



Colorado – Post Marijuana Legalization

SUMMARY - 2020

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SUMMARY OF COLORADO – POST MARIJUANA LEGALISATION

The paper most often cited to justify successful implementation of recreational marijuana legalisation in Colorado titled *Marijuana Legalisation in Colorado: Learned Lessons* on closer examination serves more as a caution to other states.¹

The authors from David Blake and Jack Finlaw are both high ranking Colorado legal experts. They begin with the admission that the process of legalisation was “a great social experiment” and outline only some of the difficulties arising from the “the sheer number of complications” post legalisation.

Detailed in the report are vital factors that helped bring about the drugs successful passing into law. These are:

- The lack of momentum from the anti-legalisation campaign due to diversion on the upcoming presidential election.
- The fact that recreational marijuana was illegal under federal law gave citizens a false sense of security that this could not pass on a state level.
- The prior legalisation of medical marijuana created a distribution network allowing the state government to issue licenses to private entities that could in effect grow, manufacture and sell illicit drugs in blatant disregard to federal law.
- The pro-legalisation campaign was very organised, well-funded with targeted messaging on:
 - o Young adults’ rights.
 - o Comparing widespread alcohol use to marijuana rather than tobacco.
 - o Focused and one-sided messaging on the purported failures of the ‘war on drugs’.
 - o State tax revenue marijuana gains.

As the authors only deal with a few of the legal difficulties arising from legalisation they conclude that **“the sheer number of complications illustrates how difficult legalisation can be.”**

Foremost among these challenges include:

1. Grey market²
2. Revenue shortfalls
3. Drug driving testing

Grey Market and Revenue Shortfalls

This refers to those who can easily exploit the regulations but remain within the letter of the law.

¹ <https://harvardlpr.com/wp-content/uploads/sites/20/2014/08/HLP204.pdf>

² US spelling “gray”.

As mentioned earlier, legalising medical marijuana had already flung the door wide open to full marijuana legalisation as an **“unregulated network began to take root.”**

The authors state, “entrepreneurs came out of the shadows and rented strip mall storefronts throughout Colorado to meet the demand. Persons considered ‘drug dealers’ the night before became ‘small business owners’ by morning: some who never used marijuana saw the opportunity to start a business with seemingly unlimited growth potential.”

Added to this, another problem surfaced surrounding primary caregivers that are defined as those who have significant responsibility for the management of someone with a debilitating medical condition. These individuals can already legally grow six cannabis plants and have up to five patients. Therefore, together with the maximum patients they are legally entitled to grow 36 plants. The authors conclude it is most likely that the: **“Abuse of the program is systemic and there are numerous actors willing to take blatant advantage of the ‘gray market’ for personal benefit, despite the risk to society.”**

And as growing cannabis requires more effort and expense than most expect, legalisation has also led to the rise in **“marijuana cooperatives”**. Where a group of adults over 21 can grow plants together to maximise their return on investment such as lighting, hydroponics, humidity controls. As successful cooperatives become larger and more successful than the licensed facilities, they also **avoid state licensing fees or taxes.**

On top of this, the expected levels of **marijuana taxation is significantly reduced and mostly cancelled out** as they are re-distributed toward greater public re-education campaigns on marijuana dangers including increased efforts at stopping its use in those aged under 21 years of age and, as outlined later, vastly increased associated health costs.³

These very real and compounding aftereffects of legalisation have caused **Democrat and Republican politicians** to call **Colorado’s marijuana legalisation as “reckless”**; views that supported by ongoing studies.⁴

Drug Driving

This was a very contentious area of debate as cannabis can have very idiosyncratic effects and remain in the body for extended periods. Colorado law determines that a driver’s blood contains five nanograms or more of THC per millilitre of whole blood constitutes drug driving. But this requires a blood test that is more evasive and expensive than breathalysers. The difficulties here have required more officer training to determine from “probable cause observed” if an individual is inebriated and more money was required for new testing equipment. All of which shrinks the tax revenues collected from marijuana.

³<https://mail.google.com/mail/u/0/#inbox/FMfcgxwJXxtGkGZFVBvmCHqvRTFngVbd?projector=1&messagePartId=0.1>

⁴ <https://www.dailysignal.com/2014/10/08/dem-gov-legalizing-pot-colo-reckless-new-study-proves-right/>

OTHER SUPPORTING REPORTS AND CONCERNS

Youth Use and Changes in Mode of Delivery

Although official statistics state no increase in youth use of marijuana since legalisation,⁵ it is important to note that this only includes those that “researchers randomly select students, classrooms, and schools to include in the state sample to represent students in **grades 6-12.**”⁶ Significantly however, within this cohort the amount that use marijuana are 1 in 5. However, it also needs noting that **this figure may be underestimated** as, “Surprisingly, youth think four of five of their peers use marijuana, even though only one in five actually do. This discrepancy between perception and reality opens the door for our youth public education campaigns showing it is the norm for youth not to use, thus helping remove perceived pressure youth may feel from peers.”

Other highly concerning changes include the **method of marijuana use** among students surveyed. Since legalisation the markets have produced a “large variety of **retail products that contain a high concentration of tetrahydrocannabinol or THC, the most psychoactive substance found in marijuana.**”⁷ In particular the increased practice of ‘**dabbing**’ reflects higher levels of the toxic and psychoactive agent THC known known to significantly affect brain development, mental health and amotivational syndrome reflected in higher school dropout rates.⁸

Furthermore, there were **significant usage increases across all other age groups.** “Adult marijuana use, which is legal in Colorado, increased from 13.6 percent in 2016 to 15.5 percent in 2017, according to the Behavioral Risk Factor Surveillance System. The survey shows the increase was driven by a significant rise in marijuana use among 18- to 34-year-olds. Current use during ages 26 to 34 increased from 19.4 percent in 2016 to 26.4 percent in 2017. Current use during ages 18 to 25 increased from 25.2 to 29.2 percent.”

These findings were **confirmed in other reports** citing the following shifts. “In Colorado, in the three years (2013-2015) after the state legalized recreational marijuana compared to the three prior years (2010–2012), **use by youth (age 12-17) increased by 12 percent to 11.8%**; use by **young adults (age 18-25) increased by 16 percent** to 31.5%; and use by adults aged 26 and above increased by 71 percent to 13.6% (RHMIDTA, 2017).”⁹

These increases should be understood together the likely health impacts and societal costs as *The Lancet Psychiatry* recently concluded that teens who smoke marijuana are among

⁵ <https://www.colorado.gov/pacific/cdphe/marijuana-use-2017>

⁶ <https://drive.google.com/file/d/1KMWJTe3BvbkuclLskeEbCrFUJyOxnkas/view>

⁷ https://drive.google.com/drive/folders/1iD4pFQd3iBz_ZNtyjau-6iz5OaL7N23i

⁸ https://drive.google.com/drive/folders/1iD4pFQd3iBz_ZNtyjau-6iz5OaL7N23i

<https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/index.html>

⁹ https://www.ghsa.org/sites/default/files/2018-05/GHSA_DrugImpairedDriving_FINAL.pdf (page 10)

other consequences “**60 percent less likely to graduate college and seven times more likely to attempt suicide.**”¹⁰

Pregnancy

One 2018 Denver study found that since legalisation marijuana **69 per cent of dispensaries recommended cannabis to pregnant women.**¹¹ This has alarmed health professionals who warn of the known dangers caused to foetal developmental.¹²

This **exacerbates already high levels of maternity deaths** that found toxic amounts of prescription and **recreational drugs were identified in more than a quarter (34, 28.3%)** of all 120 not pregnancy-related cases.¹³ Of those, 34 cases, 14 had toxic amounts of recreational drugs, 4 had toxic amounts of prescription drugs, and 16 had a combination of both recreational and prescription drugs.

Another study analysed **maternal deaths from suicide and overdose in Colorado between 2004 and 2012.** Self-harm, defined as accidental overdose or suicide, accounted for **30 percent of all maternal deaths in the period.**¹⁴

Finally, the comprehensive **statistical findings of 59 birth defects in Colorado**¹⁵ includes the following:

- Exposure to most cannabinoids rose
- Cannabinoid-Related defects rose more than unrelated ones
- Cannabinoids consistently related in Bivariate and Multivariate models
Δ9- & Δ8- THC, CBD, CBN, THCV all associated with defects
- Close correlation of cannabis consumption patterns with both total defects in 2013 and 2014 and also w PC1 of 5 major organ system defects
- Growth in 14 defects groups, classes or totals rates outstrips growth in birth rate (3%) by 5-37 times 2000-2014

¹⁰ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70307-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70307-4/fulltext)
<https://mail.google.com/mail/u/0/#inbox/FMfcgxwJXxtGkGZfVBvmCHqvRTFngVbd?projector=1&messagePartId=0.5>

¹¹ <https://www.denverhealth.org/news/2018/05/study-finds-marijuana-dispensaries-are-recommending-smoking-pot-while-pregnant>; <https://www.westword.com/marijuana/denver-health-study-finds-69-percent-of-dispensaries-recommend-pot-for-pregnant-woman-10295163>

¹² https://drive.google.com/file/d/1H-d4ldlbRDe_ZWg3EuOC_B2rtf9mKRnc/view

¹³ <https://www.denverhealth.org/news/2018/11/maternal-mortality-rates-rising-in-colorado>

¹⁴ https://www.colorado.gov/pacific/sites/default/files/PF_Maternal_Mortality_Colorado-12-01-17.pdf

¹⁵ <https://mail.google.com/mail/u/0?ui=2&ik=a9f998a8d1&attid=0.3&permmsgid=msg-f:1678598931617482776&th=174b94d5af690818&view=att&disp=safe>

Homelessness

Much of the data surrounding homelessness is observational and reporting from local communities particularly residents and business owners.

We have already noted the Blake and Finlaw report stating that prior to full marijuana legalisation medical marijuana brought an explosion of **small business cannabis operators outstripping “Starbucks coffee shops”**. Such a significant increase in supply would be expected to drive demand from all over the nation.

Legalisation according to various news sources have Colorado a “haven for recreational pot users, drawing in transients, panhandlers and a large number of homeless drug addicts, according to officials and business owners. Many are coming from New Mexico, Arizona and even New York.”¹⁶ This has negatively impacted local business and social services.

All of these consequences taken together with reports of increasing homeless pot smokers seeking refuge in Colorado (the estimated costs of \$45,183 per homeless person per year) keep straining an already overburdened health care system.¹⁷

Drug Driving

According to the 2017 report released from the Rocky Mountain High Intensity Drug Trafficking Area titled, *The Legalization of Marijuana in Colorado: The Impact* the effects of legalized marijuana in Colorado has resulted in:

1. The majority of DUI drug arrests involve marijuana and 25 to 40 percent were marijuana alone.
2. In 2012, 10.47 percent of Colorado youth ages 12 to 17 were considered current marijuana users compared to 7.55 percent nationally. Colorado ranked fourth in the nation and was 39 percent higher than the national average.
3. Drug-related student suspensions/expulsions increased 32 percent from school years 2008-09 through 2012-13, the vast majority were for marijuana violations.
4. In 2012, 26.81 percent of college age students were considered current marijuana users compared to 18.89 percent nationally, which ranks Colorado third in the nation and 42 percent above the national average.
5. In 2013, 48.4 percent of Denver adult arrestees tested positive for marijuana, which is a 16 percent increase from 2008.¹⁸

The trend was reconfirmed with a more recent *2018 Governors Highway Safety Association* report that draws attention to the nationwide drug driving problems: “Drug use and abuse

¹⁶ <https://www.foxnews.com/us/legalized-marijuana-turns-colorado-resort-town-into-homeless-magnet>

¹⁷ <https://www.denverpost.com/2017/08/25/colorado-marijuana-traffic-fatalities/>;
<https://www.cbsnews.com/news/legal-marijuana-drawing-homeless-to-colorado/>;
<https://learnaboutsam.org/wp-content/uploads/2018/02/SAM-CT-Report-Costs-Marijuana2123.pdf>

¹⁸ <https://www.rmhidta.org/html/FINAL%202017%20Legalization%20of%20Marijuana%20in%20Colorado%20The%20Impact.pdf>

are critical social issues in the United States in 2018. Two drug families in particular stand out: marijuana (cannabinoids) and opioids.”¹⁹

With respect to drug driving:

“In 2016, 54.3% of the fatally-injured drivers were tested. This means that 22.3%— **almost one-quarter—of all fatally-injured drivers** were known to have been **marijuana- positive**.

While the limitations of FARS data discussed above apply, the general conclusions are clear: **marijuana is the most common drug found in fatally-injured drivers and marijuana presence has increased substantially in the past decade.**”

And

“The most supportable conclusions are that marijuana has caused or contributed to some crashes; that it can, but need not necessarily, increase crash risk in a driver; and that the best overall estimate of marijuana’s effect on crash risk in general is an increase of 25-35%, or a factor of 1.25 to 1.35.”

Emergency Admissions And Suicide

Once again, *The Legalization of Marijuana in Colorado: The Impact* finds:

1. From 2011 through 2013 there was a **57 percent increase** in marijuana-related emergency room visits.
2. Hospitalizations related to marijuana **has increased 82 percent** since 2008.

This data was supported through **another observational study** that found: Of the 9,973 cannabis-related emergency department visits at UC Health University of Colorado Hospital from **2012 to 2016, constituting a more than threefold increase in such visits**. Although inhaled cannabis were more frequent than those attributable to **edible cannabis, that were associated with more acute psychiatric visits and more ED visits** than expected.”²⁰

More recently the figure for Colorado **2017 marijuana related emergency visits** shows an increase to just over **21,000**.²¹

This should be taken together with 2019 data showing Colorado **teen suicides at twice the national average or one in five** ending their lives an **increase of 58 per cent** with a **majority also showing prevalence of marijuana at the time of death**.²²

¹⁹ https://www.ghsa.org/sites/default/files/2018-05/GHSA_DrugImpairedDriving_FINAL.pdf

²⁰ <https://www.acpjournals.org/doi/full/10.7326/M18-2809>

²¹ <https://mail.google.com/mail/u/0/#inbox/FMfcgxwJXxtGkGZFBvmCHqvRTFngVbd?projector=1&messagePartId=0.1>

²² <https://mail.google.com/mail/u/0/#inbox/FMfcgxwJXxtGkGZFBvmCHqvRTFngVbd?projector=1&messagePartId=0.1>

SUMMARY

In a post Covid world where economists and politicians are warning of Depression era levels of financial downturn the dire consequences of marijuana legalisation are for those that can least afford it.

With more data showing THC levels (chemicals causing the 'high' in cannabis) more powerful than decades earlier and a host of dangerous chemicals and fungi being discovered;²³ the health warnings sound eerily similar to those levelled decades earlier against tobacco industries.

This remains the reason that activists primarily and incessantly emphasise adult rights to recreational pleasure. However, as any marketing executive will admit, it's not occasional users but repeat customers (addicts) that reap the most profit and that means mass market inundation.

In addition, we can expect that marijuana legalisation will be a massive boon for organised crime. "The Mafia and individual members of big biker clubs generally profit by allowing others to grow and sell marijuana in their claimed territory in exchange for kicking a percentage upstairs. Growers and dealers who refuse to play along can expect a visit – usually in the form of a home invasion – that often combines robbery with assault. But that happens to a lot of other businesses, too – such as tattoo shops, leather stores, gyms, bars and restaurants."²⁴

As always, the destructive effects are left to be felt most by those who can least afford the consequences and are most likely to depend on scraps of government welfare to survive: the young, poor, vulnerable, indigenous and rural communities.

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²³ <https://www.nbcnews.com/storyline/legal-pot/legal-weed-surprisingly-strong-dirty-tests-find-n327811>

²⁴ <https://globalnews.ca/news/3791535/dont-expect-legal-pot-to-cripple-organized-crime-sfu-criminologist/>