told me a group of friends would casually walk down to the lake and smoke weed between classes, so one day my Child joined in. By sophomore year I could tell that the angry moods, dropping attendance and grades revealed more than classic "Teenage angst" or the "junioritis/ senioritis" as the counselors jokingly referred to it saying 'they usually get over it' in attempt to minimize our concerns. At the 3-minute conferences we attended once per semester, just one teacher spoke about my Child's poor state in her class, no-one else mentioned suspicion or evidence of substance abuse; perhaps it was too common or too powerful a force to confront,

or lack of training on mental health. I believe that a Public Education Campaign mandated by this Bill would certainly help support schools and fortify the clear warning message to Teens and their parents. Our school's overwhelmed guidance counselors (1 for every 400+ students), flatly said they were too busy with suicidal students in their office having real crises, to spend time on every troubled student. I believe there was one staff Nurse for 2240 students; and I believe every school needs addiction counselors to educate and intervene on the frontlines. My Teen declared hatred of school and the people there, all the while cycling through getting high to severe depression. Senior year (class of 2020) arrived with a disturbing pattern of tension and opposition, avoidance, lying, and abandoned attempts to quit smoking, vaping, and experimenting with concentrates. Our Child caused multiple car accidents, was caught smoking on school grounds, did restorative justice, diversion, and Alive at 25 to maintain a license. Underlying the belligerence and hostility, disengagement from family life, ditching school, staying out late every night and driving all over the front range, risky behavior, and a drama-filled, manipulative first love relationships ... at the bottom of this was a deeply unhappy youth grown up too fast. My Child's friends have survived beyond their share of trauma, tragedy, and abuse; their way of coping with anxiety, quickly adopted by my Child, is fast cars, drugs and alcohol, but especially THC because it is so easy to get. We'd find blow torch rigs and canisters of camping fuel, homemade bongos and glass pipes and piles of garbage in my Teen's room, I'd smell the weed, but when confronted, my Teen would be verbally abusive and stubbornly defiant. Most of my Child's closest friends are 1-3 years older; gifted kids, smart kids, some on prescription meds from a young age who now have a medical marijuana card, and readily shared flower and concentrates with my Teen. I want this Bill to help address that loophole!

When the pandemic closed schools, my Child, age 17, managed to complete 12th grade virtually, and started a part-time summer construction job.

One day after work, my Teen didn't come home but drove around and hung out with a variety of friends smoking weed late into the night. About midnight, got in the car and headed for home. Less than 2 miles from our driveway, the car sailed off the road in a residential neighborhood crashing through a 7-ft cedar privacy fence, knocked down one pine tree and wrapped itself around another in a vacant yard. A Good Samaritan a block away heard my Child's cries and called 911. We got the knock on the door every parent dreads at 2 AM and shakily drove to the ER, but we did not get to see our critically injured Child before the air ambulance rushed to a level 1 trauma facility in Denver (to this day I cannot see a helicopter fly

overhead without triggering that horrible night). Our Child was kept alive in a coma on a ventilator in the ICU and operated on by a team of brilliant surgeons, who put his skull base and beautiful soulful, 17-year old face back together with as much symmetry as possible given the massive fractures to the cheeks, eyes, nose and sinuses, and a traumatic brain injury to the temporal lobe (TBI). For more than a week we feared the worst, the eye area damage might render our Child permanently blind. I witnessed my Child's unbearable pain, feverish, suicidal, delusional, psychotic moods and erratic breaks from reality. My Child, suffering on an inhuman level, turned 18 in the hospital, but celebrating was impossible. High School graduation milestone passed with no recognition nor joy. Our lives were a blur for the next few months; I left my job and family and friends rallied to support.

While in the hospital, I grieved, prayed, and raged against the extreme consequences for my Child's unwise habits and lifestyle choice. I saw the accident toxicology report which detected THC alone, no other substances. I blamed the irresponsible friends, and the friends parents, that let my Child, a minor, smoke weed in their house and then drive home alone in the dark. I have since tried to forgive and move on. I naively thought the long rest, hospital stay and focus on healing would actually detox my Child from substances, and provide a fresh, clean start in life. I assumed that this would be the wake-up call I so desperately wanted my Teen to answer. My Child was expected to make a full recovery! Doctors said my Child's youth was a huge benefit; the young brain and vital organs primed to regenerate. Slowly my Child regained strength and under supervision, tapered off medications. Soon the old friends returned and brought with them their old pastimes, reintroducing weed to my Child, the accident survivor and recovering patient. Now, recreational THC was justifiable as a real "medicine." My Child, I'm dismayed that you find THC so powerful and think it so beneficial despite the repeated warnings of your entire trusted, caring army of doctors, neuropsychiatrist, psychiatric nurse, therapists, and counselors. The neurosurgeon who saved your life, who did the craniotomy, who saved your brain, specifically said to your face, *"You'll make a full recovery, but you need to help your brain heal. Try learning new things, challenge your mind, and stay away from nicotine and drugs, especially marijuana."*

Fast forward to six months after car crash: My Child, now 18, fills free time outside of home, stays out all night, sleeps til 3, 4 pm daily, often looks glassy, haggard, defensive and irritable. One day, Teen appears to be on something, withdrawing or hungover, and very sluggish and slurred, later defiantly admits to bartering street drugs (Xanax). For own safety, Dad hides Teen's car and Teen goes on violent rampage through house, breaking whatever can get hands

on. I run outside in panic and call the police. Sheer terror, like nothing I've felt before nor want to ever again. Police arrive and subdue Teen, luckily no-one is physically hurt, only property damage. Teen in no mood to mediate nor agree to terms (including drug testing and treatment), leaves home with backpack of belongings on bicycle. Situation still feels very tense, unsafe, and harsh with older Teen out of the house. We seriously research interventions, treatment centers, wilderness programs, because *'something has to be done'*. On Day 20 of our Teen's leaving home we get phone call from another parent, with the news that our Teen had a near-fatal overdose with her daughter and another teen, and is no longer a welcome guest at their house. Shattered, I wonder if this nightmare can get any worse, then learn that two of my Teen's friends died the same week from fentanyl-laced 'prescription' pills... What's profoundly sad is that the toxicology report from the ER where my Teen was revived with Narcan, shows extremely high levels of THC in Teen's system at the time of fentanyl overdose. Not a coincidence, marijuana is their gateway drug, the high from THC being disinhibiting enough to lead my Child to take an even greater, potentially fatal risk.

Incredulously, with a guileless attitude, my Child continues to obtain and use marijuana as a self-medication cure for insomnia, anxiety and stress — no regrets, no desire to stop, and with a righteousness that favors the Cannabis industry and demonizes the Pharmaceutical industry. The perception and allure that flower is “medicine” has completely convinced my Teen. To their generation, it is “normal,” beneficial, “*natural*”, and even expected as a default social activity, and as self-medication. My Teen says it's the only way they can “relax, unwind and be with people.” I strongly disagree and resist this tide of self-deception, oppose the illusion that this chemical is a solution, and believe it will cause long-term problems. It's illegal until age 21, yet my Teen brazenly evades the law and can easily procure THC from friends with a MMJ cards, dealers or via Snapchat. Marijuana is pervasive, insidious, identified with my beloved City and State, and way, way too potent. We need credible research and outreach to inform the public and must better regulate the profit-seeking cannabis industry. We need solid, evidence-based data that this Bill provides for. We need accountability and transparency for the faceless physicians who sell medical marijuana cards in 60 seconds. I live in fear that my own Teen will take advantage of the current system and get their own medical marijuana card, opening the gates to exponential and legitimized use, leading to a full blown cannabis use disorder and be at risk for psychosis because of their previous medical history.

Painful as it is, I feel compelled to share my story just like many other stories you are hearing today. We're all building awareness and understanding of how marijuana affects the developing brain, working to be as well-informed and resilient as possible through wonderful groups like CRAFT, BlueRising, Johnnys Ambassadors and Natural Highs. Per Bill 1317, I look forward to the findings of the Scientific Review Council established by the Colorado School of Public Health, and hope their research becomes a globally-respected repository of knowledge for parents, schools, scientists, other countries, and yes, Children; because every young person deserves to know the truth about marijuana and to have the opportunity to fulfill their greatest potential, free from harmful substances. By demonstrating my growing activism and passion, I choose to transform my fear into a positive outcome. But most of all, I want my family to see how much I love them and care about them. Nothing is more important than the health and safety of my Children, and their entire generation is at stake. Please, for their safety, their mental health, and for the future of Colorado, I urge you to pass House Bill 21-1317.

Thank You

N. Halstead  
Boulder, CO

# Written Testimony

Written testimony is a public record under the Colorado Open Records Act (CORA) and is provided to individuals upon request. Individuals submitting written testimony must use this sheet, but do not need to complete the optional portions. Attachments to this sheet are permitted. Please see a staff person for any questions regarding written testimony.

Bill: HB1317

Date: 5-18-21

You need more concrete data please. Your information about rape and suicide of teens is very sad, but there is no smoking gun pointing to dabbing. Amendment b4 was passed to ensure we regulate and educate about cannabis instead of ignoring the uncontrolled environment and letting it degenerate to a worse problem. This bill will do exactly that with concentrates.

Name	Brett Frizzell	
Address <small>(optional)</small>	9680 Ouray St.	
City <small>(optional)</small>	Commerce City	Zip <small>(optional)</small> 80020
Telephone: <small>(optional)</small>	720-309-4805	
Email: <small>(optional)</small>	bfrizz@gmail.com	
Representing		
Position on Bill:	For	Against
	Neutral	

## **My Son & His Marijuana Journey**

**Dear Public & Behavioral Health and Human Services Committee**

**5-18-21**

### **Who was Garrett - a really sweet, kind, compassionate, and overall good kid he was a gifted student**

- in elementary & middle school, asked to participate in John's Hopkins CTY program, he began taking the SAT in 5th grade at CSU and in middle school participated in Odyssey of the Mind

- during first year in college, he was recommended for an honors program

### **he was also a gifted athlete**

-as a freshman in high school he competed in the statewide cross-country tournament and was one of the best runners for his age group in CO

-he played varsity basketball as a freshman at Greeley Central, he was a 3-point shooter and was told he had the potential to meet or exceed Tad Boyle's school record.

-as a freshman that year was nominated to be Homecoming King

But...with repeated peer pressure and even friend's parents, all of them uneducated about marijuana, he was misled at a young age to do something they thought was casual, fun, and harmless/they thought safe...people he respected and looked up to. Parents bought it for the boys, told them they could get high in their homes, and got high with them. He even had a caregiver in a supportive role give it to him thinking it was a cure-all medicine and would stop the psychosis.

### **His Exposure to Marijuana began at age 15**

1) He was first introduced to marijuana at the end of his freshman year by a talented senior on the basketball team (confirmed by his coach). Then in addition, at least two sets of parents that he respected, led him to believe it was something harmless and casual. They bought it for the boys and offered them freedom in their homes so they could smoke it and they sometimes got high with the boys. He had no idea what he was heading into because people he respected and looked up to said it was harmless. Sadly, the marijuana of today was not the marijuana that we as parents experienced in our younger years. In addition, it is known that it can cause harm for young children's developing brains and that it can stop the development. It had such a strong effect on him, he failed every class his sophomore year. Doctors told us it was teenage depression. At a doctor's urging we sent Garrett to live with family in another state that summer to isolate him and prove that he was not addicted to drugs – there were no substance abuse issues. After that summer we changed schools and stopped sports. The following summer to reinforce the same point, Garrett participated in the Outward Bound 50 Day Intercept program. They confirmed that Garrett did not have an addiction issue with drugs. He made up all of his high school classes and graduated.

2) In college after 2 semesters with straight A's, he had been recommended for an honors program (letter attached). But during his 3rd semester he met a new friend who wanted to get high, Garrett had his first prolonged psychotic episode and dropped out of

## My Son & His Marijuana Journey

school. This was the beginning of a journey no one wants to go thru with their child. He had hallucinations, was hearing voices, and became suicidal.

These symptoms came and went but controlled his decision making. He lived homeless for two years. Family in IL convinced him they could help him, so he moved to IL with them to live and work, but he was still haunted by hallucinations and voices. Three months later my family took him to the hospital, again he was suicidal, there he was first diagnosed with schizophrenia

3) The 3rd time, he was living in IL, trying to work and take the meds for his illness. We flew him home to CO to see his ill grandmother. While we were at the hospital, he decided to visit one of the 2 dispensaries located about 400 feet from our front door in downtown Denver. He tried one gummy, nothing happened, then he took another and it hit him hard...this led to a psychotic episode that caused him to drive through seven states, two months later he was hospitalized and transferred to an Amita Health program where the doctor there diagnosed him, but this time as **Cannabis induced Schizophrenia**.

4) Unfortunately, after a successful two-year TLP Program in IL, a person who worked with a local non-profit group working in a supportive role with him felt sorry for him when he mentioned he still had symptoms, he gave him free weed suggesting it would make him feel better. He was hospitalized again. This time the voices had been constant 24/7.

### Today

Today, he lives in a nursing home in another state still tormented by the voices. I cannot risk bringing him back to CO. He barely functions as an adult, he can't work, his days are empty, he rarely touches a basketball, and he is sad about his dreams, the things he can't and likely will never do.

### How Much Did He use

Last Saturday I asked him in the beginning and during these periods when he used, did he got high a lot? Did he use it every day? He said, "Mom I was a lightweight, it didn't take much. Or was it how strong it was, what was the potency?"

Is it harmless? We educate our youth and about sex, others drugs & alcohol & drunk driving.

Can we control dispensing and to whom?

Can we educate our society on the potency and what THC does to our youths undeveloped brains and what this drug is really capable of?

We can prevent this from happening to others.

Please, we beg of you to put legislation in place that will protect all of us, especially the youth under twenty-five. Please take action before more lives are destroyed and vote for House Bill #21-1317.

# Gateway

Community & Technical College  
HIGHER EDUCATION. BEGIN HERE!

May 19, 2014

Mr. Garrett Rigg

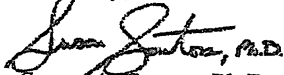
24-3 Highland Meadows Circle

Highland Heights, KY 41076

Dear Courtney:

I am pleased to write this letter of recommendation for Mr. Garrett Rigg (002311484). Garrett was a student in my face-to-face PSY 110 General Psychology course during the Spring 2014 semester. Based on his performance on tests and quizzes, writing assessments and classroom participation, I would rate his academic performance as exemplary. Garrett consistently earned near-perfect grades on the assignments, projects, and exams, and clearly demonstrated the highest academic integrity. Garrett completed the course with a near-perfect 100% average, earning him an "A." I cannot remember another student who achieved this. PSY 110 is a difficult course with a high reading and writing load, so Garrett's average is a reflection of his diligence and critical thought. Garrett completed every assignment on time and did not miss a class throughout the semester. He clearly showed the self-discipline that is needed to succeed in college. It is hard to express the respect I developed toward Garrett Rigg. He is, perhaps, the brightest student I have ever taught. He is miles ahead of his classmates in the understanding of the psychological material and the synthesis of the material with his other classes. Garrett is highly motivated, thirsty in an intellectual way, and I recommend him for the Honors Program without hesitation.

Sincerely,



Susan A. Santos, Ph.D.

Associate Professor of Psychology

Division Chair, Arts, Humanities, and Social Sciences

Gateway Community and Technical College

(859) 442-4165

[susan.santos@kctcs.edu](mailto:susan.santos@kctcs.edu)

Lisa

While there is ample evidence from research studies that high potency cannabis use causes a more rapid onset of dependence and addiction, what is most alarming is the correlation between these high potency concentrates and psychosis. As a mental health professional working with adolescents in schools, agencies and in private practice, I have seen firsthand this association as it occurs within the context of DSM-5 diagnosis; namely Cannabis Use Disorder and Cannabis Induced Psychosis.

I relocated to Denver from Missouri in 2016. With regard to cannabis use among middle school and high school students, what I have witnessed here is in stark contrast to what I experienced while working in Missouri schools and community agencies. At present, my colleagues back in Missouri say that they are still not seeing what I deal with on a daily basis here in Colorado. I routinely struggle to support students between the ages of 15 - 20 who have been severely cannabis dependent since middle school - some since as young as 10. Most report that they either started with (or quickly moved on to) "dabbing" wax, and ALL report that what they are using comes from the dispensaries.

To state the obvious, availability is the key factor. These children have no difficulty finding adults who will purchase whatever they desire from the dispensaries. It is as easy as asking an adult to buy them a 6-pack of beer. In some cases, it is a cannabis dependent family member making the purchases for them. By the time they present to us at 15 or 16, their brains and mental health are so negatively impacted that they are not even aware that there is significant impairment in their social and academic functioning. Trying to get them to even acknowledge that there *is* a problem is basically adversarial sport. They are literally "stuck" in their new normal in so many ways developmentally. The worst cases are those that display all of the symptoms of psychosis. They exhibit paranoia, agitation, hallucinations, and more often, delusions of grandeur. These children also exhibit diminished emotional expression and disorganized thinking and speech, oftentimes making communication difficult.

I am in full support of anything that can be done to not only get more information about the dangers of these products into the hands of parents of elementary and middle school students. I would also like to see more effort put into limiting the availability of these high potency cannabis products to adolescents and pre-adolescents.