

LETTERS TO ELECTED OFFICIALS FROM MEDICAL AND OTHER PROFESSIONALS  
REGARDING THE LEGALIZATION AND COMMERCIALIZATION OF MARIJUANA

The personal home addresses and telephone numbers of the writers have been deleted

## Cannabis and Opiate Use

There is strong evidence to support the conclusion, however inconvenient to some, that increased access to marijuana through legalization will undermine efforts to combat our opiate epidemic rather than improve it. This evidence comes from three main sources.

1. Research studies with animals. Cannabis, when given to animals, tends to “prime the pump” and increases an animal’s reactivity to other drugs they are exposed to later, including opiates (Cadoni et al., 2001; Panlilo et al., 2013).
2. Research studies with people. Large studies in prominent journals demonstrate, after controlling for many other factors, that cannabis use more than doubles the risk of future drug use overall (Blanco et al 2016). This study used a strong statistical procedure called a propensity score analysis to minimize the chance that factors other than the cannabis use led to this increase in risk. Another recent study showed that cannabis use more than doubles the likelihood of future prescription opiate abuse (Olfson et al, 2017).
3. State statistics. Despite concerted efforts to reduce overdose deaths, Colorado saw record numbers of fatal opiate overdoses in 2016 <http://www.cpr.org/news/story/colorado-heroin-and-opioid-deaths-rise-ever-more-dramatically> . Other marijuana legalization states such as Washington <http://mynorthwest.com/569309/seattle-king-county-overdose-deaths/> and Oregon are faring no better <http://katu.com/news/investigators/we-have-a-massive-problem-experts-say-oregons-opioid-epidemic-continues> . These trends continue despite evidence that fewer opiate prescriptions are being written by physicians, which means that we need to look for other causes for why these numbers continue to rise.

The National Institute of Drug Abuse, the foremost authority in the country on the science behind drug use, states that the research findings overall “are consistent with the idea of marijuana as a ‘gateway drug.’” It is important to remind policymakers that views to the contrary, often advocated by people with personal or financial conflicts of interest related to cannabis use and distribution, are not supported by the experts who are in the best position to offer a valid scientifically formed opinion based on the overall science. Analogies to the science of global warming are very appropriate here.

An additional comment concerns a view I have often encountered that the reason the vast majority of physicians have major concerns over the legalization of marijuana is that they are lining their own pockets with money from the drug companies that make opiates. This claim is not only offensive but incredibly ironic. While the physicians and other health care experts expressing fear of legalized cannabis are receiving nothing financially for their substantial efforts, this conspiracy theory is being peddled by paid lobbyists of for-profit companies ready to cash in. As for myself, I haven’t written an opiate prescription in 15 years.

People will always be able to utilize data that support what they would prefer to believe. However, this begs the question about what the most responsible thing to do is when there is even a small amount of uncertainty in the science (although not as much as the pro-legalization people would lead us to believe) to inform an irreversible policy decision at a critical juncture in time.

Thank you for hearing my view on this important issue.

David Rettew, MD – david.rettew@med.uvm.edu

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To Whom it May Concern  
1/7/2018

My name is Dr. Karen Randall. I am an emergency physician in Southern Colorado (Pueblo). My county was deemed the "Napa Valley of Cannabis" by some elected officials.

In the last 4 years since legalization of recreational marijuana, this community has taken a beating.

One of the points on the Cole memo was that recreational marijuana would exist as long as youth usage did not increase.

Youth usage in Colorado has never, ever been higher. Our children- even into the elementary schools are using marijuana products on an ever increasing basis. Not only do our most vulnerable population have to defend themselves from marijuana at school, they now have to contend with parents and adults who use consistently in their homes. I am not sure why anyone thought that making marijuana readily available in the community would lead to decreased usage by youth.

Let me give you a few examples of what my patients and our health care community contend with on an increasing basis:

1. I saw an 8 week old male whose mother used THC throughout the first half of her pregnancy. She was a heavy user. She smoked multiple times a day. The infant was born and sent home with this family. He came to the ED at 8 weeks. He came with a parental chief complaint of difficulty breathing. This infant and his entire family reeked heavily of marijuana. How can we protect this young baby? He "smoked" marijuana for most of his fetal life and is now "smoking" in early infancy. Medical science knows that there is long term changes in the brain when exposed to marijuana in utero and prior to the age of 25. How do we protect this young infant? How do we give him a life free from marijuana? He can not protect himself. We have to work to protect him.
2. A 1 y/o male came to see me. He sat in his mother's lap, not crying, not moving. He had 'dip burns' on both of his hands (someone dipped his hands in a hot liquid). He was not moving and not crying. He was marijuana positive. He and his mother had just moved here. They left a housing situation in Arkansas and moved to Pueblo. They were living in a house with several other families. Having been in the area 2 months, he now needed child protective services, medical care, social work, police involvement for child abuse, etc. How can these costs be calculated?
3. I saw a 19 y/o male who dropped out of high school at the age of 15. He dropped out to smoke pot and "hang". He came to the ED for the second time this week (and the 25<sup>th</sup> time in 2017) for recurrent vomiting. Many work ups in the past revealed no acute physical abnormalities, making cannabis induced hyperemesis his most likely diagnosis. This patient is unskilled, uneducated, unmotivated and dependent on social assistance. How do we make this person productive in society? How can we afford to have this young man repeatedly come to the ED for vomiting? How can society calculate the costs to support him and medically treat him for the rest of his life?
4. I went to a "dry county". Recreational marijuana was not voted for in Lamar. The soccer coach told me that many parents go to Pueblo, buy marijuana, return to Lamar to

have their kids sell marijuana at the schools. We have turned whole families into drug pushers.

5. We have scores of homeless families who have moved to Colorado to enjoy legalized marijuana. They have uprooted their families to move here. They do not have jobs, money, skills, or a place to live and yet they come. Their children are forced to live in broken down campers, hotel rooms with 10-15 people in a single room, or even in tents.
6. I saw a 16 y/o morbidly obese male who came to the trauma room after being hit by a car while riding his bike, smoking marijuana. He too had dropped out of school. He and his father thought it was "cool" that he was getting his pot from his dad. Who helps this child? We know that the likelihood of addiction increases markedly when youth use.

I am just one physician in a group of over 30 doctors working in our emergency department. My cases are not unusual. Every one of my partners has similar cases. The area that I work in is a low-income area. There are very few treatment facilities for children with addiction issues. The teen suicide rate in Pueblo County has increased dramatically. It has become increasingly difficult to recruit providers to the area due to the poverty, the increased number of homelessness, the prevalence of marijuana in the schools, the presence of illegal grow houses, etc. This will happen across the country if we do not stop it now.

I urge anyone who has any questions of the validity of my letter to come spend the day with me. Come to the homeless camps with me. Visit the broken-down campers in the Walmart parking lots with me. Thank you for your time. Please help our communities win this war.

Dr. Karen A Randall, FAAEM  
Southern Colorado Emergency Medicine Associates  
Vice President of ED Case Management  
Pueblo, Colorado

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To: Members of Congress, January 8, 2018

As a neuroscientist residing in the state of Maryland, I urge you to vote against any amendment that would limit DOJ enforcement of federal marijuana laws. State and local health departments are not equipped to evaluate and regulate this drug with the rigor the FDA can provide. For example, Maryland allows nurse-midwives to recommend medical marijuana to their patients, unaware of alarming medical data. Law enforcement in states with some form of legal marijuana need federal help in controlling the societal consequences of marijuana distribution and use. Allowing divergent marijuana laws by state to continue to grow unabated is a big step backwards for state unity on important principles, making it more difficult for me and other citizens to feel comfortable visiting all states of the United States. The reasons for my views are:

- **Marijuana use has serious health consequences (National Academies of Sciences, 2017 report on cannabis) not yet understood by the general public.** The gap in health education means we stand to lose a generation to the consequences. It differs from two legal drugs (alcohol and tobacco) in important respects. In addition to affecting cardiovascular health, the primary negative impacts of marijuana are on mental health, with the risk of chronic psychosis being greater than for any other drug, increased in marijuana regular users 4-fold (Miller CL, 2017, *Addiction* 112, 1182-3); the risk of suicide attempts is increased by up to 7-fold (NAS, 2017); as well as a 2-fold increase in risk for young adult stroke (Rumalla, 2016, *J Neurol Sci* 364, 191-6). Marijuana differs from alcohol in that low-level, responsible use of alcohol by those who are not driving (e.g. a couple of beers over a weekend) can be deemed safe, but the same cannot be said for a couple of joints per week, which significantly increases the risk of psychotic outcomes even in those with no family history of psychotic illness (thus, you can't reliably predict vulnerability ahead of time). Unlike tobacco smokers, for whom the risk of lung cancer can be largely erased if they quit before age 40 (Thun, 2013, *NEJM* 368,351-64), chronic psychosis usually begins young and is lifelong.
- **Polls which distinguish decriminalization from legalization *do not show majority support for legalization* (e.g. Emerson College's poll, 2017).** The public confuses legalization/commercialization with decriminalization (lessening criminal penalties so people aren't jailed for small amounts).
- **Traffic fatality rates are up in states that have legalized (AAA and National Safety Council).** The raw data show spikes up to 42% higher (see for Oregon, 2015 vs 2013). After correcting for many other variables, the difference between states may be reduced, but there is valid scientific debate about which variables and how many are appropriate to correct for.
- **Violent behavior is increased by marijuana in a subset of users.** This outcome is primarily driven by psychotic outcomes which increase the risk for perpetrating violence by 9-fold in drug users, including homicides (Fazel, 2009, *PLoS Med* 6, e1000120). Yet, even studies of otherwise normal users have shown marijuana use is different from alcohol via the increased perception that others intend to do you harm (Ansell, 2015, *Drug Use Abuse* 148:136-42). Such unfounded perceptions are dangerous and often lead to violent behavior. Of note, crimes against persons in Denver have gone up by 50% since legalization for recreational use in 2013 (Denver Police Department, crime statistics monthly & yearly data, 2016 vs 2012, 2017 data not yet available). Drug law and weapons violations are up 150% and 218%, respectively.
- **Social costs have gone up in states that have legalized and we all pay for that indirectly (Colorado Appropriations Report, 2017-2018).** Ask why Colorado's budget is in the red this year, despite marijuana tax revenue. Everything from homelessness to Medicaid rolls (the portion not attributable to a change in Medicaid policy) to policing costs have escalated significantly. The Denver Police Department needed to double the number of mental health intervention experts on its staff since legalization (Scripps Media, 9/7/2016 Denver Channel), and costs of policing drug law violations have increased. It's more, not less, complicated to enforce the marijuana laws in Colorado now. Cuban and Central American cartels have moved in (Westword, 10/13/17; ABC Denver Channel, 12/27/17), taking advantage of the home grow policy by growing more than allowed. The police are too overwhelmed to fully control this development.
- **Businesses in Colorado that require a drug-free workforce are having a hard time filling positions** (Washington Post, 5/17/17).
- **Marijuana produced by some U.S. states is diverted to other states.** Containment has been unsuccessful, as made clear by numerous news reports on police interdictions.

Paula D. Gordon, Ph.D. Washington, D.C.  
Letter to Members of Congress January 8, 2018

As a researcher, analyst, researcher, online publisher of [GordonDrugAbusePrevention.com](http://GordonDrugAbusePrevention.com), and practitioner working in the drug abuse prevention field in government, and as the former head of a non-profit organization working to address the problem of recreational drug taking among youth as well as adults, I am writing to urge you to vote against any amendment that would diminish the capacity of the Department of Justice to enforce Federal marijuana laws and the Federal Controlled Substances Act. As never before, we need to take action to stop the proliferation of the growth, manufacture of marijuana by-products, sale, advertisement, distribution, and use of marijuana and its by-products. All need to understand the profound harm that marijuana use has caused and is causing. We must do all we can to, to borrow Dr. Bertha Madras' words, "to defend the brain". For her eloquent words on the subject and for her analysis why marijuana should remain a Schedule 1 drug, see <https://www.brookings.edu/events/brookings-debate-should-the-federal-government-remove-marijuana-from-its-list-of-schedule-i-drugs/>.) Also, see my presentation at the 2016 International Criminology Conference in Washington, D.C on "A Case for Protecting the Brain: Keeping the Federal Controlled Substances Act in Place and Providing Non-Punitive, Justice System-Based Public Health Options to Address the Use of Marijuana, Opiates, and Other Psychoactive and Mood-Altering Drugs in America. (October 14, 2016). (See <http://GordonDrugAbusePrevention.com> .)

I have been a long time proponent of drug abuse prevention education and early intervention, counselling, treatment and rehabilitation. For many decades, I have promoted non-punitive, in lieu of incarceration, drug court-type approaches to addressing drug-taking behavior. I am painfully aware of the role that the legalization of marijuana has played and is playing in the national crisis involving the spreading use of drugs, addiction, and opioids. I especially urge you to see Libby Stuyt's presentation at <https://www.youtube.com/watch?v=YJ8ZXkgt-Y4>. It is exceptionally compelling and tells of the fact that the brains of miscarried and aborted babies that were exposed to marijuana in utero have more active and more plentiful opiate receptors than those fetuses that were not so exposed. In animal research, animals exposed in utero to marijuana will opt for opioids when given a selection in an experimental setting. Those not so exposed did not opt for opioids. I teach a three-week online course for Auburn University Outreach on "The Effects and Impacts of Marijuana Use - Policies and Approaches Addressing the Challenges" (For information call 334-844-5100). I have developed this course for those who are in roles of public responsibility who have not previously had an opportunity to study in any kind of adequate way the multitude of research studies that exist concerning marijuana and that provide abundant irrefutable evidence of the harmfulness of marijuana that contains THC. Few seem to appreciate that depending on the amount of TCH in today's marijuana is a low to high level hallucinogenic substance. This renders marijuana with THC anything but harmless. Indeed, emergency room statistics in places that marijuana has been legalized have been skyrocketing. THC has long been known to trigger idiosyncratic psychotomimetic effects in normal human subjects. (See Harris Isbell et al., 1967, *Psychopharmacologia*.) Indeed, the proliferation of the availability and use of today's high potency marijuana has been playing a major role in contributing to the spreading use of psychoactive substances amongst those of all ages. This is readily evidenced by skyrocketing emergency room statistics, accidental deaths, suicidal depression, and suicides. Marijuana use has effects on the brains, IQs, and mental functioning of users, especially of those who are under 25 or 30 and have developing brains. Structural abnormalities have been found as well. Marijuana use has been correlated with an increase in homelessness in areas where marijuana use has been legalized. Marijuana use has also been correlated with the diminishment of the number of drug free and productive workers in the work force. The deleterious environmental impacts are also soaring. Second hand smoke from marijuana has been shown to be even more deleterious than second hand tobacco smoke. The use of marijuana is also implicated in practically every major shooting incident in recent years. The connection between marijuana use and the triggering of psychotic and violent behavior is now irrefutable. I hope that that this letter will encourage all who read it to study the research findings and to recognize the need to educate all concerned for the health and safety of the public and the rising generation regarding the harmful consequences of marijuana use and the need to abide by current Federal laws.

Dear Member of Congress,

I am writing with concerns regarding legalization of cannabis with minimal regulation. I am a concerned Emergency Medicine physician practicing in Pueblo, Colorado which has been dubbed 'the Napa Valley of Cannabis'. There are a number of problems we are seeing locally that are not being adequately addressed and are leading to significant concerns for patient safety. Though I have many concerns across the spectrum of my work, the most concerning effects of cannabis I see are on mental health (including cannabinoid induced psychosis, effects on the prefrontal cortex affecting emotional stability, learning, decision making, and motivation, and increases in anxiety and depression)<sup>1-3</sup> and on inappropriate advertising of marijuana to treat medical conditions for which there are inadequate studies to make the claims being made.<sup>4-6</sup>

I also work in substance abuse and sit on the Heroin Task force in Pueblo Colorado working to combat the effects of opiate abuse. One of the largest concerns I have is statements that cannabis can treat the opiate epidemic. I have worked directly with these patients in the Emergency Department and on a multidisciplinary board working to provide adequate treatment. I am saddened that while we have worked to make needle exchange centers, worked to provide medication assisted therapy, implemented protocols for treatment of individuals presenting to the Emergency Department to assist in getting into treatment and assist with treatment of opiate withdrawal symptoms, and worked to establish alternative methods for pain control and to decrease opiate prescriptions that our work to decrease the opiate epidemic has now been attributed to cannabis. This is absolutely not the case; in fact it is the opposite. Recreational cannabis use makes them less likely to be able to complete treatment and stop abuse of opiates.<sup>7-9</sup> Though certain formulations of cannabis are likely effective, particularly for neuropathic pain, as it now stands I cannot even prescribe it. Once I recommend patients use it (which at times I do) I am left to wonder what the budtender will actually give them- it isn't at a pharmacy.

I have thoroughly reviewed the research independently and have tried to be as unbiased as able. I have very real concerns for the safety of the patients I care for. I would love to sit down with you or speak with you in any format at your convenience to discuss further.

**Please do not support the Rohrabacher/Leahy amendment to the Omnibus Appropriations Act (HR-3354 and S-1662) which will hinder the FDA from engaging in consumer protection regarding cannabis.**

Thank you,

Brad Roberts MD, FAAEM  
Southern Colorado Emergency Medicine Associates  
Assistant Professor of Emergency Medicine, University of New Mexico  
Board of Directors Colorado Medical Society

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January 7, 2018

To All Members of Congress,

As you are well aware, Attorney General Sessions has rescinded the Cole Memo. As a physician practicing in Colorado for more than 24 years, I have seen firsthand the negative societal consequences related to mass commercialization and promotion of an addictive substance on the people of Colorado. I urge you to support the enforcement of federal law and vote against any amendment which would limit the DOJ's ability to do so.

If you were to look at it a different way, maybe you should have considered the actual enforcement of the Cole Memo. According to the Cole Memo dated February 14, 2014, federal intervention was justified if certain criteria were met

1. **Prevent the distribution of marijuana to minors.** Youth use in Colorado and across the country has become a significant problem. Marijuana has become the primary substance of choice, particularly because it can be used directly under the noses of teachers. I invite you to investigate marijuana vaping devices, asthma inhalers, and highlighters that are brought to school to use marijuana.

<https://www.denverpost.com/2016/10/28/marijuana-sold-to-minors-in-pueblo-drug-sting/>

2. **Preventing the revenue from the sale of marijuana from going to criminal enterprises, gangs, and cartels.** The illegal marijuana industry has been hiding in plain sight in states with legal marijuana programs under the safety of state laws. Enormous effort is going to control illegal activity, with little resources or funding, which is tied to cartels from outside the US. There are ads on Colorado Craigslist, in violation of both state and federal laws with no resources to combat it.

<https://www.thedenverchannel.com/news/local-news/marijuana/mexican-drug-cartels-are-taking-full-advantage-of-colorados-marijuana-laws>

3. **Preventing the diversion of marijuana from states where it is legal under state law in some form to other states.** The illegal industry hides in plain sight due to lack of federal enforcement and the lack of state resources. The amount and poundage of marijuana shipped, mailed, driven, flown, and distributed out of states with legal marijuana programs has skyrocketed, particularly since state legal marijuana laws began.

<http://www.hailmaryjane.com/medicated-monday-the-art-of-sending-marijuana-by-mail/>

4. **Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity.** With big money comes corruption. Members of Colorado's Medical Marijuana Enforcement Division, paid for by the taxpayers of Colorado, left their positions after a short time and set up an illegal marijuana business. This is happening across the country in other marijuana and non-marijuana states.

<http://www.9news.com/news/crime/74-indictments-in-operation-toker-poker-ag-says-its-largest-pot-bust-since-legalization/452759108>

5. **Preventing the violence and the use of firearms in the cultivation and distribution of marijuana.** Any law enforcement person in states with marijuana programs can attest to the dangers associated with both legal and illegal activity. Most of the illegal grows found in Colorado have been noted to be associated with firearms. The number of marijuana-related homicides in several areas of Colorado have significantly increased since legalization.

<http://gazette.com/state-of-marijuana/marijuana-black-market>

6. **Preventing drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use.** The number of drivers testing positive for marijuana in fatal crashes has continued to increase over time. One hospital in Colorado Springs lost \$20 million health care dollars due to marijuana-related

ER visits between 2009 and 2014. This is in a community with no legal marijuana programs. This equates a potential \$500 million health care cost across the state of Colorado, just on the cusp of legalization.

<https://www.codot.gov/safety/alcohol-and-impaired-driving/druggeddriving/drugged-driver-statistics/view>

**7. Preventing the growing of marijuana on public lands and the attendant public safety and environmental danger posed by marijuana production on production on public lands.** In northern California, there is an environmental disaster occurring with a price tag which will be in the billions; more than the Exxon Valdez. Salmon populations are decimated, banned pesticides are found with increasing frequency, and animals are purposely poisoned to prevent them from trampling illegal marijuana plants. It has reached the point where humans are consuming meat contaminated with multiple pesticides.

<https://silentpoison.com>

**8. Preventing marijuana possession or use on federal property.** Most of the illegal grows are being grown on federal land. There are websites to show you how to grow illegally in the forest, on federal land. In Colorado Springs, after one of its worst wildfires in 2012, there was a 20 acre illegal grow found in the Pike National Forest. This predates the Cole Memo.

[https://www.huffingtonpost.com/2012/08/22/large-pot-grow-operation- n\\_1821159.html](https://www.huffingtonpost.com/2012/08/22/large-pot-grow-operation- n_1821159.html)

These are only a few notations and references readily available. I have many, many more. I urge you, from a public health and safety perspective, to support Attorney General Sessions and enforce federal law. We are on the cusp of losing a generation of adolescents due to normalization of drug use. I am by no means a prohibitionist or a nihilist. I am a medical provider who can see that just like tobacco, alcohol, and our newest health problem, the opioid epidemic, we are already having another health battle on our hands. This one in particular is just more diffuse, which is concerning, and covers many areas of health care. The issue has transcended “responsible use” or “marijuana as medicine”.

Regards,

Kenneth Finn, MD

Colorado Springs, CO 80919

January 8, 2018

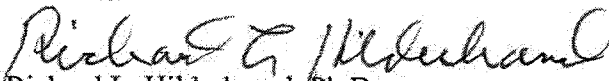
To: U.S. Legislators, Staff, and other Interested Parties

I am writing to express concern about the legalization of marijuana and the inclusion of the Rohrabacher-Leahy Amendment in the Omnibus Appropriations Bill. My concerns are many; however, the most important are:

1. The failure of the state to provide a cost benefit analysis of the legalization as opposed to only talking about the money received. Law enforcement, social welfare, homelessness and health care costs likely far EXCEED the revenue.
2. The impact of freely available marijuana on the children, youth, and young adults:
  - a. Colorado leads the country in past month use by adolescents age 12 to 17 according to the SAMHSA National Survey on Drug Use and Health (2014 and 2015.) The states with recreational and medical marijuana had the highest past month use of marijuana by adolescents. The states with the lowest adolescent use had not approved medical or recreational marijuana. Current surveys do not fully represent the level of use as is apparent in the schools. For example, the drug users are likely to not be in school and not fully represented in the surveys.
  - b. Drug testing positive rates for ages 10 to 17 on probation have increased 60%. Marijuana poisoning seen at the Children's Hospital in Denver have doubled and in many cases were due to ingestion of edibles containing THC. The regional poison center had nine calls on marijuana for kids under 10 in 2009, a number which increased fivefold to 47 in 2015.
  - c. The Colorado Association of School Resource Officers and Rocky Mountain High Intensity Drug Trafficking Area report that in 2017 about 23 % of students obtained marijuana from their parents, 26 % came from the black market, and 39 % was provided by friends
3. The illegal marijuana industry is flourishing due to lack of law enforcement.
  - a. The lack of federal (DEA) law enforcement has created an environment where cartels, foreign mafia, and mafia organizations can operate with impunity.
  - b. The state continues to claim that the black market is non-existent. Any one listening to the news or talking to law enforcement knows that claim is nonsense.
  - c. Mafia, illegals, and cartels can operate with a licensed "front" person and can control and distribute the product. Yes, this does exist and the state has licensed such organizations.

The ability of the DEA and other law enforcement to stop the out-of-control growing of marijuana in Colorado is destroyed by the Rohrabacher-Leahy Amendment. **That Amendment must NOT be included in the appropriations bill.**

Sincerely,

  
Richard L. Hilderbrand, Ph.D.

Penrose, Colorado

Shannon M. Murphy, MD FAAP  
Birmingham, AL  
January 7, 2018

To All Members of Congress,

I urge each of you to oppose the Rohrabacher/Leahy amendment to the Omnibus Appropriations Act (HR 3354 and S 1662). Please do not support any bill that restricts the Department of Justice from enforcing our federal marijuana laws.

I am a pediatrician in Alabama and volunteer my time in substance use education. As a physician, I am incredibly concerned with data coming out of legal marijuana states. The commercialization and marketing of marijuana has impaired all prevention efforts and has resulted in an increase in use, increase in ER visits and hospitalizations, and an increase in traffic fatalities. Now, most of our young people see marijuana as safe. At a time when our country is reeling from a drug addiction crisis, promoting marijuana is absolutely negligent. This drug will be the next big hit to public health if we continue down this path.

Please prioritize our young people. Please promote and support healthy communities. Stop this illegal industry.

Sincerely,

Shannon M Murphy MD FAAP

January 05, 2018

Governor Phil Scott  
Great State of Vermont

Dear Governor Scott

I am writing to urge you to take a stronger stance against legalization of recreational marijuana use, possession and production. I know that you are an individual who cares about the long term strength of this Great State of Vermont. I know that you care about the future of our youth. I certainly hope that your actions in your capacity as Governor will reflect that caring.

I hope that you are aware of the significant detrimental impact marijuana has on adolescents and, in fact, on adults as well. Mental health impacts of marijuana use include depression, anxiety, schizophrenia. School and work performance are impaired. Lung function in the long run will obviously be a casualty. Impaired driving will result in more highway deaths and injuries.

I have been a practicing pediatrician for twenty years. I was Medical Director at Woodside Juvenile Rehabilitation Center for a decade. Two of my wonderful young patients were killed last year on I-89 (along with three other teenagers) by the wrong way driver who was under the influence of marijuana. I have seen what marijuana does to kids and there is absolutely no doubt that it is bad.

As steward of our State Government, I urge you to err on the side of caution when it comes to laws which will undoubtedly increase our youth's access and exposure to a neurologic toxin like marijuana.

There is no doubt that access to marijuana will increase for adolescents and children if recreational possession is allowed in households. We don't even need a study to show that. It is a given. Down the road we will see more pediatric THC poisonings, more high school drop-outs, more mental health disease, more motor vehicle accidents.

Tax revenue will never cover the future costs of these consequences. Even if the revenue could cover those costs, it could never be justified. There will be an untold amount of suffering on the part of parents, youth and children related to the increase in tragedies that we will witness.

States which have legalized marijuana have not even begun to grasp the cost down the road to their societies. As Governor, you should be savvy enough to see that, (even if many of our Legislators are not!). It should be evident to you that the claim that "regulation" works is a farce. "Regulation" in every one of those states is akin to a sieve. There is no effective regulation of THC concentration in products. The black market is thriving as a direct result of legalization and despite the claims of "regulation." Look on Craig's List to see what you can buy from suppliers in those states. That isn't generating any tax revenue. Yet tax payers will be on the hook for paying for all of the societal ills and health consequences which loom in the future.

I ask you, even plead with you, to veto any legislation legalizing recreational use, possession and production of marijuana. Please do that for our youth and for our future. Don't let this happen on your watch. Any government which promotes this, any Governor who allows this to happen, will be unfavorably regarded by history because undoubtedly the results for our youth and future will be disastrous.

Sincerely,

Paul J, Parker M.D., M.P.H.  
Richmond Pediatrics and Adolescent Medicine  
Clinical Instructor, Pediatrics, UVM

Enclosed: Video for your perusal documenting the status and impact of marijuana legalization in Colorado.

Dear Senator Leahy,

People I know personally been harmed by marijuana and by CBD sold in Vermont. The state does not have the resources to regulate these products. Right now in Vermont there is false advertising occurring regarding marijuana products and we are not being protected but instead harmed by the lack of oversight. **PLEASE WITHDRAW YOUR AMENDMENT** so federal resources can be used to protect Vermonters. I know that you are surrounded by people who state that marijuana is relatively harmless and the criminal justice issues are greater than the harm of the drug. **PLEASE KNOW: There is medical knowledge of the damaging effects of marijuana on humans.** Women of childbearing age are taking this drug, are becoming addicted to the drug and when pregnant cannot stop taking it.

Dangerous near 100% THC is available. The average joint is now around 20% THC. Even this level, according to the Rand Report author Dr. Jonathon Caulkins who was invited to Vermont last month to speak to the Health Department, is 60 x the level pre-2000. If you consume 60x the amount of caffeine in your coffee, it is a level approaching that of being lethal, according to Dr. Caulkins. **A change in concentration is a change in substance.**

This drug must be regulated and from other states we are learning that **legalization is not regulation.**

In Colorado the School of Public Health 2016 Impact statement tells us children are harmed by legalization. Poisoning, comas, hospitalizations resulting from marijuana exposure are highest in the country in Colorado. The drug in medical dispensaries or stores or in "CBD " labeled jars contains pesticides, heavy metals and deadly mold, particularly dangerous for feeble elderly patients or in children. In one recent survey presented through the Vermont Medical Society, the concentrations of CBD available in Vermont were all not in the therapeutic range, this according to a doctor wishing to peddle the product for his profit in Vermont who nevertheless advocates using the drug (of unpredictable concentration). CBD can interfere with medically necessary drugs, including immunosuppressant drugs necessary for survival of solid organ transplant patients. We need oversight.

The current Rohrabacher/Leahy amendment to the Omnibus Appropriations Act (HR-3354 and S-1662) is stopping the FDA from protecting public health by limiting the Department of Justice and the FDA from engaging in consumer protection regarding medical marijuana. The marijuana industry claims the amendment protects cancer patients from prosecution but the DOJ is not going to prosecute patients. Cancer patient must be protected from harm.

Marijuana has been touted by some in the marijuana industry as a "medicine" for the nausea or morning sickness connected to pregnancy and some women are using it in the first trimester of their pregnancy which is the period at greatest risk to the fetus. [1] A recent study of 318,085 pregnant females showed marijuana use among them is increasing. Use among females younger than 18 years up to age 24 years increased the most, from 12.5% to 21.8%. For those younger than 18 years from 9.8% to 19.0%. [2]

Marijuana use during pregnancy can impair fetal growth and neurodevelopment. The American Medical Association and others have warned marijuana use is linked with low birth weight, premature birth, behavioral and many other problems in children. [3] The FDA needs to step in to protect these women.

I have seen people I know hurt by "CBD" in Vermont. Statewide legalization is NOT providing regulation. **In order to make the billions with a B, the industry must produce addicts, the 20% of consumers according to the Rand report author Beau Kilmer who consume 80 % of the product. These addicts, who are NECESSARY for this flawed industry's profit, will COST the people of Vermont billions with a B. Dangerous, high potency THC is more addictive, serving the industry's need for profit.** You and all the Senators and Representatives in Washington DC or in Montpelier have never seen or experienced THE DANGEROUS AND EXTREMELY HIGH CONCENTRATIONS we are talking about legalizing WHICH WOULD BE LEGALIZED UNDER THE RECENT LEGISLATION PASSED BY THE HOUSE LAST WEEK. It is **linked to suicide, mental illness, psychosis, drug abuse relapse, and academic failure.** We have almost no quality controlled medical studies on this **concentrated** drug in humans, in teens or in exposed babies.

Please erase your amendment to allow federal oversight to protect ourselves and our children. The epigenetic changes resulting from this drug's use can extend into and harm future generations, at a minimum increasing the number of opiate receptors in fetuses born to THC positive moms, which according to animal models predispose those offspring to increased addiction to opiates. This must be pulled back or we will have a **gene pool shift** in America which will harm our grandkids brains before they are even born. The repercussions of what is happening will change the population of the country forever. Even if the respiratory centers are not attacked causing an acute overdose, this is a powerful, harmful drug which we do not understand well. We do not need to expose the entire population, including babies in order to do research on it. Please allow federal oversight to protect Vermonters and your own grandkids minds; states simply do not have the resources necessary.

Sincerely yours,  
Catherine Antley, MD  
Burlington, Vermont

**ps I am happy to meet with you or your staffers to discuss this important topic and will bring leaders in the Vermont's medical community to that meeting.**

[1] [http://www.coloradomedicalmarijuana.com/blog/Colorado-Medical-Marijuana-Blog/post/Using Medical Marijuana, Colorado Patients May Find Nausea Relief/](http://www.coloradomedicalmarijuana.com/blog/Colorado-Medical-Marijuana-Blog/post/Using%20Medical%20Marijuana%2C%20Colorado%20Patients%20May%20Find%20Nausea%20Relief/)

<http://norml.org/about/item/breathe-push-puff-pot-use-and-pregnancy-a-review-of-the-literature>

<http://chicago.cbslocal.com/2017/12/27/marijuana-use-by-pregnant-women/>

[2] Trends in Self-reported and Biochemically Tested Marijuana Use Among Pregnant Females in California From 2009-2016; <http://cdn.cnn.com/cnn/2017/images/12/22/pot.during.pregnancy.11d170046.pdf>



[3] <https://www.cbsnews.com/news/pot-use-during-pregnancy-a-risk-needs-warnings/>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Marijuana-Use-During-Pregnancy-and-Lactation>  
Volkow ND, Compton WM, Wargo EM. The risks of marijuana use during pregnancy. JAMA. 2017;317(2):129-130; Risk of Selected Birth Defects with Prenatal Illicit Drug Use, Hawaii, 1986-2002, Journal of Toxicology and Environmental Health, Part A, 70: 7-18, 2007

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™



Vermont Chapter



THE  
University of Vermont  
Children's Hospital

Honorable Governor Phil Scott  
109 State Street  
Montpelier, Vermont 05609

Dear Governor Scott:

**The American Academy of Pediatrics Vermont Chapter, Vermont Medical Society and University of Vermont Children's Hospital respectfully call on you to veto S.22.** We are unified in our opinion that condoning the use of marijuana without thought to the impact that increased consumption and availability of marijuana will have on our youth, workplace, health care system, and road safety is foolish and extremely poor health policy. This opinion was shared by your own Public Safety Commissioner at the May 8, 2017, Opioid Coordinating Council meeting.

The bill before you now, S.22, allows for marijuana to be grown at home and for families to have enough "personal" marijuana available in their homes for 25 ounces or 1375 joints (with possession of an ounce, and growing of two mature plants, which at a minimum yield  $\frac{3}{4}$  of a pound each). That is a tremendous amount of product on hand for "personal consumption" without strong guidelines around safe storage or funding for education countering the "marijuana is safe" message that legalization will inevitably give to youth.

Over the past two years, legislators have heard from teachers, pediatricians, substance abuse counselors, psychiatrists, psychologists, and the police – all professionals who have daily experience with the hazards of marijuana use – and all advise against this bill and recommend caution when moving toward legalizing marijuana. Vermont should learn from other states' mistakes, so that we can make wise decisions about marijuana policy. In a recent American Academy of Pediatrics article, Dr. Wang, an assistant professor of pediatrics at the University of Colorado Anschutz Medical Campus writes, "The state-level effect of marijuana legalization on adolescent use has only begun to be evaluated. As our results suggest, targeted marijuana education and prevention strategies are necessary to reduce the significant public health impact the drug can have on adolescent populations, particularly on mental health."<sup>1</sup>

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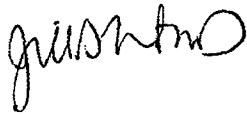
According to the 2016 VT Drug Recognition Expert (DRE) Report, 2016 became the first year that drug-related automobile deaths outnumbered alcohol related automobile deaths. When coupled with the fact that there is currently no additional support or roadside test available for our police to help make roads safer from impaired drivers, that is a very disheartening trend.

<sup>1</sup> [ER Visits for Kids Rise Significantly After Pot Legalized in Colorado](#) (NBC News); [Emergency visits related to marijuana use at Colorado hospital quadruple](#) (AAP News)

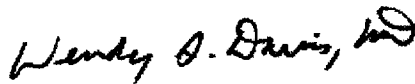
At our Pediatric Grand Rounds at the Vermont Children's Hospital last October you addressed child health issues including the impact of marijuana legalization on our health care system. A key difference between you and the other candidates was your pledge to oppose legalization of marijuana. This most likely played a significant role in of how physicians voted last November.

In closing, on behalf of the American Academy of Pediatrics Vermont Chapter, Vermont Medical Society and the University of Vermont Children's Hospital, we hope that you will stand by your campaign promise to keep marijuana from affecting the health of our state's children and the safety of our Vermont roads by vetoing S.22. This bill will not improve the lives of families and children in Vermont, and in fact will put them at much greater risk.

Sincerely,



Jill Rinehart, M.D., FAAP  
AAPVT Chapter President



Wendy Davis, M.D., FAAP  
VMS President



Lewis First, M.D., FAAP  
UVM Children's Hospital Chief

Dear Member of Congress-

I am a retired Mental Health professional who has worked in drug abuse prevention for 40 years. I live in the San Diego area and have had friends from high school, their kids and grandkids and my kids friends have issues related to Marijuana.

The current Rohrabacher/Leahy amendment to the Omnibus Appropriations Act (HR-3354 and S-1662) is preventing the Department of Justice (DoJ) and the Food and Drug Administration (FDA) from doing the job that we expect them to do. Our safety and the public's health should be protected by:

- Removing contaminated marijuana products and ones that appeal to children
- Reducing dangerous products with unsubstantiated medical claims.
- Eliminating dangerous enterprises that threaten neighbors and businesses with burglaries, lawbreaking, smell and unsavory customers hanging around.
- Protecting our children from the normalization and commercialization of marijuana and advertising aimed at attracting youth.

This amendment can only bring harm to many please keep our children safe.

Mary Kate Hiatt Poponyak