

**Oppose to HB17-1220 and HB17-1221:
Criminalizing Medical Marijuana Patients through Zoning and Use Laws**

At Issue: These bills reignite a failed and costly War on Drugs. This time kids with cancer will be the collateral damage. Article XVIII, Sections 14 and 16 of the Colorado Constitution allow for the cultivation of medical marijuana for personal use and such cultivation may occur within residential dwellings. Medical marijuana patients with extended plant counts have been growing at home for 15 years. Since the passage of Amendment 64, Law enforcement and local governments have struggled to decipher legal growers, from illegal growers, and have attempted to solve this problem by creating ordinances limiting the number of plants individuals can grow, regardless of medical recommendation, and limiting those grows to personal residences. However, many other local governments are taking an innovative approach to ensuring that the truly sick can have access to their medicine while protecting the rights of the community at large.

HB17-1220 – Makes it a Class 3 or 4 Felony through zoning and use restrictions for medical marijuana patients to have a medical plant count higher than 12 by removing the only legal place they have to cultivate AND store their medicine...their home. This removes the Constitutional patient protections afforded to them under Amendment 20 to possess and cultivate the recommended number of plants in their home to 6 mature plants and no more than six immature plants which includes seedlings, clones and seeds without a definition of a plant.

Page 6 line 15 states: it is UNLAWFUL FOR A PATIENT TO POSSESS AT OR CULTIVATE ON A RESIDENTIAL PROPERTY MORE THAN TWELVE PLANTS, WITH SIX OR FEWER BEING MATURE, REGARDLESS OF THE NUMBER OF PERSONS RESIDING, EITHER TEMPORARILY OR PERMANENTLY, AT THE PROPERTY.

HB17-1221 – (Strikebelow L.002) Provides funding to enforce the criminalization of our most vulnerable medical marijuana patients who store and cultivate their medicine at home while ensuring they can no longer access their medicine through a Caregiver, another Constitutional Right afforded to patients under Amendment 20. The bill ensures patients cannot access the number of plants they need through a Caregiver who grows at home through zoning and use restrictions by also making it a Class 3 and 4 Penalty for any Caregiver to Possess or Cultivate more than 6 mature plants on behalf of a patient.

These bills limit the truly sick from being able to obtain the number of plants recommended by their doctor. It also makes patients Felons for having their medicine in their home and forces individuals wishing to cultivate their own marijuana to ONLY be able to do so in residential neighborhoods, where they are grown in homes with children, pets and regardless of preferred location of patient.

The state just passed a compromise law SB15-14 that just went into effect January 1st 2017. This bill created a statewide registry to track medical marijuana patients and caregivers. The state spent over \$1.2 million on the new registry system to give law enforcement the tools to enforce whether these grows are operating legally so they can focus the efforts on black market activity.

Why Are Extended Plant Counts Necessary?

Medical marijuana is used by over 100,000 registered Colorado patients and many, many more in the recreational market, to reduce or replace more harmful pharmaceuticals. Of these, nearly 30,000 have conditions warranting a plant count recommendation beyond 12. Growing cannabis can be the equivalent of having health insurance, and guarantees the patient has access to the strain and variety needed for therapeutic uses of marijuana. Many of these people are living on a fixed income cannot afford access to the plant material they need through dispensary model.

For chronically ill patients, those with cancers and autoimmune disorders and others, there is a lack of understanding and a misconception that they sit and smoke marijuana all day and there is no way they could ever smoke it all so they must be selling it illegally. However these patients often treat themselves with Non Smokeable Methods of Cannabinoid Therapy (Concentrates) including:

- Transdermal Medical Patches
- Full Extract Cannabis Oil (pills, sub-lingual, suppositories)
- Tinctures
- Suspensions
- Transdermal Gels

- Topical Creams

It takes roughly one pound of flowered cannabis to make an ounce of concentrate. Most people agree on average a mature plant produces a pound of flowered cannabis. If the patient could neither cultivate nor acquire from a caregiver or possess more than 6 mature plants they will lose access to their medicine. These bills directly impact the most sick and vulnerable patients in this state.

Dosing for cannabinoid therapy can range from 1mg/kg to upwards of 25mg/kg (Nelson, 2015) depending on the severity and conditions being treated. As a result, costs can easily exceed \$1,500 per month for a patient who is using the therapy for a moderately active disease, and can exceed \$3,000 per month for severe diseases. The majority of patients and their families are on strict budgets, making this life-saving therapy out of reach. Limiting home grows exacerbates this issue.

Few medical marijuana centers offer patient input into their commercial grow to ensure they have the strains and quantities available. Further, 2/3 of the jurisdictions in the state do not allow for medical or retail sales and in these jurisdictions growing at home is a patient's only option.

Based on November MED Registry Stats:

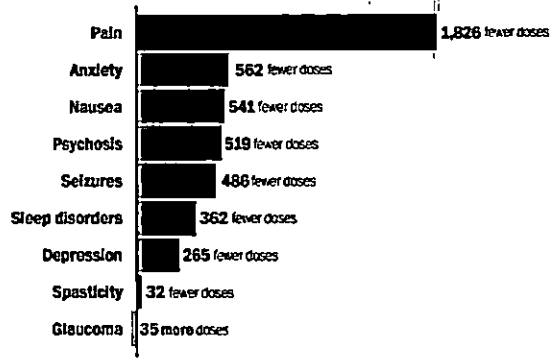
- **Less than 2% of Colorado's population is a registered medical marijuana patient!**
- **Only 0.3% of Colorado's population has an extended plant count!**
- **Only 0.1% of Colorado's population has an extended plant count over 25!**

These bills assert without supporting data that registered patient home grows are the reasons for increased gray market activity. In truth these bills remove access to our most medically fragile patients increasing the risk more illegal activity:

- Removes patient protections through local zoning and use laws, penalizing, criminalizing, and jailing patients seeking life-saving treatment.
- Drastically cuts accessibility to the sickest patients (approximately 30,000 patients have plant counts above 12) which can mean life or death for many.
- Large potential for increased state spending in Prison Costs and in Medicaid, as medically fragile patients are left with no choice but to go back on opioids and harsh pharmaceuticals while we are in the middle of an opioid crisis. This will undermine our efforts to reduce overdoses while increasing hospital costs and reliance on other public services.
- Stunts the affirmative defense offered to patients through Amendment 20.
- Offers State Law Enforcement Grants to criminalize patients.

Fewer pills prescribed in medical pot states

Difference between annual drug doses prescribed per physician in medical marijuana states, and in states without medical marijuana laws, by drug category

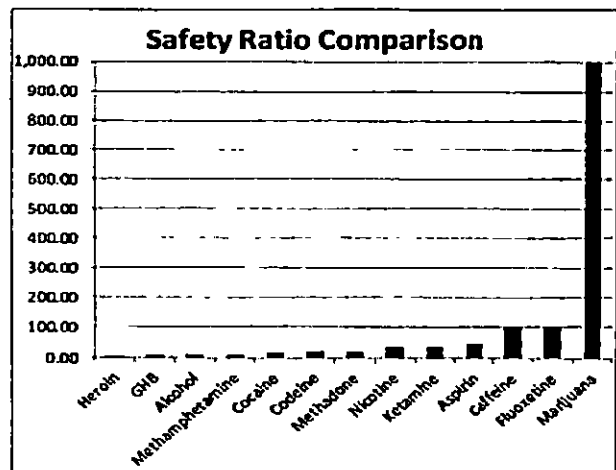


WFOST/WONKBLOG

Source: Bradford and Bradford Health Affairs, July 2016

Graph Source: Wall Street Journal Blog - Info Source: HealthAffairs July 2016

Figure 12: Safety ratios of commonly abused psychoactive drugs



Medical Cannabis Primer, 2014 L. Bultman and K. Kinglsey

Vote No on HB17-1220 and HB17-1221

Organizations in Solidarity:



Cannabis Patients Alliance



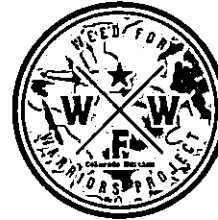
CANNA-PATIENT RESOURCE CONNECTION



eCS THERAPY
Leading with the Endocannabinoid System



VNR



The GOOD LAB



Denver Chapter



Veteran Farmers Alliance



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