

Marijuana Legalization: How Your County will be Impacted

Governor's Office of Drug Policy

A series of horizontal lines of varying lengths and colors (teal, white, teal) extending from the right side of the slide towards the center, positioned below the text 'Governor's Office of Drug Policy'.

New Marijuana Petition

- Idaho Medical Marijuana Association
- Began collecting signatures September 2016
- “No county, city, or legislature may enact a moratorium in any city, county, or state”

Would allow for...

- A **patient** may possess 24 oz AND 12 plants AND marijuana produced from those plants
- A **caregiver** (3 patients) may possess 72 oz AND 36 plants AND marijuana produced from those plants
- A **grower** (4 patients) may possess 48 plants AND marijuana produced from those plants





24 ounces = 1,344 joints = 8 joints/hr
24 hrs/day
1 week

Each “plant” produces approximately 2 lbs of pot or
21,504 joints 6X/year



- “Any condition”
- Recommended by a “licensed practitioner” (anyone licensed to prescribe drugs)
- A grower must only be 18 years of age
- Convicted felons may be growers as long as the conviction was more than two years ago

Unprecedented Protections

DUI – Must prove “slurred speech **and** lethargic movements.”

- Increases State’s burden
- May preclude successful prosecution of defendants who choose not to speak at all

“...may not be subject to criminal penalty, or have his or her parental rights and/or residential time with a child restricted due to his or her medical use of marijuana, or his or her child’s medical use of marijuana,....absent written findings supported by **substantial** evidence that such use has resulted in a **long-term** impairment...”

If a patient's "short-term" impairment resulted in harm or endangerment to the patient's child, the patient could "not be subject to criminal penalty" or parental-related sanction.

Example: A patient could not be convicted of child endangerment based on a marijuana-related DUI with a child in the vehicle if the patient was impaired by marijuana for only the "short-term."

“...not subject to disciplinary action by a court or occupational or professional licensing board”

- Surgeons, cops, CDL's with big rigs, FedEx drivers, pilots, etc. as long as no “substantial findings”

- No taxes collected
- No prevention programs funded
- Nothing preventing dispensaries next to schools or correctional facilities
- Search and seizure?
- Workplace drug testing?
- Idaho employment law conflicts?

Big Government

- Department of Health & Welfare must:
 - Issue registration certificates for dispensary or production facility
 - Issue registry ID cards to patients, caregivers, or agents of a marijuana organization
 - Register testing facilities to test for potency, contaminants, and consumer product safety
 - Establish and maintain verification system
 - Create, appoint, staff and coordinate an advisory committee on Medical Cannabis

- Must adopt rules and procedures for implementing the program
 - Govern organizations to prevent diversion and theft
 - Provide safe and accurate packaging and labeling
 - Inspect marijuana organizations

Possible Legislative Proposals

Marijuana-infused products

CBD

Reduced penalties for marijuana
possession

Of Note

- Nomination of Senator Sessions for AG
<http://www.sltrib.com/news/4871711-155/lawmakers-put-medical-pot-on-pause>
- DEA action on CBD
- Positions of medical organizations
- Medical issue or a political one?

American Medical Association

*"Our AMA believes that (1) **cannabis is a dangerous drug** and as such is a public health concern; (2) sale and possession of cannabis **should not be legalized.**"*

"Heavy cannabis use in adolescence causes persistent impairments in neurocognitive performance and IQ, and use is associated with increased rates of anxiety, mood and psychotic thought disorders."

American Psychiatric Association

Marijuana should not be used for the treatment of any mental illness.

National Alliance on Mental Illness

“It is essential to note the alarming relationship between marijuana use and psychotic disorders, particularly schizophrenia. For people predisposed to schizophrenia, regular marijuana use leads to an earlier age of diagnosis, an increase in hospital visits due to the illness, and a smaller chance of recovery.”

American Epilepsy Society

The families and children coming to Colorado are receiving unregulated, highly variable artisanal preparations of cannabis oil prescribed, in most cases, by physicians with no training in pediatrics, neurology or epilepsy. As a result, the epilepsy specialists in Colorado have been at the bedside of children having severe dystonic reactions and other movement disorders, developmental regression, intractable vomiting and worsening seizures that can be so severe they have to put the child into a coma to get the seizures to stop. Because these products are unregulated, it is impossible to know if these dangerous adverse reactions are due to the CBD or because of contaminants found in these artisanal preparations. The Colorado team has also seen families who have gone into significant debt, paying hundreds of dollars a month for oils that do not appear to work for the vast majority. For all these reasons not a single pediatric neurologist in Colorado recommends the use of artisanal cannabis preparations. Possibly of most concern is that some families are now opting out of proven treatments, such as surgery or the ketogenic diet, or newer antiseizure medications because they have put all their hope in CBD oils.

In sum, there simply is **no clinical, controlled research to support the adoption of new CBD legislation for epilepsy such as your state is considering**. The anecdotal results of a few families in Colorado, shared in the media, should not be the basis for law making. The rush by states to pass CBD legislation has created an unusual situation where people with epilepsy and their families are demanding access to a highly variable homegrown substance that may or may not be beneficial and the medical and scientific community lacks the necessary efficacy and safety data to make good treatment decisions regarding cannabis for people with epilepsy, especially in children.

We urge you and your fellow committee members to delay adoption of new cannabis legislation and to continue to support and encourage new research. If we can be of additional help please contact our Executive Director, Eileen Murray, at emurray@aesnet.org. Thank you for your consideration of our position.

Sincerely,



Amy Brooks-Kayal, MD

President, American Epilepsy Society

Chief and Ponzio Family Chair, Children's Hospital Colorado

Professor of Pediatrics and Neurology, University of Colorado School of Medicine

CBD Oil

Non-psychoactive component of MJ

High THC vs. High CBD

May be effective in treating intractable seizures in children

FDA-Approved CBD Studies

FDA Process in place for over 100 years

Rigorous, scientific process

Dose

Efficacy

Condition

Clean and Pure

System for Recall

Drug Interactions



“Budtender Derek Richards, left, helps Carson Jones of Lincoln, Neb., while Jones’ brother Jack, also of Lincoln, finishes his order and security guard Dirk Smith, back, signals to budtenders how many customers are waiting inside the store. KAI-HUEI YAU — Tri-City Herald”

Governor's Executive Order

Established an Expanded Access Program

Pure, plant-based CBD oil, Epidiolex®

40 slots for Idaho children

No placebo group

Product provided free of charge

Monitors potential drug interactions and side effects

EAP's:

- **Treat severely ill children** who do not respond to standard medications with a drug that has **met FDA requirements for safety** in preclinical research while clinical trials take place, and
- Gather preliminary information for phased trials that will determine whether Epidiolex® can reduce epileptic seizures **more effectively** than standard medications.



What's Happening in Neighboring States?

Washington - NW HIDTA 2016

- 98% of student drug violations in Seattle Public Schools during 2013-2014 year were due to MJ
- 90% of Washington's population lives within 10 miles of a MJ retail store

- Drivers with active THC in their blood in a fatal driving accident have risen 122% from 2010-2014
- Washington Poison Control calls related to MJ have increased 350% over three years

Oregon, Alaska, D.C.

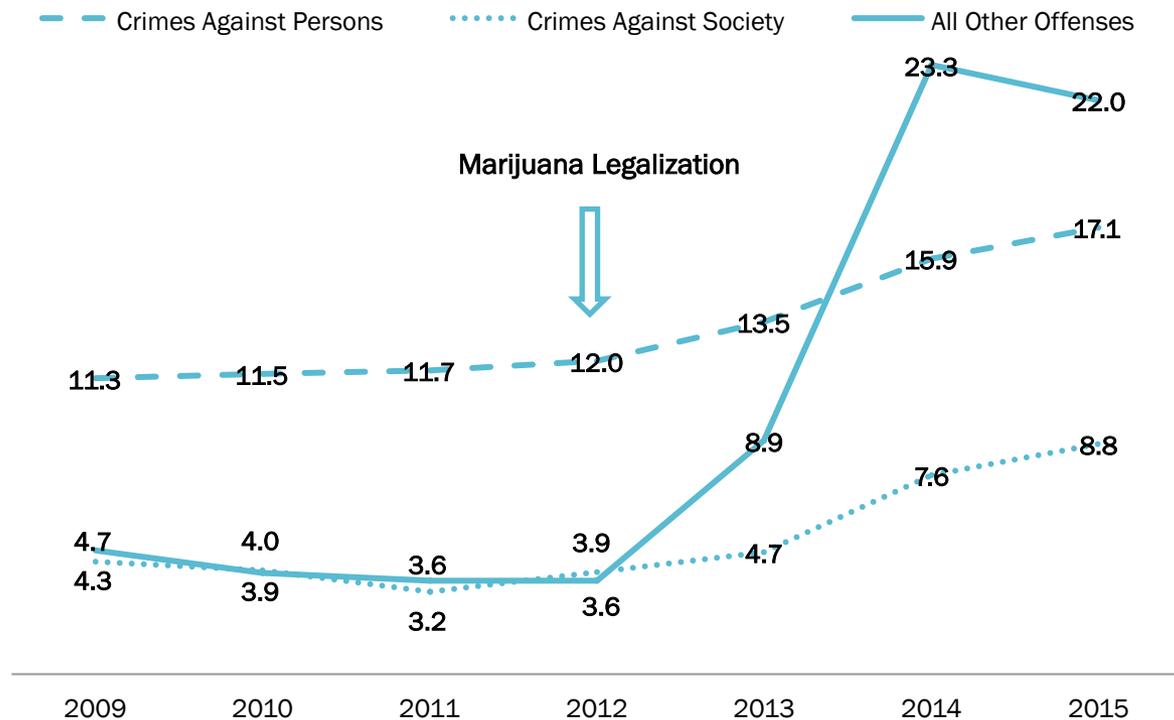
- Oregon
 - Allowed to possess 8 ounces
 - **2000% increase** in ED visits
- Alaska and D.C.
 - Legalized for recreational use
 - Illegal to buy or sell

Colorado

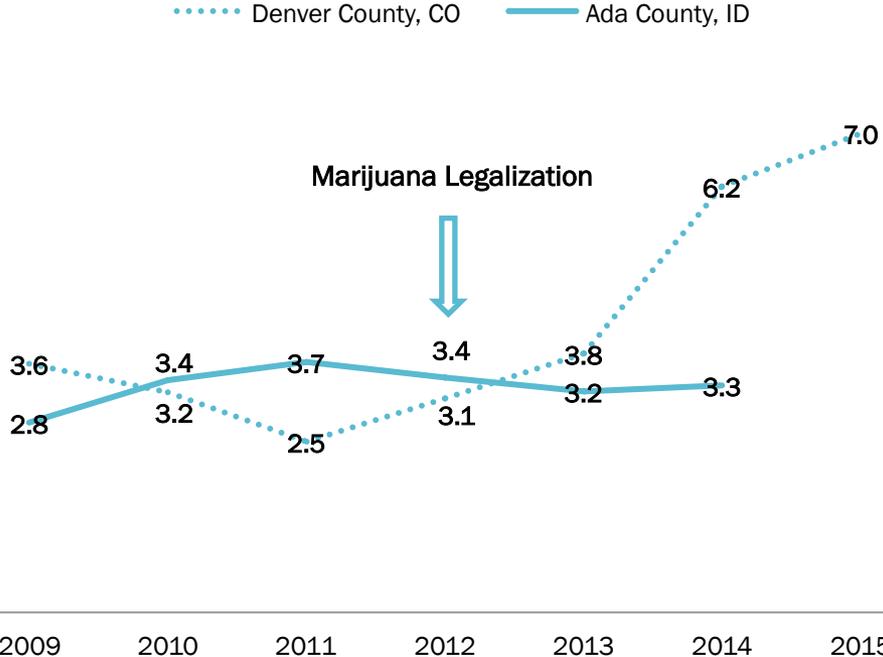
A decorative graphic consisting of a solid teal horizontal bar that spans the width of the page. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including teal and white, creating a layered, modern look.

Denver Police Crime Data

Crime per 1,000 Population, Denver (2009-2015)



Drug/Narcotic Violations per 1,000 Population,
Ada County and Denver County (2009-2015)



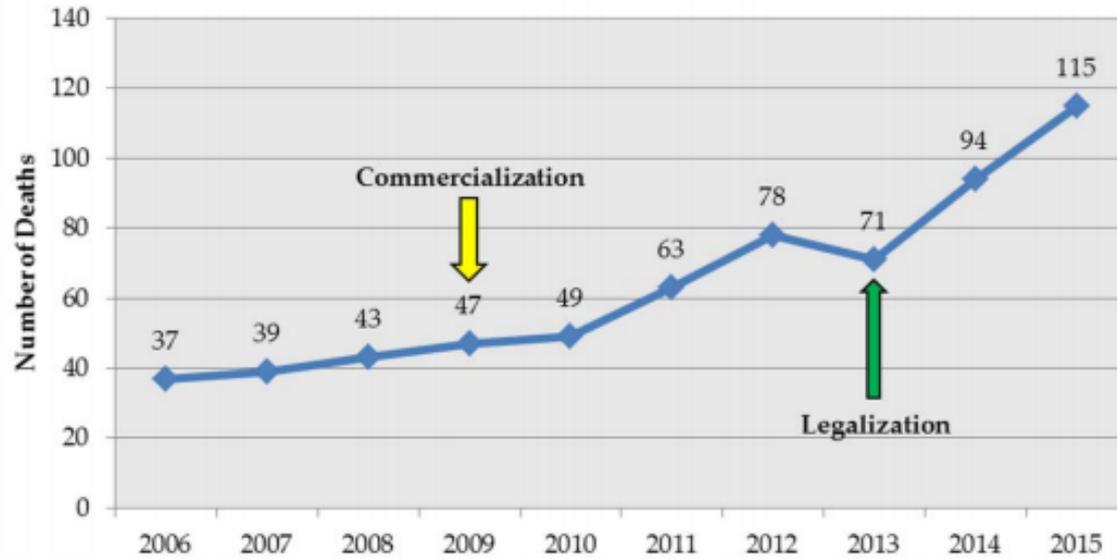
RM HIDTA 2016

rmhidta.org

Colorado MJ-related traffic deaths increased 92%
from 2010-2014

Drug-related suspensions/expulsions increased
40% from 2008-2009 to 2013-2014; the vast
majority for MJ violations

Traffic Deaths Related to Marijuana*



*Number of Fatalities Involving Operators Testing Positive for Marijuana

SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and Colorado Department of Transportation 2012-2015

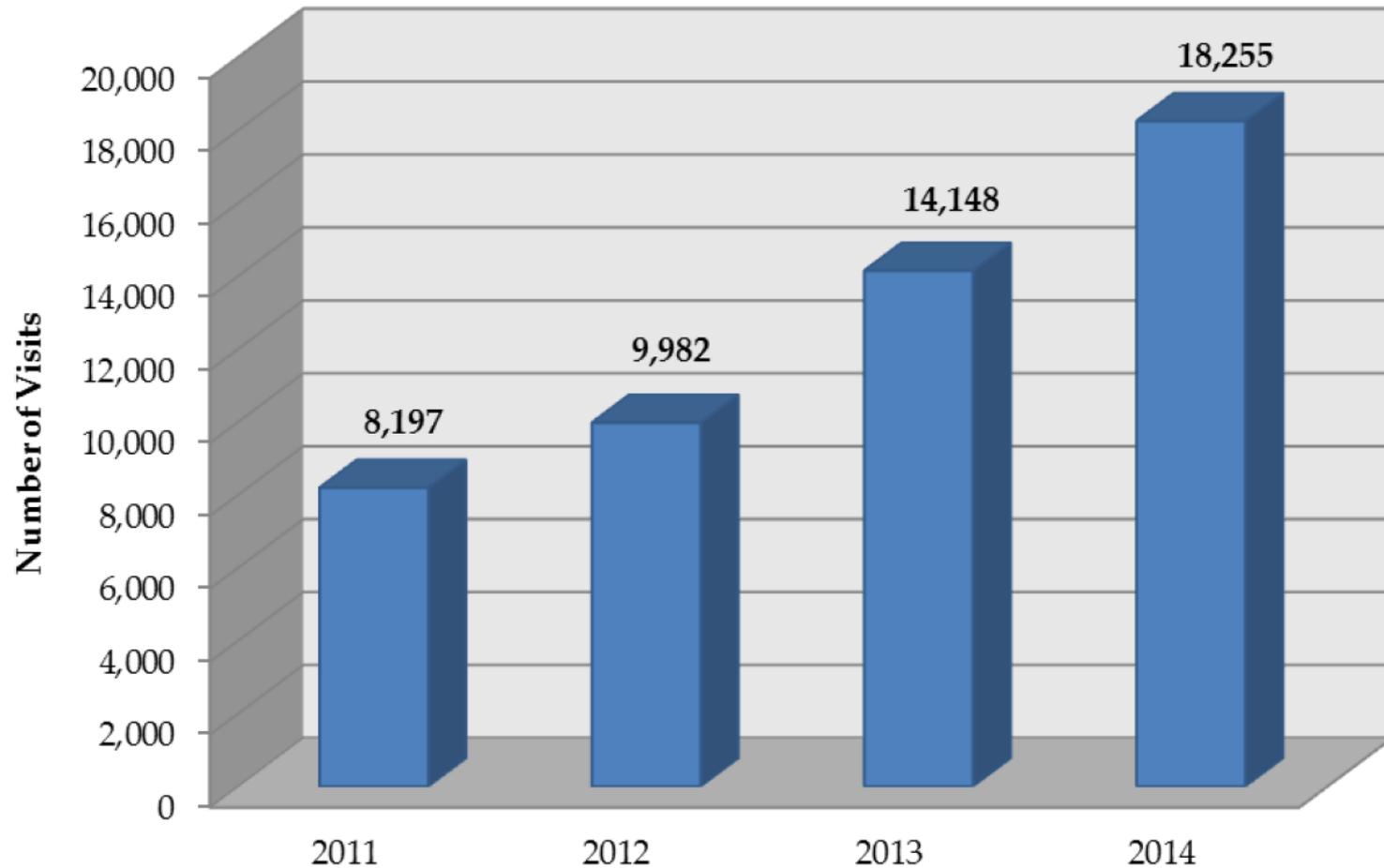
Percent of Operators Tested Who Were Positive for Marijuana*



*Percent of those tested (49% of Total) who were positive for marijuana

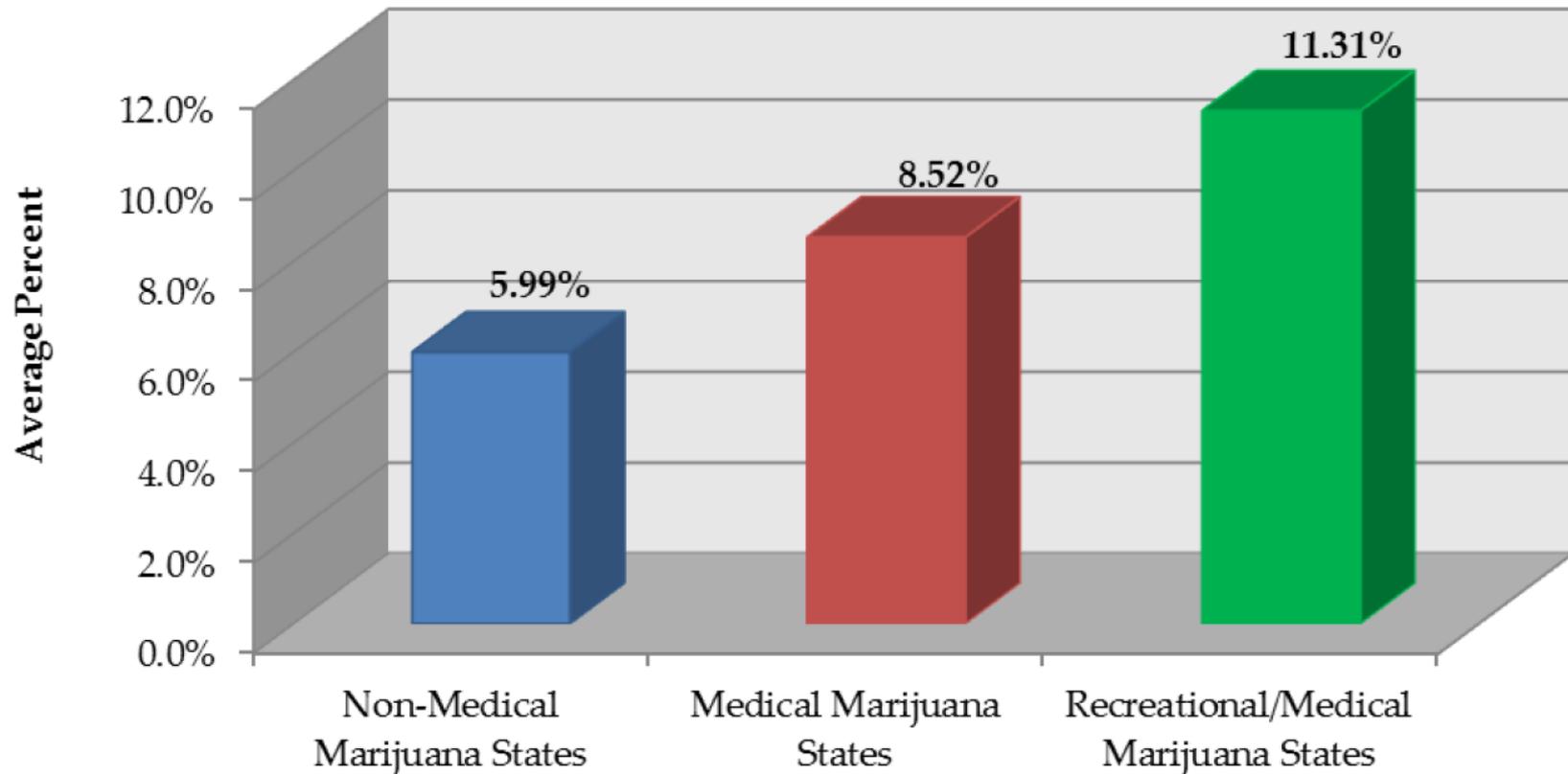
SOURCE: National Highway Traffic Safety Administration, Fatality Analysis Reporting System (FARS), 2006-2011 and Colorado Department of Transportation 2012-2015

Marijuana-Related Emergency Room Visits



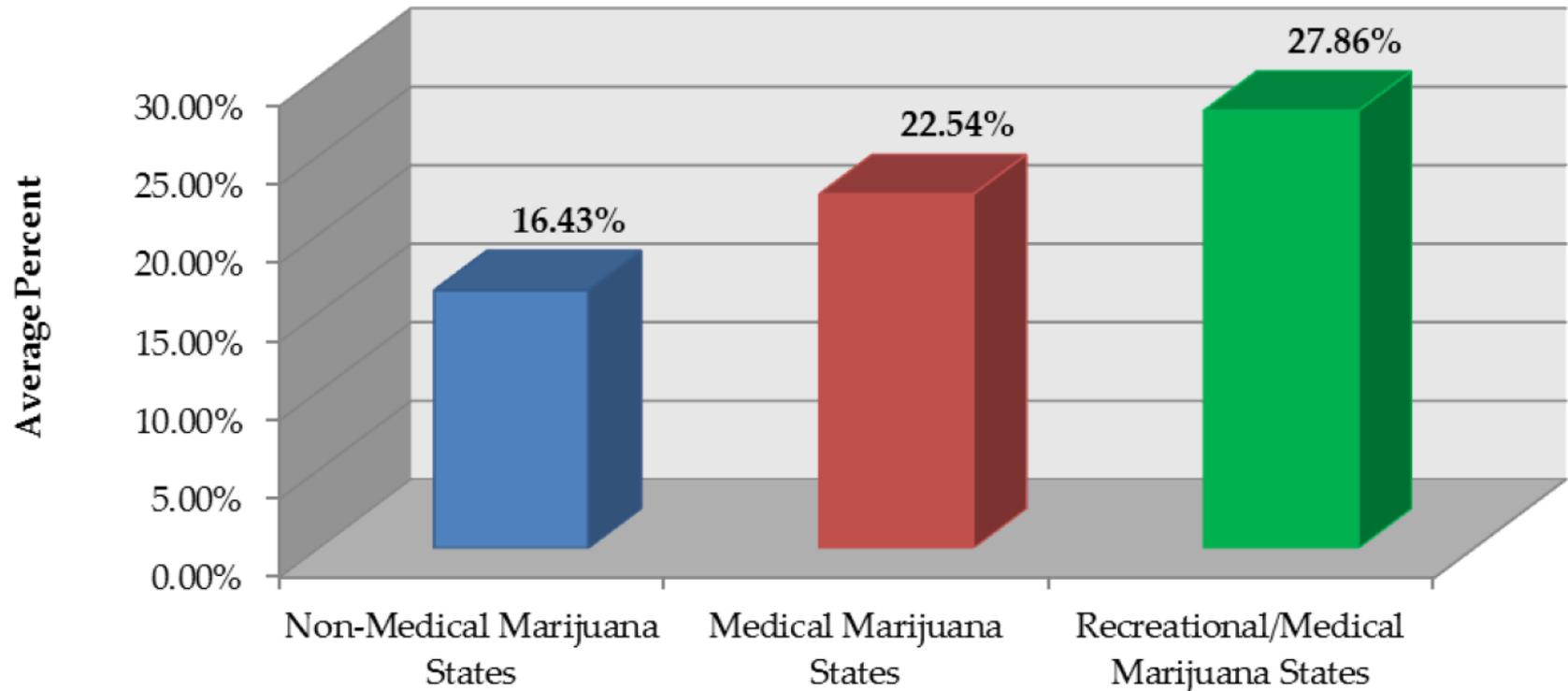
SOURCE: Colorado Hospital Association, Emergency Department Visit Dataset. Statistics prepared by the Health Statistics and Evaluation Branch, Colorado Department of Public Health and Environment

Average Past Month Use by 12 to 17 Years Old, 2013/2014



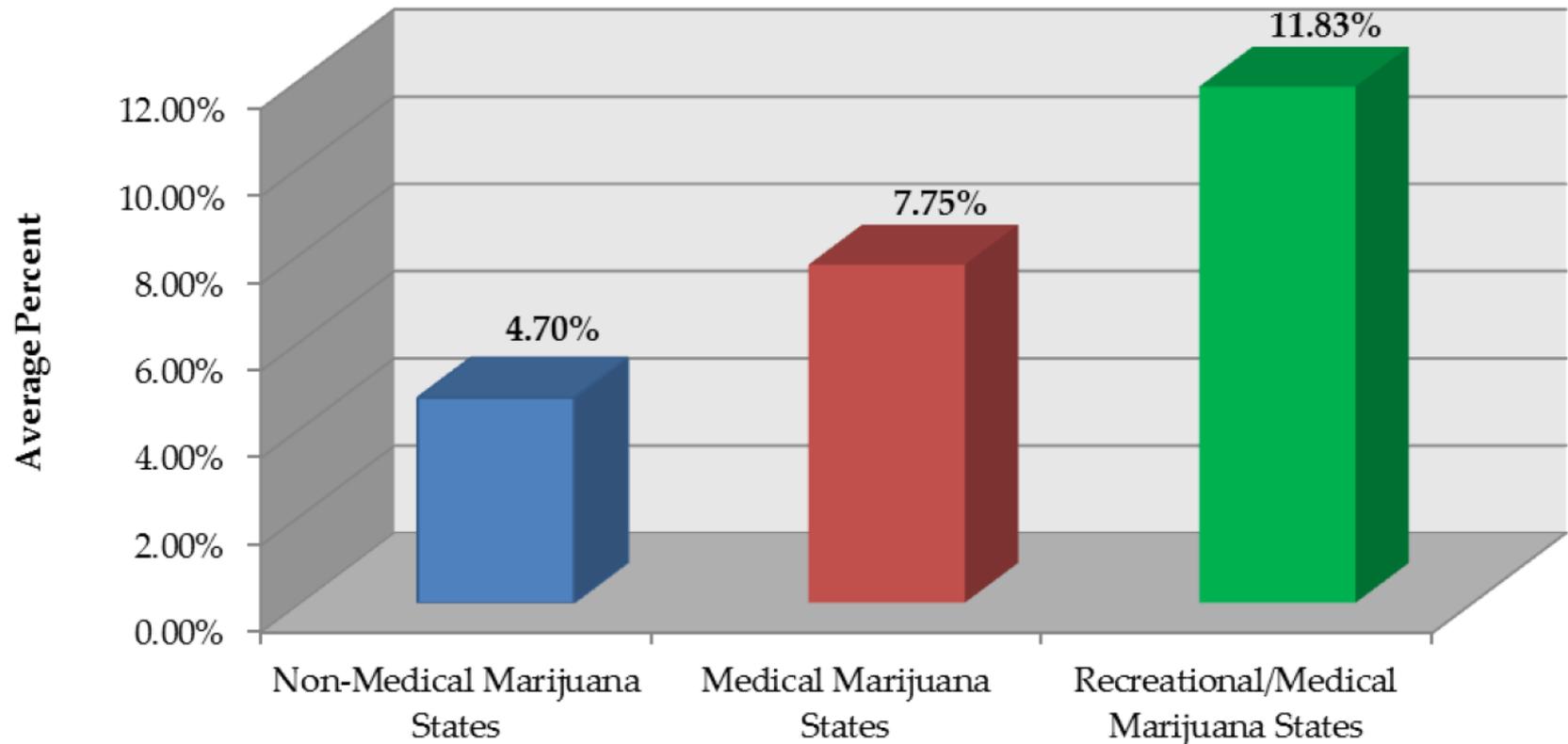
SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Average Past Month Use by 18 to 25 Years Old, 2013/2014



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

Average Past Month Use by 26+ Years Old, 2013/2014



SOURCE: SAMHSA.gov, National Survey on Drug Use and Health 2013 and 2014

“Many kids come back from lunch highly intoxicated from marijuana use. Halls reek of pot, so many kids are high that it is impossible to apprehend all but the most impaired.”

“I met with at least 5 students last year alone that have been showing significant signs of drug use or were caught and they all said they will not stop using weed on a daily basis. Their justification was it’s fine because it’s legal. If it’s legal it’s not as bad as what adults say about the risks.”

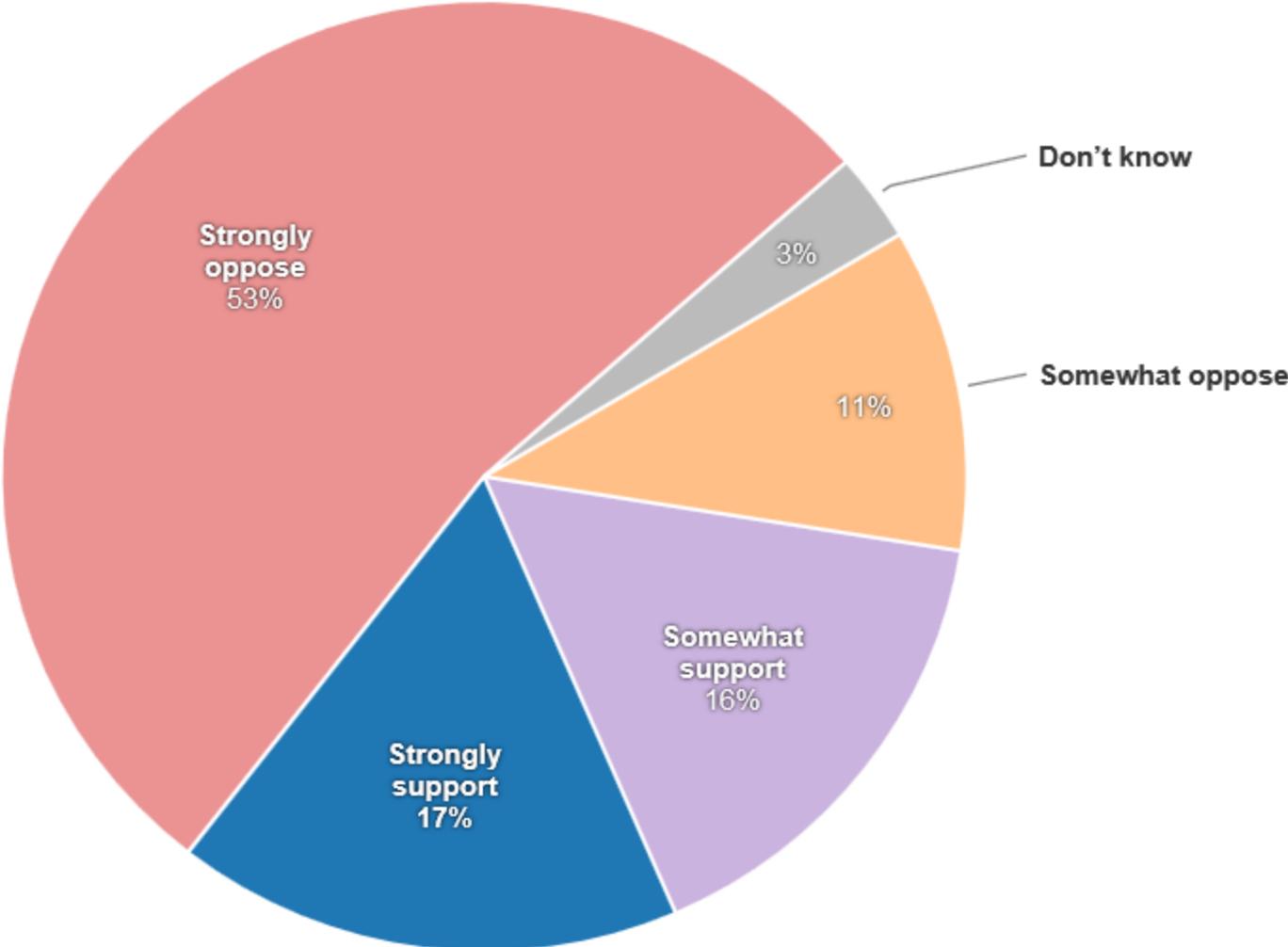
“In March of 2015 a fifth grade boy offered marijuana to another fifth grader on the playground. In October of 2014 a kindergarten girl described the pipe in her grandmother’s car and the store where you go to buy pipes. In May of 2015 a first grade girl reported that her mom smokes weed in the garage. ‘It’s not a drug, it’s just a plant’.”

Increased Homeless

- “Of the new (homeless) kids we’re seeing, the majority are saying they’re here because of the weed,” said Kendal Rames, deputy director of Urban Peak.
- Haven of Hope normally rises by about 50 people per month during the summer. In 2014 they got 923 new homeless over the summer; more than 300 a month.

Do you support or oppose the legalization of marijuana in Idaho?

Survey conducted January 21-29, 2015. 605 Idaho residents. Margin of error +/-3.98%



Why do we care?

From 2007-2015 Idaho high school student binge drinking fell **from 30.4% to 15.6%**

Non-medical use of RX drugs

2011 Idaho ranked **4th**

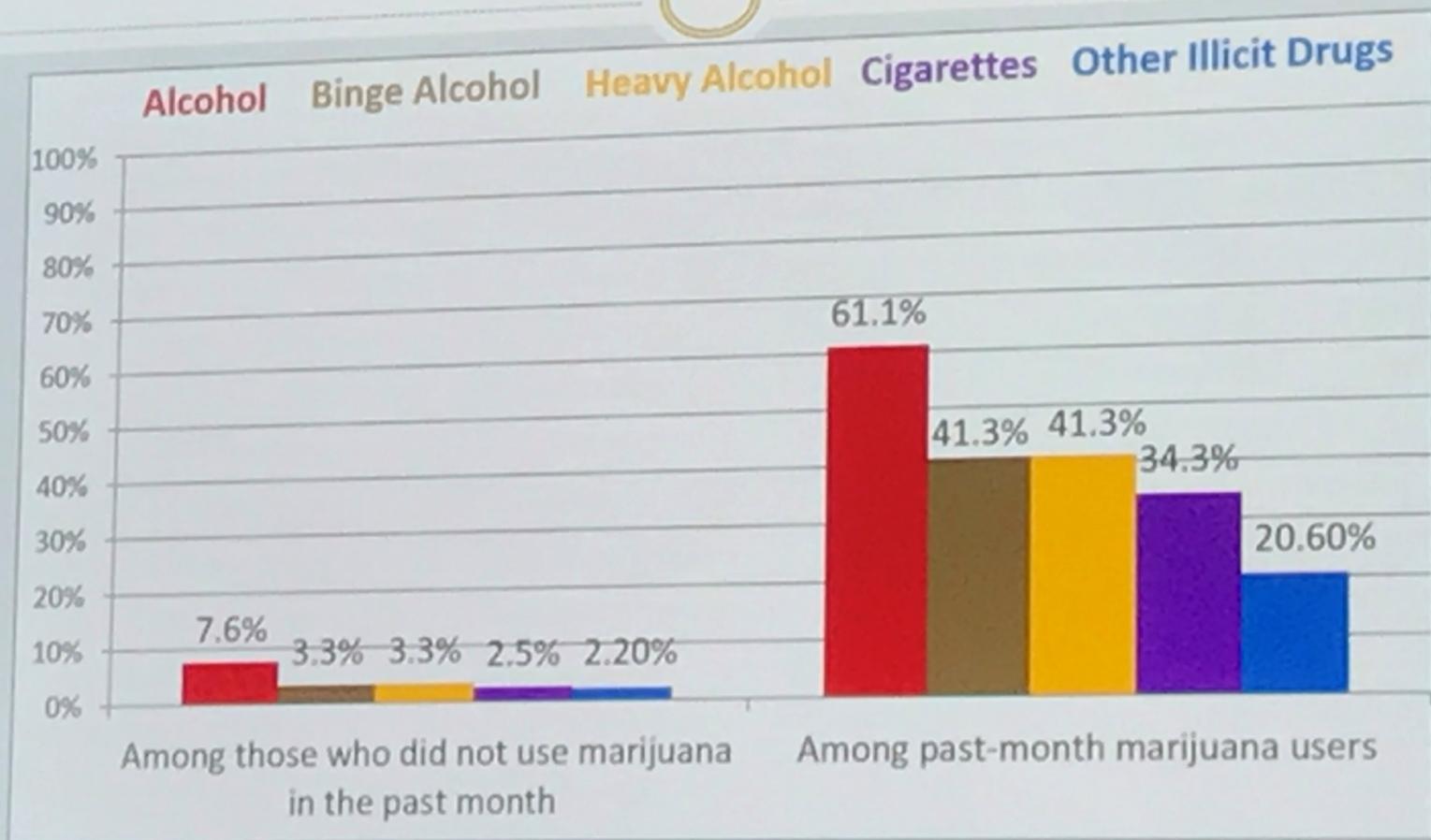
2014 Idaho ranked **35th**

Illicit drug use other than MJ in the past month according to NSDUH 2012-2014

- CO 2nd
- WA 6th
- **ID 47th**

Prevalence of Past Month Substance Use by American Youth Aged 12-17 in 2014

by Past Month Marijuana Use



Source: SAMHSA's Center for Behavioral Health Statistics and Quality (NSDUH 2014)

Governor's Office of Drug Policy

**ELISHA FIGUEROA
ADMINISTRATOR**

ELISHA.FIGUEROA@ODP.IDAHO.GOV

(208)854-3040

WWW.ODP.IDAHO.GOV

Hemp

A decorative graphic consisting of a solid teal horizontal bar that spans the width of the page. Below this bar, on the right side, there are several horizontal lines of varying lengths and colors, including teal and white, creating a layered, modern look.

What is hemp?

Marijuana and hemp are different varieties of the same species. Both are considered marijuana and are treated as such in Idaho Statute and federal law.

Concerns

- Hemp cannot be produced without producing THC, a Schedule I drug.
- The amount of THC in a plant differs based on genetic make-up and growth conditions.
- Even **low THC plants can produce highly potent concentrates** through a chemical extraction process demonstrated in hundreds of YouTube videos.

- Law enforcement may have difficulty distinguishing hemp products from marijuana which ultimately results in de facto marijuana legalization.
 - Plant appearance is similar, although there are some differences
 - K-9's are likely to alert to hemp
 - The ISP lab can only test for the presence of THC, not the quantity (ex. 0.3%)

Not the cash crop it is touted to be

- Hemp requires a lot of water (25-30 inches) and nutrient dense soil (Modern Farmer, 2013)
- Demand fell throughout the 20th century due to cheaper, better alternatives
- Many uses for hemp but not cost effective
 - Hemp oil \$6/liter to produce
 - Hempcrete 3 x more expensive