

Final
STAFF SUMMARY OF MEETING
MARIJUANA SALES TAX REVENUES

Date: 08/28/2014

Time: **09:32 AM to 01:26 PM**

Place: HCR 0112

This Meeting was called to order by
Representative Pabon

This Report was prepared by
Bill Zepernick

ATTENDANCE

Adams	*
Aguilar	*
Anderle	E
Baumgardner	X
Blake	X
Bommer	X
Connors	X
Dore	*
Federspiel	X
Freedman	E
Martinez	*
Massey	X
McGowan	X
Pace	X
Raynes	E
Schut	X
Sills	X
Singer	X
Vasquez	X
Jahn	X
Pabon	X

X = Present, E = Excused, A = Absent, * = Present after roll call

Bills Addressed:	Action Taken:
CDPHE Presentation	Witness Testimony and/or Committee Discussion Only
Youth Prevention Initiatives	Witness Testimony and/or Committee Discussion Only
Law Enforcement Issues	Witness Testimony and/or Committee Discussion Only
Public Comment	Witness Testimony and/or Committee Discussion Only

09:32 AM -- Call to Order

Representative Pabon, Chair, called the meeting to order. He made some opening comments and directed members of the public towards the committee webpage should anyone wish to access materials related to the committee.

09:36 AM -- Update from CDPHE on Medical Marijuana Issues and Public Awareness Campaign

Karin McGowan, Deputy Executive Director, Ali Maffey, Policy and Communication Unit Supervisor, Dana Erpelding, Director of the Center for Health and Environmental Data, and Natalie Riggins, Program Manager for the Medical Marijuana Registry, from the Colorado Department of Public Health and the Environment (CDPHE) came to the table to present on issues surrounding medical marijuana and the department's marijuana prevention public awareness campaign. CDPHE's presentation was distributed to the committee (Attachment A). Ms. Erpelding provided the committee with a history of the medical marijuana program in the state. She responded to questions on the enforcement of caregiver registration and penalties for not registering, how caregiver registration aligns with Department of Revenue (DOR) registration, and the eligibility requirements for a medical marijuana card. The representatives of the CDPHE responded to questions on the levels of pain required for a medical marijuana card issued for "severe pain," whether CDPHE is keeping track of doctors prescribing medical marijuana cards and how many cards each doctor issues, the breakdown of the types of pain that patients receive cards for, the departments upcoming requests for rule making, and how many patients moved from pharmaceutical medications to medical marijuana after it was legalized.

09:54 AM

The CDPHE representatives responded to further questions on the geographical movement of patients within the state to access particular physicians, the length of time that a patient can use a red card for before renewing it and how this relates to different medical conditions, whether there is a risk of caregivers growing marijuana for profit under the medical marijuana system, the regulation of medical marijuana within the state, the age limits for receiving a medical marijuana card, and caregiver recovery of costs for growing marijuana on behalf of medical marijuana patients.

10:03 AM

The committee discussed its charge, the interrelation of medical marijuana with retail marijuana, and the tax collections for medical and retail marijuana. The representatives of CDPHE responded to further questions on the regulation of caregivers and the criteria that CDPHE has for referring physicians to the Board of Medical Examiners.

10:10 AM

Ms. Erpelding spoke to the number of active medical marijuana patients in the state, the demographics of these patients, and how patients obtain medical marijuana. She responded to questions on marijuana users growing their own product following Amendment 64, if CDPHE has a system in place to prevent patients from going to multiple caregivers, and if there is data available on the number of patients replacing opioids with marijuana. Discussion on these topics ensued.

10:19 AM

Ms. Erpelding discussed the number of patients who have been authorized to have an increased plant count by their physicians, and responded to questions on whether the statutes prevent the state from implementing an upper limit on plant count, how higher plant count subscriptions are monitored and regulated, and what the average and extreme numbers are for extended plant counts.

10:26 AM

Ms. Erpelding discussed the geographical spread of caregivers in the state and the rule change requests that CDPHE is planning to bring before the Colorado Board of Health for rule making.

10:30 AM

Ms. Maffey presented on CDPHE's Public Awareness Campaign for retail marijuana, and stated that the charge of the department for this is to promote safe, legal, and responsible use of retail marijuana in the state. She described the program's five main components, (pages 9-12 of Attachment A) which include an 18-month campaign on the health effects of marijuana and its legal use, an ongoing education and prevention campaign focusing on specific groups, maintenance of a website portal, alignment of messages across state agencies, and an evaluation of the campaigns as they progress.

She responded to questions on whether there is an advisory board overseeing the efforts of the department in its public awareness campaign, the education efforts being made to prevent retailers from selling to underage citizens and how much funding has been devoted to this effort, and if CDPHE was collaborating with the Office of Behavioral Health in its campaign.

10:41 AM

Ms. Maffey discussed the process for implementing the prevention and education campaign and distributed a handout on this (Attachment B). She also spoke to the Request For Proposal that the CDPHE had issued for the execution of elements of the campaign and responded to questions on the opportunities for using the education campaign on marijuana in the overall context of substance abuse. Representative Pabon discussed the ways in which the committee could help optimize the funds appropriated by Senate Bill 14-215. Ms. Maffey responded to questions on the department's standardized definitions of drug use.

10:50 AM

Ms. Maffey discussed the evaluation of the campaign that CDPHE would be performing. She also provided a financial breakdown of the campaign and responded to questions on whether its costs are congruent with other public awareness campaigns and the overall budget for the 18-month and ongoing campaigns and their evaluation. The representatives of CDPHE responded to questions on continuation funding to support the department's charge, if there is information available on how funding can be most effectively used to prevent youth use, the importance of CDPHE's public awareness campaign, and whether there will be ongoing prevention efforts in the future. The committee discussed the educational aspects of the campaign for parents in Colorado.

11:04 AM -- Youth Marijuana Prevention Initiatives

Sarah Mathew, Director of the Office of Health and Wellness for the Colorado Department of Education (CDE), Nancy Dolson, Special Financing Division Director of the Department of Healthcare Policy and Financing (HCPF), Greg Trollan, Programs Manager for HCPF, and Robert Werthwein, Office of Children, Youth, and Families in the Department of Human Services (DHS), came to the table to present on youth marijuana prevention initiatives within the state.

Ms. Mathew began her presentation (Attachment C) and stated that CDE received \$2.5 million under Senate Bill 14-215, and that this funding is being used to establish a school health professional program related to marijuana. She said that CDE is collecting student-level school health data through the Healthy Kids Survey, in cooperation with DHS and CDPHE, and discussed the survey's findings regarding youth marijuana use. She stated that school nurses are the first responders in schools and that the survey results suggested increasing the number of school nurses should help reduce the likelihood that youths access and use marijuana.

Ms. Mathew responded to questions on how the funding will increase the number of health professionals within schools and how these resources will be distributed across the state. She stated that school nurse resources will increase by 40.0 FTE across the state, with preference given to districts that have been identified as lacking in appropriate resources. She stated that CDE did not cap the number of grants that school districts would be able to apply for, and that districts will be able to hire a nurse if they do not currently have one because of SB 14-215 funds.

11:12 AM

Ms. Mathews discussed the strong relationships that CDE had established with CDPHE, DHS, and HCPF and the data collection this cooperation was allowing the department to perform. She said that CDE was looking for a coordinated approach to include staff, students, parents, and the community. She responded to a question on which entities are eligible for funding from CDE under its school health professional program.

11:19 AM

The presenters began their discussion of programs in HCPF and handouts (Attachment D) on the School-based Substance Abuse Prevention and Intervention (SAPI) program and School-based Substance Use Disorder Prevention and Early Intervention Services through Behavioral Health Organization (BHOs) were distributed to the committee. Nancy Dolson discussed the SAPI program in HCPF, stating that the focus of the grants from SB 14-215 are for marijuana use but can also address prescription drug misuse and underage alcohol use. Ms. Dolson described the monthly reporting that grant recipients must adhere to. She responded to questions on Medicaid eligibility under the program, funding eligibility over time given that prevention services are lengthy engagements, and the overall amount of funding for the entire program being only \$2 million. The committee discussed the need for future prevention funding.

11:28 AM

Greg Trollan explained to the committee how HCPF intends to spend the \$2 million of funding for School-based Substance Use Disorder Prevention and Early Intervention Services by BHOs. He said that initially the funding will be allocated to school districts that have little or no existing behavioral health programming. He added that the department is looking for a federal match on the funding it had received.

11:32 AM

Robert Werthwein discussed how the \$2 million in funding that DHS had received under SB 14-215 would be allocated across 20-25 new community service programs regarding marijuana use in the state. He stated that the department's goal is to have the funds distributed by October 1, 2014. Representative Singer discussed the use of other substances by students across school districts. Mr. Werthwein responded to questions on which areas in the state had not previously received services, whether the programs were new in scope, and if they would address other substances or just marijuana.

11:43 AM

The committee and panel discussed concerns surrounding serving only Medicaid-eligible students under marijuana prevention programs, identifying how the state needs to focus on substance abuse prevention on a statewide level and not just exclusively on the Medicaid-eligible population. Mr. Trollan noted that by targeting Medicaid recipients under its programs, HCPF may receive federal matching funds that increases overall funding.

11:48 AM -- Law Enforcement Issues

Marco Vasquez, Chief of Police for Erie, Colorado, John Jackson, Chief of Police for Greenwood Village and President of the Colorado Association of Chiefs of Police (CACP), and Marc Fleecs, Commander of the Denver Police Department, came to the table to present to the committee. A marijuana position paper from the CACP was distributed to the committee (Attachment E). Chief Vasquez began by discussing the issues that law enforcement has encountered since the legalization of marijuana. He stated that law enforcement's primary concerns have been public safety and civil matters, people driving under the influence, youth use, legal and illegal marijuana distribution, and diversion of marijuana out of the state. He said that Colorado police have also raised concerns with the Drug Enforcement Administration (DEA) and have been working collaboratively with state agencies in their efforts. He stated that the law enforcement community does not yet have a good sense of the frequency of people driving under the influence of marijuana.

11:57 AM

Chief Jackson discussed the Amendment 64 Task Force and the issues for law enforcement that have not yet been addressed within the state. He said that the legislature needs a way to address the civil liability that law enforcement officers could face when confiscating plants from what they deem to be illegal grow operations. He added that more advanced technology for the testing of marijuana intoxication is still needed within the state, and that current funding resources were not adequate to ensure robust public safety.

Chief Jackson directed the committee towards the CACP's position paper on marijuana within the state and discussed the differing needs for law enforcement funding. He also discussed the need for significant data collection efforts on a number of issues, such as the trafficking of marijuana into and out of the state.

12:12 PM

Marc Fleecs, Commander of the Denver Police Department, explained to the committee how his department had recently undertaken an investigation into the movement of marijuana into and out of the state via the United States Postal Service (USPS). He stated that it had confiscated over \$250,000 worth of marijuana, which equates to roughly 85 pounds. He described how the training of officers to recognize individuals driving under the influence of marijuana had increased significantly since January 2014, as had his department's crime analysis work to understand the effects of marijuana on the local community. He discussed how efforts to measure the tetrahydrocannabinol (THC) levels in marijuana products were underway, but that they are expensive, time consuming processes for their crime lab. He responded to questions on why the department needs to test confiscated materials and measure THC levels, how Denver is spending its 3.8 percent local special sales tax on law enforcement, the confiscation of materials from USPS and other mailing services, the assistance the state is receiving from the federal government to assess marijuana products, the increase in law enforcement's workload since the legalization of marijuana, and what the state can do to help with data collection efforts to better understand the scope of marijuana law enforcement needs.

12:28 PM

Chief Vasquez highlighted his concerns regarding the state's medical marijuana caregiver model, marijuana divergences from the black market, and the funding of DUI testing. He responded to questions on the prioritized needs identified by CACP and oral fluid testing devices. Commissioner Pace expressed his concerns about homegrow operations and the loss of tax revenue that could be resulting from people growing their own marijuana. He asked how law enforcement makes the determination of what constitutes a legitimate homegrow operations. Chief Jackson replied that homegrow operations are complicated and challenging for law enforcement to address. He cited an example of a homegrow operation where a caregiver presented papers for legally growing up to 75 plants.

The law enforcement representatives responded to questions on what would constitute sufficient funding for their needs, whether or not law enforcement has reached out to the Board of Medical Examiners to express concerns about certain doctors liberally prescribing medical marijuana, and data collection for understanding the scope of trafficking through the USPS and if this increased after Amendment 64 was passed.

Mr. Bommer expressed concerns about marijuana enforcement being a statewide responsibility and about whether there is adequate funding for local law enforcement beyond revenue from special sales taxes. Mr. Bommer asked what data local law enforcement thinks they need and if there was a dollar amount that the state can provide to help this happen. Chief Vasquez cited the data collection efforts of Kevin Wong to help highlight the extent of the data collection gaps and needs. He stated that there needs to be a way to funnel local law enforcement data collection into a statewide system and that they are currently working to determine what the costs of such data collection efforts will be.

12:50 PM

Chief Jackson told the committee that law enforcement has created a comprehensive report to detail what funding and technology they need to properly address marijuana enforcement. The panel responded to questions on the increase in marijuana trafficking since legalization, whether the state should engage border states to assess the impacts of legalization, and whether the focus should be on the federal government and reclassifying marijuana. The committee discussed the importance of complying with federal banking laws. The panel responded to questions on safety and crime rate reduction.

01:00 PM

Representative Pabon discussed the importance of data collection in driving decisions about funding of law enforcement activities within the state. He said that there are valid concerns about the growth of the black market, diversion to out of state markets, but that we cannot currently quantify the extent of this problem because of a lack of data.

01:03 PM -- Public Comment

Mike Elliot, Executive Director of the Marijuana Industry Group, came to the table to testify. He stated that the group had not taken a formal position on Amendment 64 but that they did support Proposition AA. Mr. Elliot stated that one reason tax revenue is not as high as anticipated is because cities and counties have the option to opt out of allowing retail marijuana sales. He told the committee that the way we think about the black market needs to evolve given the legalization of marijuana, and that there has been a decrease in teen marijuana use since legalization.

01:09 PM

Teri Robnett, Executive Director of the Cannabis Patients Alliance, came to the table to testify. She expressed concern about medical marijuana patients being taxed heavily for their prescriptions, stating that there are misconceptions surrounding why people use medical marijuana and the law enforcement issues that exist. She told the committee that homegrow operations are becoming a much safer activity and that medical marijuana saves lives. She responded to questions about the CDPHE funding for research on medical marijuana efficacy.

01:15 PM

Marvin Ventrell, Program Coordinator of the Harmony Foundation, came to the table to testify. Mr. Ventrell expressed his organization's interest in helping with data collection, treatment programs, and other state needs surrounding substance abuse treatment.

01:18 PM

The committee discussed its next meeting on September 8 and how legislation can be formally requested. Bill Zepernick, Legislative Council Staff, came to the table to discuss this process. The committee discussed its charge and how it can make requests to the General Assembly for future legislative action.

01:25 PM

The committee was adjourned.



COLORADO
Department of Public
Health & Environment

Marijuana Programs at CDPHE



Dana Erpelding, Director, Center for Health and Environmental Data

Natalie Riggins, Program Manager, Medical Marijuana Registry

Ali Maffey, Policy and Communications Unit Supervisor, Prevention Services Division



COLORADO
Department of Public
Health & Environment

Program History

2000

Colorado voters passed Constitutional Amendment 20.

C.R.S. § 25-1.5-106
5 CCR 1006-2

2001

The Medical Marijuana Registry was implemented.

- 1 employee
- 94 patients
- Marijuana cultivation by patients or caregivers
- Simple Microsoft Access database

2010

Legislation passed establishing the Marijuana Enforcement Division at the Dept. of Revenue and providing regulation for medical marijuana centers.

2014

Amendment 64: Retail marijuana
SB 14-155
SB 14-215

More than 261,000 patients have applied for a registration card. As of June 30, 2014:

- 30 employees
- 113,506 patients
- 2,895 Caregivers and 1,680 MMCS cultivating marijuana
- 600+ pieces of mail daily
- 10,000 applications monthly and nearly 10,000 change requests
- More than 1,100 physicians



Eligibility Requirements

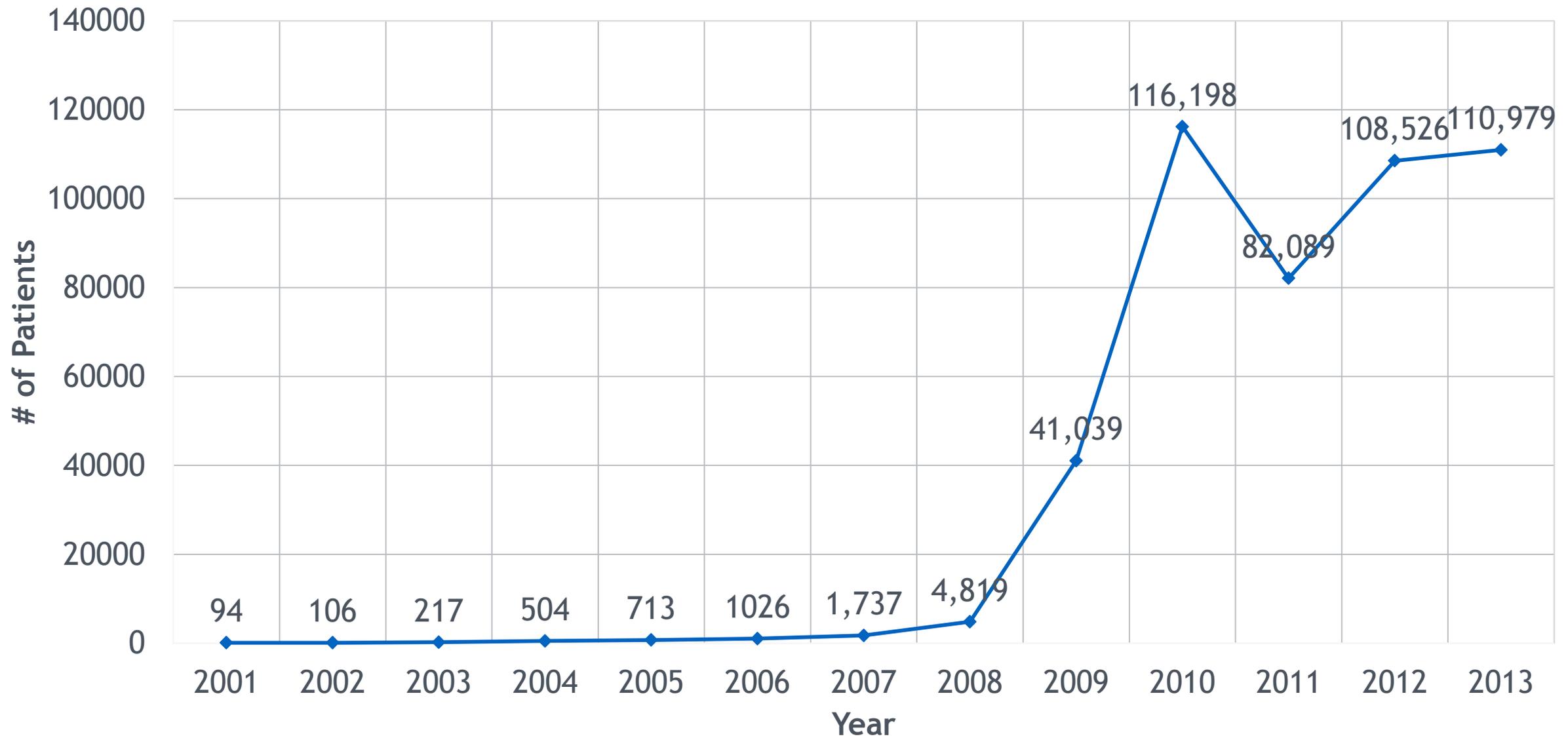
MMR registration cards are *only available to Colorado residents* suffering from one or more of the following debilitating medical conditions.

1. Cancer
2. Glaucoma
3. Positive status for HIV or AIDS
4. Cachexia
5. Severe pain
6. Severe nausea
7. Seizures
8. Persistent muscle spasms



Active Patients by Year 2009-2013

of Patients



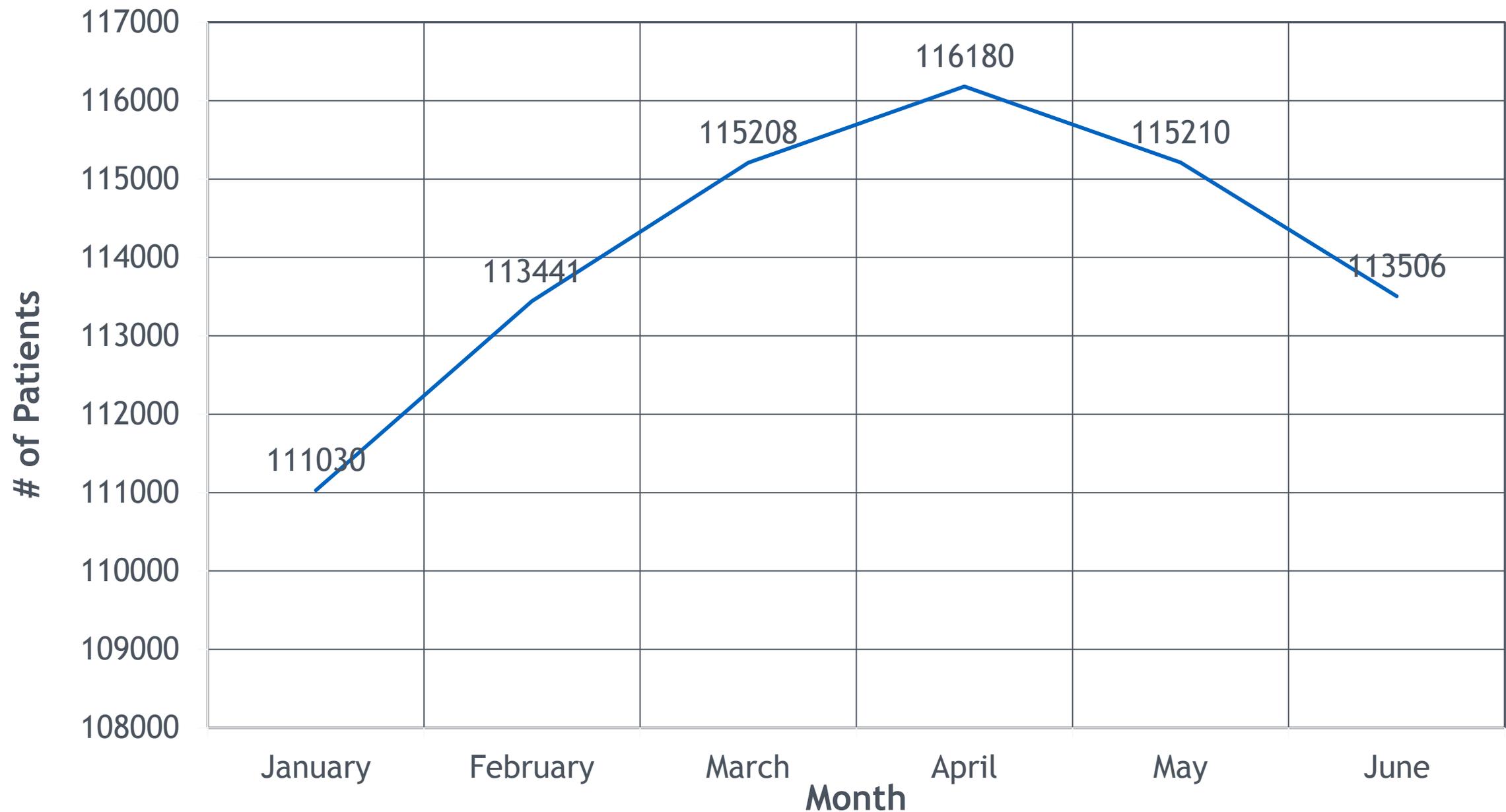
2010 - Significant increase due to passage of HB-1284 and SB 10-109

2011 - Data reflects application processing backlog

2012 - Standardization of process resulted in elimination of backlog, steady incline continues



Active Patients By Month - 2014



Reported Conditions*

Condition	# of Patients	% of Patients
Severe Pain	106,085	93%
Muscle Spasms	15,741	14%
Severe Nausea	10,814	10%
Cancer	3,475	3%
Seizures	2,368	2%
Cachexia	1,110	1%
Glaucoma	1,181	1%
HIV/AIDS	675	1%

*Does not add to 100% as some patients report more than one condition
MMR Monthly Report - June 30, 2014



Selected Patient Characteristics

Gender	% of Patients	Average Age
Female	34%	44
Male	66%	41

*The overall average age of all patients is 42.
MMR Monthly Report - June 30, 2014



Registry Priorities

Process	Monthly Average	Turnaround Time
Applications	10,000	19 days
Change of Patient Records	7,500	86 days
Lost, Stolen, Damaged Cards	600	19 days

Data as of August 27, 2014.



Plant Cultivation Designation

Who is designated to grow?	Number of Patients	Percentage of Patients
Self	57,614	51%
Caregiver	4,349	4%
Medical Marijuana Center	51,543	45%
TOTAL PATIENTS	113,506	100%

Data extracted 8/27/14.



Increased Plant Counts

	Number	Percent of Total Cultivation
Total patients with increased plant count	26,661	N/A
•Increased count grown by patient	15,377	58%
•Increased count grown by caregiver	2,093	8%
•Increased count grown by MMC	9,191	34%
Physicians recommending increased plant counts	202	N/A

Data extracted 8/27/14.



Board of Health Rule-Making

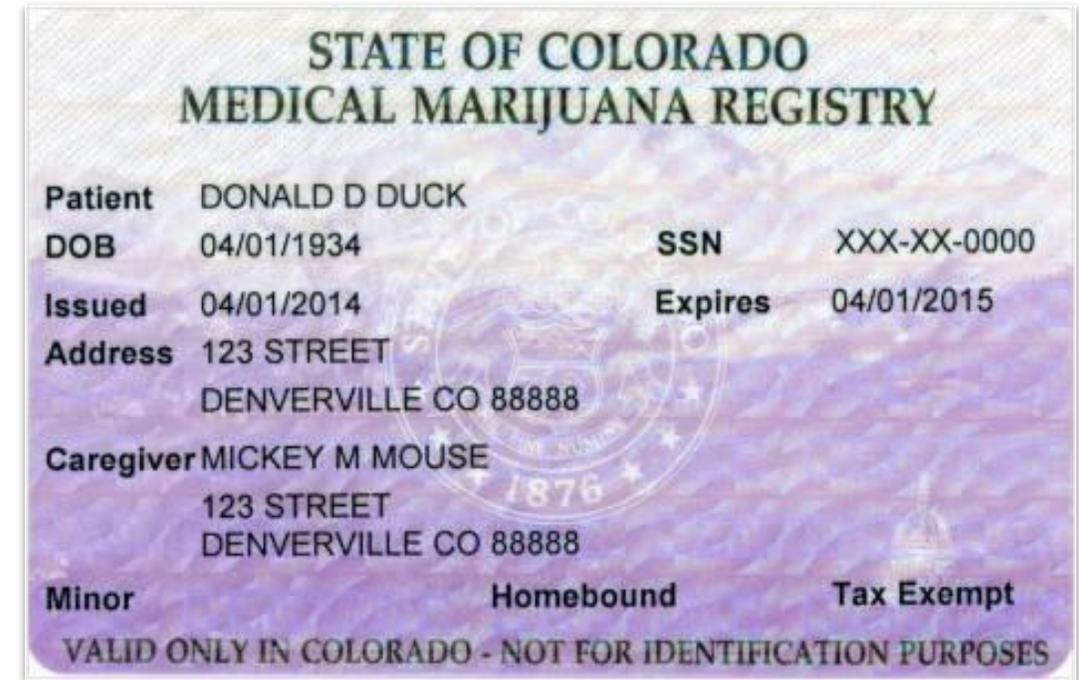
Board of Health hearing is scheduled for Sept. 16, 2014 to create/amend rules for:

- New Research Grant Program
- Medical marijuana center designation
- Proof of residency requirements
- Caregiver patient limits



Coming Soon

- New Registration Cards
- Medical Marijuana Registration System
 - Online applications and account access
 - Credit card payments
 - Enhanced reporting features
 - Quicker response times to patient requests
 - Built-in help features for improved customer support
- Medical Marijuana Research Grant Program
 - HB 14-155 passed May 2014.
 - \$10 million from cash fund
 - Medical Marijuana Scientific Advisory Committee
 - Request for Applications (RFA) to be released fall 2014





Retail Marijuana



COLORADO
Department of Public
Health & Environment

Retail Marijuana Prevention and Education Campaign (SB 14-215)

Safe, Legal and Responsible Use of Retail MJ

- Allocated \$5,683,608 and 3.7 FTE



Public Health & Prevention



Primary Prevention:

Approaches that take place *before MJ use by youth/dangerous or illegal use have occurred* to prevent concerns.

Secondary/Tertiary Prevention: Immediate responses *after problematic MJ use has occurred* to deal with the consequences, such as school-based interventions or substance abuse treatment.

Five Components of the Prevention and Education Campaign (SB 14-215)

1. 18-month campaign: health effects of marijuana & legal use, including:

- Updated FAQs on laws & health
- Marijuana-free schools
- Clinical prevention guidelines

FAQs: Health Effects of Marijuana

pg. 1 of 3

IS MARIJUANA SAFE?

Although marijuana may help reduce symptoms of certain medical conditions, it also may have some harmful effects depending on how often it is used. There is clear evidence that regular use of marijuana increases the risk of heart, lung and mental health problems. Less is known about the health issues that might be caused by casual or infrequent marijuana use. Marijuana is a natural product that doesn't have to be tested in a lab. Typical marijuana plants contain more than 400 chemicals, including about 60 that can interact with the body's nervous system. If you smoke marijuana you might inhale more than 2,000 chemicals. Many of those chemicals are similar to the ones in cigarette smoke. Marijuana also can be contaminated with mold, insecticides or other chemicals. Health effects of many of these chemicals are not known.

WHAT ARE THE EFFECTS OF USING MARIJUANA?

The effects of marijuana may include:

- A happy, relaxed or "high" feeling
- Slower reactions
- Dizziness
- Trouble thinking, learning and remembering
- Confusion, anxiety, panic or paranoia
- Fast heart rate
- Increased blood pressure
- Less interest in normal activities



Prevention and Education Campaign

(SB 14-215)

2. Ongoing education and prevention campaign: educates the public on legal use, retailers on preventing youth access, the over-consumption of edibles and high risk groups:

- Youth, including positive youth development trainings in partnership with TGYS
- Pregnant/breastfeeding women
- Parents on safe storage
- Dangerous hash oil extractions



Prevention and Education Campaign Use of Surveillance Data (SB 13-283)

- Monitor drug use patterns.
- Monitor emerging science on the health effects associated with marijuana use.



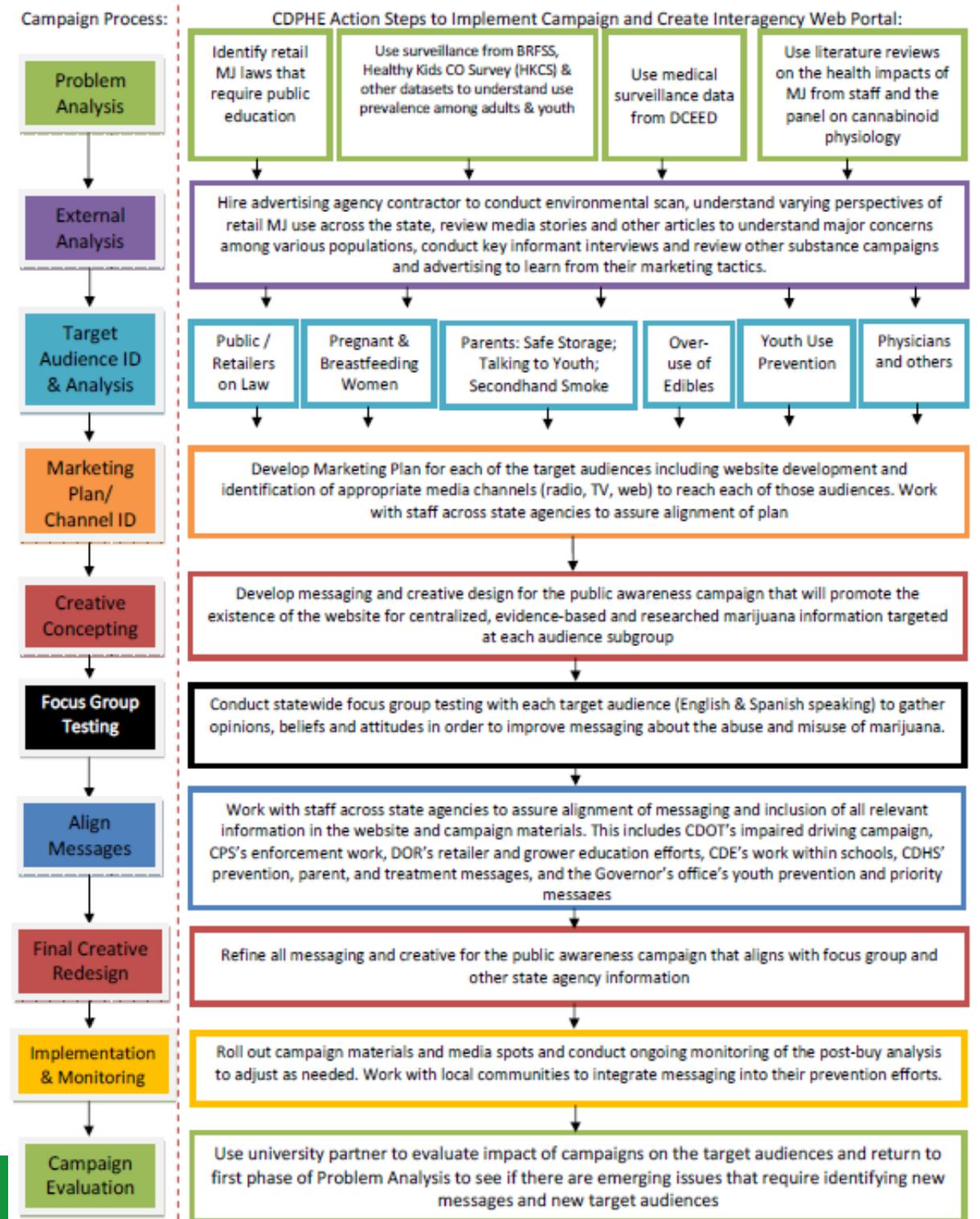
Prevention and Education Campaign

Campaign Process:

RFP due 9/8

Campaigns expected Jan 2015

MARIJUANA PREVENTION AND EDUCATION CAMPAIGN DEPLOYMENT PROCESS



Prevention and Education Campaign (SB 14-215)

3. Maintenance of website portal: colorado.gov/marijuana

The screenshot shows the official State of Colorado website for Retail Marijuana Information & Resources. The header includes the State of Colorado logo, a search bar, and navigation links: Home, Get the Facts, Parents, Know the Laws, Using Too Much?, and More Information. The main content area features a large orange banner with a speech bubble icon and the text "Know the Facts for Your Family" and "Learn how to talk to your child about marijuana." Below this are three columns: "Latest Facts & Resources" with a bar chart icon and text stating "Today, users can get the same amount of THC from a single puff that people in the 1970s got from an entire joint."; "Impact on Youth" with a family icon and text stating "Approximately 55 percent of youth have tried marijuana at least once before reaching 12th grade."; and "Home Growers" with a house icon and text stating "Colorado residents 21+ can grow as many as 6 marijuana plants per person." A footer section states: "The goal of this website is to educate the general public on statewide current information and resources about the laws and data on retail marijuana. The state is working to expand the website to feature newly released Colorado information and campaigns to help you make healthy and informed choices."



Prevention and Education Campaign

(SB 14-215)

4. Alignment of messaging across state agencies

- Website
- Addressing multiple agencies concerns
- Partnering with other state agencies to provide resources and training to complement prevention work (CDE, CDHS-OBH & TGYS)



Prevention and Education Campaign

(SB 14-215)

5. Evaluation of the campaigns.

Outcome measures

- increase accurate knowledge of the retail marijuana laws and the health impacts of marijuana use;
- increase perceptions of risk around problematic use of marijuana, including:
 - marijuana use during pregnancy or while breastfeeding;
 - underage use of marijuana;
 - overconsumption of edibles;
 - secondhand marijuana smoke exposure;
 - unsafe storage of marijuana products in the home; and
 - dangerous hash oil extractions.
- monitor changes in behaviors through surveillance systems.



Retail Marijuana Financial Overview

Breakdown of \$5,683,608

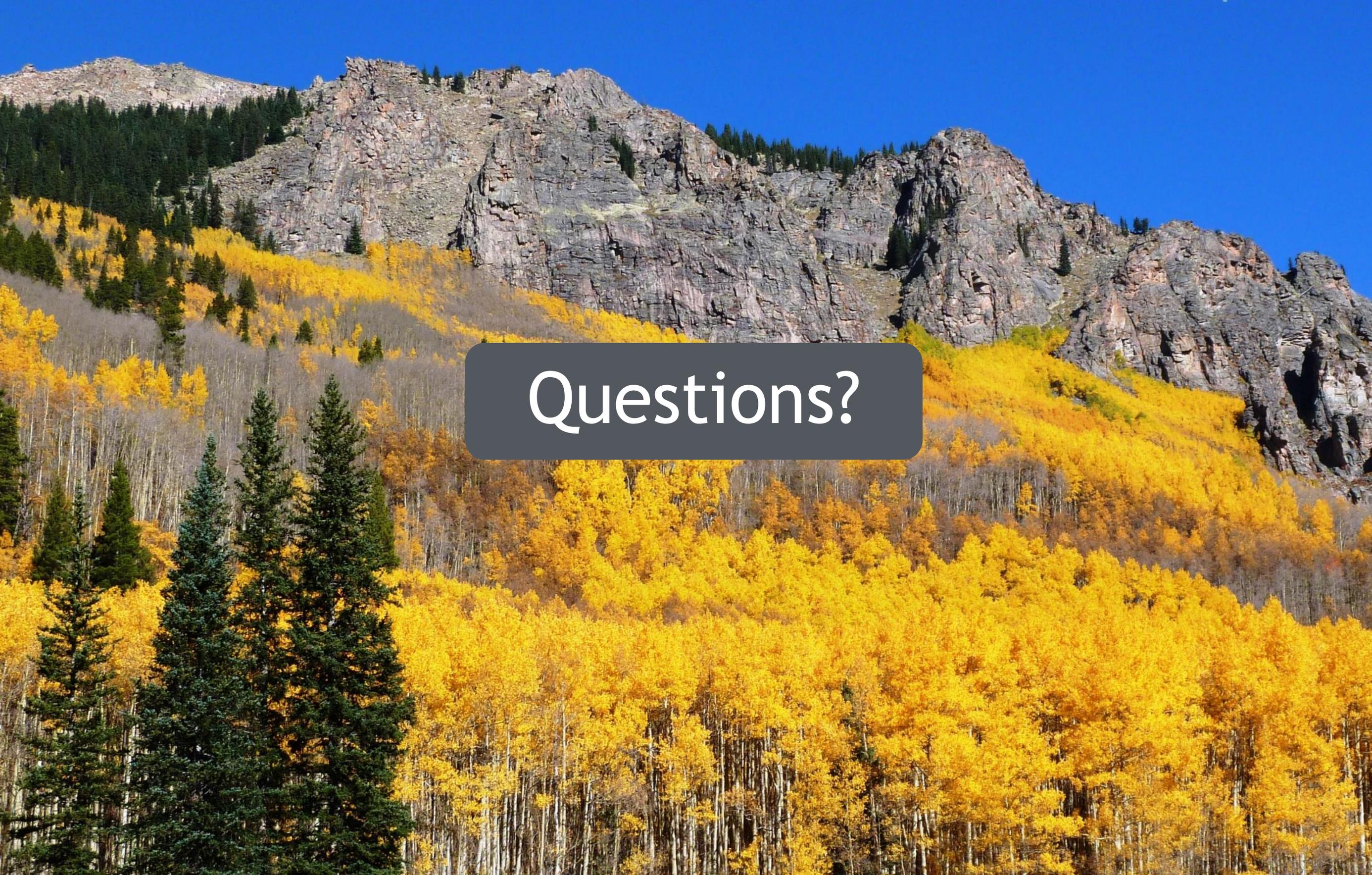
Youth Prevention: Approximately \$3,058,000

- \$ 200,000 to develop clinical prevention guidelines & MJ-free schools
- \$1,458,000 for the youth campaign expansion/Phase 2 including new focus groups to target the messaging
- \$1,400,000 for campaigns targeting the adult population to reduce youth use/access to marijuana

Other Prevention Efforts: Approximately \$2,625,000

- \$ 300,000 for 3.7 FTE and operating expenses
- \$ 425,000 for surveillance/data to track levels of marijuana use among various population groups and health consequences of use
- \$ 500,000 for the evaluation of the campaigns
- \$1,400,000 for the campaigns targeting other adults about safe, legal and responsible use of marijuana





Questions?



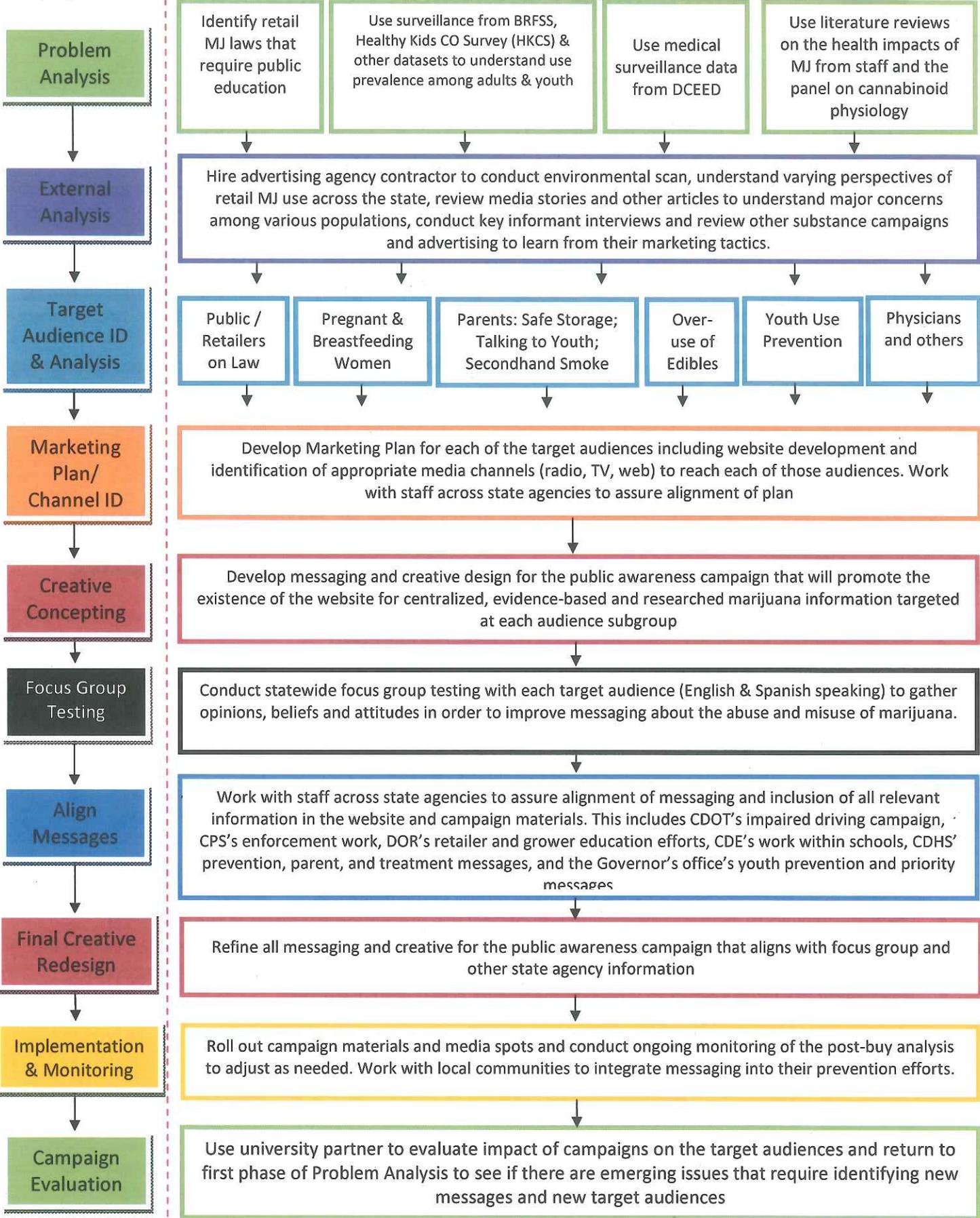
COLORADO
Department of Public
Health & Environment



MARIJUANA PREVENTION AND EDUCATION CAMPAIGN DEPLOYMENT PROCESS

Campaign Process:

CDPHE Action Steps to Implement Campaign and Create Interagency Web Portal:





Colorado Department
of Public Health
and Environment

Marijuana Campaign Evaluation Goals

Campaign Overview

CDPHE is funded through the marijuana tax cash fund to promote safe, legal, and responsible use of marijuana while mitigating negative public health consequences through implementation of the following activities:

1. an 18-month campaign directed at educating the public on the health effects of marijuana and legal parameters of use, including fact sheets and clinical guidelines for physicians.
2. an ongoing education and prevention campaign that further educates a) the public on legal use of marijuana, b) retailers on the importance of preventing youth access, c) high risk populations on safe use (to include hash oil extraction at home, pregnant/ breastfeeding women, secondhand marijuana smoke exposure among children, accidental ingestion by children, and more), and d) the public to prevent the over-consumption of edibles.
3. maintain a website portal to all state agency information on marijuana and advertise the existence of the website to the public.
4. align messaging across state agencies and integrate their information into the above campaigns/website.
5. evaluate and report on the effectiveness of the campaigns.

Evaluation Goals

In order to assess the effectiveness of prevention efforts, CDPHE will identify and contract with a respected evaluation partner through the Colorado university system. Primary goals of the evaluation are to **assess the effectiveness of CDPHE's marijuana prevention and education campaigns and website to do the following:**

- increase accurate knowledge of the retail marijuana laws;
- increase accurate knowledge of the health impacts of marijuana use;
- increase perceptions of risk from engaging in the following behaviors:
 - marijuana use during pregnancy or while breastfeeding;
 - underage use of marijuana;
 - overconsumption of marijuana-infused products (edibles);
 - secondhand marijuana smoke exposure;
 - unsafe storage of marijuana products in the home; and
 - dangerous hash oil extractions.
- recognition and awareness of campaign messages;
- changes in self-reported behaviors on statewide surveillance systems.

Secondary evaluation goals include assessing the effectiveness of the following:

- regional trainings to increase implementation of effective prevention strategies at the local level.
- technical assistance to local communities to increase integration of campaign messages at the local level.
- increase systems-level collaborations across state agencies to implement marijuana prevention work.
- assessment of CDPHE's effort to integrate messaging across state agencies.



COLORADO
Department of Education

SB 215 School Health Professionals Grants

Health and Wellness Unit

Sarah Mathew, Director

Kathleen Patrick, Asst. Director of Student Health Services

August 27, 2014

Background and need

- Due to the legalization of Marijuana, there is significant concern and evidence to support the notion that policy changes will result in changing norms for use, and expected increases in use by adolescents as well as those over 21.
- In 2011, prior to recreational legalization, 39.5 % of students surveyed reported having tried marijuana one or more times in their life, with 9.0% reporting they had tried marijuana before the age of 13. Additionally 22% of students reported using marijuana one or more times in the last 30 days, with 6% reporting they had used marijuana on school property one or more times.

Justification

- According to the CDC, school nurses spend 32% of their time providing mental health services. School nurses are often the health care professional in the school who first assess and identify the subtle signs exhibited by students with mental health needs or indications of substance abuse
- School nurses and other health professionals (psychologists, social workers, etc) work on the front lines and are familiar with the prevalence of depression, self-harm, substance abuse and suicide among children and youth.

SB 215 Grants

- SB 215 funding will make funds available to increase the presence of health professionals in Colorado schools through a grant program that would be managed by CDE.
- Grant recipients would be provided with training for health professionals and for other school staff in identifying use of illegal substances in students, mental health needs, and how to respond to students in physical or mental health crisis.
- Grant recipients would also collect and share data on mental health and substance abuse in schools.

Anticipated Outcomes

- Schools will have an increased presence of health professionals that have the knowledge and expertise to address the full spectrum of mental and physical health needs of their students
- Schools will develop a more seamless system for identifying and referring students for additional out-of-school services that address mental health including substance abuse and a
- Decrease in students with untreated or undertreated signs of mental health issues who use illegal substances to self-medicate.

How does this fit in with broader substance abuse prevention efforts?

- **School Health Professionals will be trained in screening for marijuana use, as well as other drugs, alcohol and tobacco**
- **Funding will support inclusion of comprehensive system of care programming that addresses substance abuse prevention**
- **Expansion of access to existing community resources to address the broad spectrum of substance abuse and behavioral health needs**

Best Practices for Marijuana Use Prevention in Adolescents

- Best practice supports early inclusion of health education standards as outlined by CDE
- Through a positive youth development approach, messaging will address social norms, perceived harm, and access issues
- A coordinated approach to training and education for school staff, students, parents, and community

School-Based Substance Use Disorder Prevention and Early Intervention Services Behavioral Health Organizations

Background:

Pursuant to SB14-215, supplemental funding was allocated to Colorado's Behavioral Health Organizations (BHOs) to increase the availability of substance use prevention programs in schools statewide. The BHOs currently offer this type of service in Colorado's public school system, but the additional funds allow services to reach more schools that have historically had little or no substance use prevention services.

The Programming:

The Behavioral Health Organizations will collaborate with middle and high schools on the implementation of the program, and will prioritize schools based on interest, size and need. Interventions will include:

- Individual consultation for school staff and students
- Group-based interventions driven by self-referral/or by school staff, faculty, parents, etc.
- Referral and coordination to treatment services as appropriate

The content of the services will focus on:

- Marijuana education/awareness
- Decision-making and communication skills
- Peer pressure and drug resistance

Interventions will not be prescribed, but developed from evidence-based practices in collaboration with the schools, based on the characteristics of the community and student body.

Approval and Implementation Steps:

The Department is working with our federal partners at the Centers for Medicare and Medicaid Services (CMS) to develop an agreed upon payment methodology and the contractual changes necessary to ensure full approval from CMS. In addition to CMS approval, the Department is working on a variety of other steps necessary for successful program implementation, both of which can take a significant amount of time.

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School-Based Substance Abuse Prevention and Intervention Program

Background

The School Based Substance Abuse Prevention and Intervention (SAPI) Program is a program that grants funds to schools, community-based organizations and health organizations to reduce the risk of marijuana use, alcohol use and prescription drug misuse by Colorado youth between 12-19 years old. Programs using SAPI funds must be school-based prevention and intervention programs that use evidence based strategies, practices and approaches. The SAPI Program was created with the passage of Senate Bill 14-215 (Colorado Revised Statute 25.5-1.206).

Who is eligible for funding

An entity that is a:

- School or school district,
- Board of cooperative services,
- Nonprofit or not-for-profit community-based organization, or
- Community-based behavioral health organization.

The eligible entity must also demonstrate:

- How the grant will be used to implement evidence-based programs,
 - Including strategies to be delivered in the school setting that are:
 - Designed to improve overall health, behavioral health, and education outcomes for youth who are 12-19 years of age;
- How the grant will be used to deliver programs and services to at-risk youth, regardless of the youths' eligibility for Colorado's Medical Assistance Program.
- How the applicant's evidence-based programs and strategies are designed to achieve the expected outcomes outlined below.

What are the goals/expected goals and outcomes of the SAPI Program

- An increase in the perceived risk of harm associated with marijuana use, prescription drug misuse, and underage alcohol use among Colorado youth who are 12-19 years of age;
- A decrease in the rates of youth marijuana use, alcohol use, and prescription drug misuse;
- A delay in the age of first use of marijuana, alcohol, or prescription drug misuse;
- A decrease in the rates of youth who have ever used marijuana or alcohol or misused prescription drugs in their lifetime; and
- A decrease in the number of drug- and alcohol-related violations on school property, suspensions, and expulsions reported by schools.

How to apply

Any organization that believes they meet the eligibility requirements above, can file a Request for Grant Proposals (RGP) which will be available on the Department of Health Care Policy and Financing's (Department) website at <https://www.colorado.gov/hcpf/research-data-and-grants> by September 15, 2014. Completed applications will be due by November 3, 2014.

For more information:

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Colorado Association of Chiefs of Police, Inc.

Marijuana Position Paper March 13, 2014

Philosophy and Position:

The Colorado Association of Chiefs of Police (CACP) recognizes that Amendment 20 and Amendment 64 of the Colorado Constitution were passed by voters in 2000 and 2012 respectively. The Colorado General Assembly has enacted legislation which legalized the cultivation, distribution, possession and non-public consumption of small amounts of medical and recreational marijuana. In 2013, the Colorado General Assembly enacted legislation which legalized and regulated the commercial, retail cultivation and sale of small amounts of marijuana. The statutes which address medical and recreational marijuana cultivation, sale and possession have been passed by the Colorado General Assembly and signed into law by the Governor. The CACP recognizes that society's views and norms are evolving on the use of marijuana yet we also believe that public safety is also of paramount concern to our residents, businesses and visitors.

- It is the position of the Colorado Association Chiefs of Police that a primary mission and focus of Colorado law enforcement officers represented by the CACP is the prevention and reduction of crime and disorder. Marijuana legalization will negatively impact traffic safety and safety in Colorado communities. The CACP is committed to research and the implementation of practices and strategies which will maintain safety in our communities.
- It is recognized that Colorado peace officers have a duty and responsibility to uphold the Colorado Constitution and amendments to that constitution as well as local, state and federal laws.
- The conflict between Federal law and State law with regard to marijuana remains a major obstacle and needs to be resolved as soon as possible.
- The Colorado Association of Chiefs of Police is concerned that widespread marijuana use has the potential to adversely affect the safety, health and welfare of Colorado residents, businesses and visitors. There are concerns that marijuana use will adversely affect traffic safety on our highways and roadways and that marijuana legalization will result in an increase in marijuana and overall drug use in our schools.
- The Colorado Association of Chiefs of Police supports community education to reduce the use of marijuana by our youth and to highlight the risks of marijuana use to our communities and individuals. The CACP requests that adequate funding be provided for the development and delivery of community and youth education.



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- The Colorado Association of Chiefs of Police is concerned for the safety of the motoring public and passengers as it pertains to driving under the influence of drugs. Since the scientific evidence constituting impairment has not yet been clearly defined, the presumptive inference standard of impairment at 5 nanograms should be considered a starting point with additional concerns expressed for the combination of alcohol and marijuana in a person's system while operating a motor vehicle.
 - The CACP strongly supports Colorado peace officers being trained in Advanced Roadside Impaired Driving Enforcement (ARIDE) and as Drug Recognition Experts (DRE) and requests that adequate funding be provided to increase training for peace officers state-wide.
 - The CACP requests that funding be provided for the purchase of oral fluid testing equipment for local agencies to explore the effectiveness of this technology in determining if drivers are under the influence of marijuana or other legal and illegal drugs. Training on use of such equipment should also be funded.
 - It has been recognized by experts in the field that being under the influence of both alcohol and marijuana is more dangerous than being under the influence of just alcohol or just marijuana. The CACP supports additional legislation or changes in current law to enhance the seriousness of offenses when drivers are found to be impaired by both alcohol and marijuana and/or other drugs.

- The Colorado Governor impaneled an Amendment 64 implementation task force. The Colorado Association Chiefs of Police were represented on this task force and numerous recommendations were ultimately made by the task force. The Amendment 64 Implementation Task Force had several Guiding Principles. Two of those Guiding Principles which focus on law enforcement include:
 - Establish tools that are clear and practical, so that the interactions between law enforcement, consumers, and licensees are predictable and understandable.
 - Ensure that our streets, schools, and communities remain safe.

- There were numerous recommendations, which received consensus approval by the Amendment 64 task force, which focus on the two outlined principles and it is the position of the CACP that those recommendations should be implemented without delay.



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- The CACP conducted a survey regarding funding priorities for law enforcement. This survey was sent to members of the CACP Legislative Subcommittee and the survey results identified seven priorities:
 - Priority One:
 - Funding for ARIDE (Advanced Roadside Impaired Driving Enforcement) and Drug Recognition Expert (DRE) training.
 - Priority Two:
 - Provide immediate funding for the purchase of oral fluid testing equipment for local agencies. Also provide funding for training on use of equipment, etc.
 - Priority Three:
 - Funding for patrol officer and investigator training development and implementation in Colorado Marijuana Code. Overtime funding for trainers and students (similar to POST regional training scholarships).
 - Priority Four (Four Programs/Initiatives Tied):
 - Funding to support the creation of a state-wide database on marijuana crimes
 - Funding to support Drug Task Force Operations if investigation is focused on criminal organizations involved in marijuana trafficking.
 - Provide funding for local agencies to fund marijuana compliance officers. Those officers would focus on the Colorado Marijuana Code and local ordinances, both commercial/retail and home cultivation. Would be somewhat like a municipal inspector who is well-versed in fire codes, health codes, etc.; may be sworn or non-sworn.
 - Funding to implement DUI/DUID check points and conduct presumptive testing on marijuana and other drugs.
- CACP is concerned with the conflicts which exist between Amendment 20 and Amendment 64. The CACP supports legislation which will clearly define and outline legal vs. illegal marijuana cultivation and distribution under both Colorado constitutional amendment 20 and 64.
- The CACP has concerns regarding the lack of oversight of plant count recommendations made by doctors for medical marijuana patients. As an example, the Colorado Department of Public Health and Environment (CDPHE) routinely receives recommendations for allowable plant counts far in excess of the six plant limit without any justification as to why additional plants are necessary.



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- The CACP supports an effective and robust regulatory system, which can regulate the retail-commercial distribution of medical and recreational marijuana.
- The CACP is concerned with the lack of regulatory oversight of non-commercial caregiver and recreational cultivations, which are commonly referred to as “Home Grows”. The CACP believes there is great potential for an increase in violent crime and the potential for diversion of marijuana produced in non-commercial, licensed cultivations.
- The CACP is concerned there is a lack of prosecution of marijuana-related cases which are outside the parameters of legal marijuana cultivation and distribution in Colorado. The CACP supports prosecution of behavior which is illegal under Colorado constitution, statutes and municipal & county ordinances. It is of paramount importance that what is legal vs. what is illegal be clearly defined and a bright line between legal and illegal behavior be established.
- Diversion of marijuana from non-commercial marijuana cultivations remains a major source of marijuana to youth and to buyers who live outside the State of Colorado.
- The CACP acknowledges great concern for the diversion of marijuana outside the state of Colorado and for the availability of marijuana to minors.
- It is the position of the Colorado Association Chiefs of Police that clear direction and guidance is essential for our officers, prosecutors and community. The Colorado Association of Chiefs of Police supports legislation, training and education which provide clear direction and guidance to our officers and the communities we serve.
- The Colorado Association of Chiefs of Police support development and analysis of accurate data to determine the impact to the communities we serve. The Colorado Association of Chiefs of Police will partner with all stakeholders, including all local, state and federal law enforcement partners to ensure safety in the communities we serve and will assist in the collection of data to determine the impact of marijuana legalization in Colorado.

The Colorado Association of Chiefs of Police is committed to working with all stakeholders to ensure that all Colorado communities remain safe and the legalization of marijuana does not adversely impact the communities in which we live and work.