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TRANSCRIPT OF TAPE-RECORDED
PUBLIC HEARING OF THE
FALLON CITY COUNCIL

MEETING

JUNE 19, 2018

ITEM REGARDING MARIJUANA

Litigation Services Job Number: 742736-C

1 MR. TEDFORD: Has the agenda been posted
2 in complaine with NRS?

3 MR. GARY: Yes. They have.

4 MR. TEDFORD: Thanks, Gary. Appreciate
that.

5 There's two places on the agenda for public
6 comment. Public comment is for items general in
7 nature and not for anything on the agenda tonight.
8 Discussion can be held, but no decision can be
9 made. Is there any items for public comments
10 tonight?

11 Okay. This is item three. The second time is
12 item eight. So we'll go to item four, approval of
13 council meeting minutes for April 3rd and April
14 17th. Council has had an opportunity to review
15 those minutes. Are there any corrections or
16 additions to those minutes?

17 MR. ERICKSON: Mr. Mayor, I have no
18 corrections or additions [inaudible]. I'll make a
19 motion to approve the minutes for April 3rd.

20 MS. FROST: I'll second.

21 MR. TEDFORD: We have a motion from Councilman
22 Erickson to approve the April 3rd and April 17th
23 minutes. We have a second from Councilwoman
24 Frost. All in favor?

25

1 GROUP: Aye.

2 MR. TEDFORD: None opposed. Motion carries.

3 The minutes have been approved for the 3rd and the
4 17th of this year. Item five is for approval of
5 warrants. You've also had an opportunity to
6 review the accounts payable, payroll and customer
7 deposit warrants. I'll entertain a motion
8 to approve those.

9 MS. FROST: I move to approve the
warrants.

10 MR. RICHARDSON: I'll second.

11 MR. TEDFORD: We have a motion from
12 Councilwoman Frost, a second from Councilman
13 Richardson to approve accounts payable payroll and
14 customer deposit warrants. All in favor?

15 GROUP: Aye.

16 MR. TEDFORD: None opposed. Motion carries on
17 3-0 vote to approve those warrants. The mayor has
18 been authorized to sign the same.

19 We go to item six, and before then we're going
20 to [inaudible] legal administrative
21 director of the city is going to give a little
22 introduction before, before we head into the
23 public hearing tonight. Robert?

24 MR. ROBERT: Thank you, Mr. Mayor. I
25 appreciate the opportunity to offer perhaps just a

1 few thoughts, in order to summarize the
2 procedure that has previously occurred in this
3 matter and set the record for tonight's public
4 hearing, and then ultimately the council's
5 deliberation relating to bill number 780.

6 As the council is fully aware, the people
7 of the state of Nevada passed Question 2 at the
8 general election in November of 2016. Question 2
9 legalized the adult use of recreational marijuana
10 under certain statutorily prescribed circumstances.

11 It's important to note that as a component of
12 Question 2, neither this city council nor any other
13 city council or County commission in the state of
14 Nevada can criminalize the adult use or possession
15 of recreational marijuana, as long as it's done
16 within the limits and constraints prescribed by
17 chapter 453D of the Nevada revised statutes. I
18 think that's an important point to make clear as we
19 begin the discussion tonight.

20 And that is the Fallon city council is
21 not considering tonight whether the adult use or
22 possession of recreational marijuana should be
23 legal within the city of Fallon.

24 That question has already been answered by the
25 people of the state of Nevada and the Fallon city

1 council has no authority to change it.

2 What is within the council's legislative
3 authority to consider and what will be considered
4 tonight is whether marijuana facilities and certain
5 medical marijuana establishments should be allowed
6 within the city of Fallon.

7 Question 2, specifically left this issue to
8 local governments, in our case the city council, to
9 decide and to deal with through zoning regulations
10 and licensing requirements.

11 Zoning regulations and licensing requirements
12 are accomplished legislatively for the adoption of
13 ordinances, which is the path that this city
14 council has set out on.

15 The council began that legislative process
16 on this issue with a public hearing back on May
17 1st, 2018. At that hearing the council heard
18 comments and testimony and received information
19 from various presenters and other information.

20 At the conclusion of that hearing the council
21 gave city staff direction to draft a proposed
22 ordinance prohibiting, through zoning regulations,
23 certain marijuana facilities and medical marijuana
24 establishments within the city of Fallon.

25 The council's direction did

1 not constitute any final action and was only the
2 initial step in this legislative process that
3 should conclude tonight with the possible adoption
4 of an ordinance.

5 Staff did prepare the ordinance as directed,
6 and that ordinance was introduced as bill number
7 780 at the council's regular meeting, which was
8 held on May 15th, 2018. The public hearing on that
9 ordinance was set for tonight.

10 Tonight city council must deliberate in order
11 to determine the actual final legislation it wants
12 to approve. Tonight's hearing is not an appeal.
13 There has been no council action from which to
14 appeal.

15 Instead, the council will hold a public
16 hearing where members of the public, those present
17 will have the opportunity to present comment,
18 information and testimony as it relates to this
19 ordinance.

20 And after that, hearing is concluded the
21 council will proceed to deliberate and consider
22 adoption of an ordinance. The ordinance as
23 proposed, or excuse me, the ordinance maybe adopted
24 as proposed and introduced or amended in any way
25 the council sees fit, including legislating a zone

1 or zones within which recreational marijuana
2 facilities and/or medical marijuana establishments
3 could be allowed.

4 City staff is present tonight willing to
5 attempt to answer any questions that the council
6 may have.

7 But because this is a purely legislative
8 matter left to the sole discretion of the city
9 council staff will have no comments or
10 recommendations to offer to the council regarding
11 how the council should act.

12 With that introduction, Mr. Mayor, I will
13 yield the floor back to you, to describe the
14 conduct of agenda item six and seven.

15 MR. TEDFORD: Okay. As those of you who are
16 here May 1st, we only see about 80 in here so
17 I'm sorry that you, some of you have to stand.

18 I'm going to go through some general
19 procedural reminders, of how we will conduct
20 this hearing tonight and remind the council
21 if you don't see this red button on that,
22 one, you're not recording and two, you're not being
23 heard out there.

24 If you come to the podium and
25 you intend to make a comment, speak loudly into the

1 microphone. Give you full name, who you
2 represent, if you do, and your address.

3 This is all being recorded, so it
4 isn't just so others outside can hear. This
5 isn't a court of law so there's no strict rules of
6 evidence that apply or any procedure that applies.
7 Meetings conducted here are orderly and they're
8 civilized. That's the way I've done it for --
9 for many years and that's how we're going to do it
10 tonight.

11 May 1st was a fine meeting. So you,
12 you know that [inaudible] hear tonight. Your
13 comments are addressed to the council through me,
14 and they're also addressed to the audience through
15 me.

16 The council is not subject to any
17 questions. The council may have questions of you
18 [inaudible]. Try to keep your comments as
19 succinct as possible. I don't have the time limit,
20 as mayor.

21 There is one in the state of Nevada, I have
22 never held to it. I rarely use my gavel though I
23 might tonight, and it'll shock everybody up
24 here like it does when I do it. But just try to
25 keep your comments, as short as possible and on

1 point.

2 And if they're the same thing I may tell
3 you to move along, someone already said that
4 or whatever. I'm trying not to be rude but I'm
5 trying to be fair to everybody who's behind you.
6 You should mute your telephones.

7 You can mute them, you don't have to
8 silence them. You may want to read when someone's
9 trying to get hold of your family.

10 On item six that we're going to get to,
11 I'm going to read it and then we're going to hear
12 from those who are opposed like we did
13 last time we were there, and then we'll hear
14 those who are for it.

15 We'll hear those who are neutral. I will get
16 some general comments and then we'll end six. And
17 it's just the public hearing, okay? Everybody just
18 gets to talk.

19 Then we'll move to seven and then
20 I'll go through the rules of seven, but,
21 that's when the council gets to deliberate and
22 decide what they want to do.

23 They may have some questions of you, but
24 that's the time that the council gets to
25 discuss and see what they want to do about this

1 issue. It moves real smoothly here. So if
2 we keep those rules in mind we'll do it
3 again smoothly tonight. So let's just be nice,
4 be courteous.

5 No mumbling when someone talks, okay? I
6 won't allow that. I'll just tell you,
7 let's be quiet and let's be fair and let's be
8 like Fallon is, okay?

9 So we'll move to the public hearing for
10 bill
number 780, an ordinance amending the Fallon muni
11 code to prohibit marijuana cultivation facilities,
12 marijuana testing facilities, marijuana product
13 manufacturing facilities, marijuana distributors,
14 retail, marijuana stores, non-medical, medical
15 marijuana independent testing labs, medical
16 marijuana cultivation facilities, and facilities
17 for the production of edible marijuana products or
18 marijua- -- marijuana infused products in the city
19 of Fallon, and for other matters related there too,
20 for discussion only.

21 So at this time we'll hear comments opposed to
22 the adoption of this ordinance. Ardea, why don't
23 you start?

24 MS. CANEPA-ROTOLI: Thank you, mayor.

25 Members of the council, mayor, I appreciate you

1 again having us here tonight to hear this topic.

2 been before you a few times now.

3 I kind of just wanted to take us back to,

4 I guess, how we ended up here. I

5 think, Mr. Erquiaga did a wonderful job

6 about kind of giving a brief history, but, my

7 clients -- let me start.

8 I represent MMR&D the owners of Green

9 Cross Farmacy. My name is Ardea Canepa-Rotoli.

10 I am with the firm Maddox, Segerblom & Canepa in

11 Reno, 10403 Double R Boulevard, Reno, Nevada,

12 89521.

13 We wanted to get in front of the council

14 to have the Green Cross Farmacy get a letter to be

15 able to finalize their provisional licensing from

16 the state for their recreational. They have the

17 provisional licensing contingent upon that zoning.

18 So we were hoping to get in front of the

19 council with a very narrow issue as to their

20 location. I understand that we're well beyond

21 that now and we're dealing with the ordinance

22 before us, but I think that that is

23 to a point where this ordinance is overbroad.

24 So we're hoping that -- we understand

25 that the ordinance was voted on to at least be

1 drafted, but we're hoping that the council can
2 reconsider in actually voting this ordinance
3 through, and reconsider how broad it is,
4 the vacuum of it, and at least for my clients
5 reconsider the recreational dispensary for their
6 location.

7 Because that's kind of what we were
8 beginning with to get in front of the council
9 to consider. And so this ordinance we just feel is
10 extremely overbroad at least in that regard.

11 It kind of went into a vacuum beyond what
12 we were hoping to get in front of the council for.
13 But I understand we're here and so I'm going to
14 talk about this bill.

15 The May 1st meeting I know -- and
16 again, thank you so much for sitting and listening.
17 I know you're here for three hours and you heard a
18 lot of information from both sides and there was a
19 lot for you to consider.

20 I hope that we're not keeping you here for
21 three hours again tonight. I am not going to rehash
22 what we talked about at the last, council
23 meeting. I want to just really address some of
24 the issues that came up at the end.

25 The first being that I know, some of

1 you really have a concern about that recreational
2 marijuana and marijuana in general is against
3 federal law.

4 And we talked about that. But I
5 wanted to mention that while the council has
6 approved medical marijuana facility, medical is
7 also against federal law.

8 So I think the state has made
9 it clear, the people of the state have made it
10 clear that they want, marijuana, medical and
11 recreational.

12 The city of Fallon I know supported
13 that medical marijuana was allowed the facility
14 and we have that now.

15 And so while it is against federal law,
16 there's a lot of things, and I know there's
17 others here in the room tonight that are going
18 to talk more in depth on the federal issue, and
19 have some really good insight and information and
20 you guys can ask questions of.

21 But I just want you to consider that because,
22 the city of Fallon has kind of already jumped
23 that hurdle on allowing something that is against
24 federal law.

25 The other thing I do want to mention that

1 I know we did touch on this at the last meeting but
2 I think it's so important for the safety of this
3 community, is the fact that if we do not have a
4 recreational over the counter adult use facility in
5 the city of Fallon, there is going to be a problem
6 with home growth and it's going to be very, very
7 difficult for law enforcement to enforce that
8 issue.

9 Because if there is a facility, as we've
10 talked already, within that 25-mile radius people
11 can't do home growth.

12 So I think that without having
13 a facility here it's going to open up,
14 neighbors growing, home grows with [inaudible] that
15 could start fires, with pesticides that there's no
16 control over, with really a difficult to regulate,
17 home grow and what's being sold and
18 what's being used for personal use.

19 And so I think by having this recreational
20 facility here, dispensary, and again, I'm
21 kind of focusing on the dispensary because that's
22 what my clients were here for in the beginning.

23 It's really going to help law enforcement
24 here to help with that home grow, illegal
25 home grow problem. Before I kind of turn it

1 over to others, I just wanted to talk about the
2 other issue that I think is kind of difficult.

3 To be honest, it was difficult for me to
4 grasp

5 years back before I kind of got into this industry
6 on a legal standpoint, is the difference between
7 medical recreational and, you know, the adult use,
8 the over-the-counter on how it really integrates
9 together.

10 The CBD oils, the medical use that
11 people are using, and not just people, I
12 actually use CBD oil for my dog who is riddled with
13 she's going to be 14. She's riddled with,
14 fatty tumors and the vet actually said there's CBD
15 oil out there that can really help with cancers in
16 dogs.

17 And so I have had her on that for pain
18 management for not only the cancer, but also for --
19 she's 14 so she has arthritis and such. But I
20 have noticed a huge difference on her since I've
21 been using the CBD oil for that.

22 I wouldn't be able to go get a medical card
23 for that and go purchase her, you know, purchase my
24 dog that, so I'm able to go to a -- a recreational
25 over the counter facility and purchase that.

And so there's going to be times, and again,

1 we have nurses here tonight that are going to get
2 more into the medical uses and how that
3 adult use over the counter crosses over with the
4 medical.

5 But I think it's an important thing that I
6 know it's hard to get over that
7 line, but there is really a crossover.

8 There's a lot of people who either can't get a
9 medical card, can't afford to get the medical card,
10 can't get a recommendation from a doctor
11 because maybe the doctor doesn't believe that
12 there's enough studies out there for MS, for
13 epilepsy, but we know, studies out there, in
14 fact there was the NBC, I don't know if any of you
15 saw it, but, The Growing Promise.

16 NBC did a study recently, a whole show on
17 it, that talks about how effective it is for
18 epilepsy and MS. But doctors may not necessarily
19 provide for a patient to get a card, but
20 they're able to go on their own to get into an
21 adult use over the counter facility and get that.

22 So I know it's hard. I just ask that you just
23 think about and open your minds to the fact
24 that there is really a crossover between that
25 medical, what they call recreational, it's adult

1 use, it's over the counter. Like I said,
2 I've now done it for my dog and it's
3 amazing.

4 And if I didn't have that recreational
5 facility, over the counter facility, I wouldn't
6 have that option for her. So, just please keep
7 an open mind. We just don't think that bill
8 number 780 is going to be good for the
9 community.

10 We certainly believe it's very
11 overbroad, for what my clients were hoping to
12 get in front of the council for in the first place.
13 There's many others here tonight that
14 have come and I'm going to be brief, famous
15 last words for an attorney I know.

16 But I do want to introduce Senator Tick
17 Segerblom. He's here tonight and so he has a
18 few words to say. And again, thank you for you
19 guys, for your -- all your time with this issue
20 because I know it's been a long process.

21 MR. TEDFORD: Thank you.

22 SENATOR SEGERBLOM: Thank you. I'm Senator
23 Segerblom, 700 South 3rd Street, Las Vegas, Nevada.
24 Councilman Erickson may be the only one who
25 remembers this, but in 1965 when I was at

1 [inaudible] city high school we played the Greenwave
2 for our state football championship and we won
3 [inaudible].

4 So for -- for those who were born, but
5 anyway,

6 I have to make that disclosure. Also I
7 apologize for my face. I had a little skin cancer
8 that I thought was just going to be real simple and
9 turned out it was deeper, but I'm
10 alive so not to worry.

11 I just want to give a little explanation about
12 why we're here. As Ardea said, you know,
13 we passed medical in the state constitution back in
14 2000. Then in 2016 the voters approved,
15 recreational marijuana. When we -- the legislature
16 have been very active in this issue within the
17 state settings.

18 We went around the country to see how
19 the two programs work, the medical and the
20 recreational. And so we saw in Colorado they
21 have two separate counters. They have two separate
22 basically products.

23 We didn't see any reason for it
24 because basically they're the same products. So we
25 went to Oregon and we saw there where they've
26 actually merged the two systems. So we

1 didn't have to have two inventories, two growth
2 facilities.

3 Everything in this industry is tested
4 from the first day they put the plant in
5 the ground, they have a little barcode on it. It's
6 all regulated. It's tested fully. We have -- we
7 have the best industry in the country.

8 We discovered was there's no
9 purpose in having two separate industries. We
10 can just merge the two. And we had the best
11 industry in the country, frankly.

12 So the governor, the governor's lead, he
13 proposed legislation which we followed, which
14 basically put the two programs together as of last
15 July 1st.

16 And that happened. What we had was we
17 had a medical program that had been out there and
18 people have had a chance to see it, so you knew
19 what you were getting, and we just [inaudible] pull
20 the switch and said we increased the taxes and
21 said, okay, now it's going to be a combined
22 program.

23 Not every city didn't have to do that. You
24 kept just your medical program, you haven't
25 gone to recreational, but the reality is it's not

1 like you're creating a whole new system.

2 It's basically you're just changing the
3 name.

4 It's going to be the same product. It actually
5 gives you more flexibility. More products are
6 available through recreational than medical. At
7 the end of the day it's almost one-year anniversary
8 here coming up July 1st, it sold over a
9 million dollars a day in sales around the
10 state. It's really been a tremendous access.
11 And it's not like people are using it that

12 didn't already use it. It's now the people who were
13 using it before, who had the home grows, who had
14 the stuff from Northern California, from Southern
15 Oregon, now they have something that's been fully
16 tested.

17 There's no pesticide, there's no fertilizer.
18 There's nothing in the program. There's no mites.
19 So it really is -- if you're going to use, consume
20 something, you want people to consume the best.

21 They can deliver for Reno, [inaudible] just
22 approach this, the firm's going to have dispensary.
23 It's not like they're not going to be able to --
24 people will get it. It's really what you can have
25 here for your citizens if you decide to do it.

I just wanted to assure you that this is not

1 like creating the new wheel. This is basically
2 taking the same program and making it what they
3 call recreational, but it just increases the taxes
4 on people that buy recreational and it allows for a
5 broader scope of products. So thank you very much.

6 MR. TEDFORD: Thank you, Senator. Good luck
7 with that cancer.

8 SENATOR SEGERBLOM: I forgot to say my
9 daughter is one of the attorneys, so you have to
10 support your daughter, right?

11 MR. TEDFORD: Yeah. We know who it is. Yes,
12 sir.

13 MR. SOBEL: Hello, I'm Ken Sobel. I reside
14 at 2152 Crown Hill Road in San Diego, California,
15 and I also own property in the Southeast corner of
16 Nevada, in the little area near Tecopa Springs.

17 What I've been doing over the last 15
18 years primarily is representing our veterans who
19 served us recently in the Iraq war and in
20 Afghanistan and the troubles that they've
21 experienced on their way back with post-traumatic
22 stress disorder.

23 And so I actually wrote the petition to
24 approve post-traumatic stress disorder as a
25 qualifying condition for patients to safely access

1 for Arizona because they were refusing to do so.

2 And at that same time I met up with the
3 advocates who were in Nevada and we provided them
4 with a copy of our petition. Fortunately, the
5 legislature then moved forward and quickly adopted
6 PTSD as a qualifying condition in Nevada.

7 And meanwhile I struggled through another
8 couple of years [inaudible] the department of
9 health services only to win a complete victory.
10 Proving that cannabis is the safest and most
11 effective really treatment for post-traumatic
12 stress disorder that our veterans have suffered
13 from.

14 We know that between 22 and 50 veterans or
15 active service members commit suicide every single
16 day.

17 And what happened with the pharmacology that
18 they give to these veterans is under a strong
19 warning because it gives us an ideation, elevates
20 the level, the ideation of suicide.

21 So in essence you were giving these veterans
22 pharmaceutical drugs that were never intended for
23 this particular issue, even though those drugs
24 elevated the likelihood that that person might
25 commit suicide. Fortunately, with cannabis it's

1 entirely safe.

2 It's a plant medicine. It was used in Jesus's
3 time. That's what he anointed and others anointed
4 when they describe those aspects of anointing the
5 feet or massaging the feet.

6 Jesus would travel from one place to another
7 and he'd arrive and they'd offer to anoint the oil
8 for his feet and he would turn around and say, no.
9 I will do that for you. And basically what they're
10 doing was [inaudible] was the name for cannabis
11 back at the time.

12 And they utilized that by extracting the
13 medicine from cannabis using olive oil. This is all
14 documented.

15 It's in the Bible. And now we know as of 1996
16 they discovered the human endocannabinoid system,
17 and now we know that the feet are where they're
18 Chuck full of receptors that interact directly with
19 cannabis and relieve pain or release suffering and
20 all of those things.

21 But I was also asked to comment on something
22 that has been in the question, in the minds of many
23 folks here. And so that was the question about the
24 federal law.

25 And so I'm probably in a pretty

1 good position to respond to this because I worked
2 with and I wrote the bill for the US Virgin Islands
3 and their problem because they're a federal
4 territory.

5 So that's even more of an important question
6 for them. But it turns out that in 1937 when they
7 first passed prohibition on cannabis, they did it
8 over the AMA's objection.

9 And 30 years later that tax act was actually
10 overturned by the Supreme court by constitutional
11 order. And that's when in 1971 they did the
12 Controlled Substance Act.

13 Well, paragraph 29 of this,
14 controlled substance act specifically says that
15 states are entitled to do what they think is best
16 for their state when it comes to regulating
17 marijuana.

18 And so that's how all 30 states that we have
19 now, approximately, have handled this subject.
20 We're free to do it within the 10th Amendment, to
21 be able to have our own policy on marijuana. And
22 that's what the voters approved here in Nevada.

23 Those cases, so I'm trying to remember the
24 name, I believe it was the, the most recent
25 case was the White Mountain case that they tried to

1 take to the Supreme court where the state of
2 Arizona had ruled no it's legal for them to have a
3 medical marijuana system.

4 That was appealed to the Ninth Circuit and the
5 Ninth Circuit denied it. Another case earlier than
6 that went to the Ninth Circuit, it was denied, and
7 then went to the Supreme Court. So the Supreme
8 Court can say, well, they are going to hear our
9 case because we've got at least four votes.

10 Or we're not -- every time the issue has come
11 up where someone's tried to appeal it from the
12 Ninth Circuit it's been defeated because the
13 Supreme Court doesn't have four votes to overturn
14 that.

15 So the law of the land is simple, states have
16 a 10th Amendment right to incorporate into their
17 own state policy their own marijuana laws, and the
18 federal government is not authorized to tell us
19 what to do. I don't know if that's clear enough.

20 But so in where we were at in,
21 the territories is that they were federal
22 territories so there weren't really state laws. So
23 that was even a little more complicated for them.

24 But even as to them, the territories of Guam
25 and Puerto Rico have already established a medical

1 marijuana program. So, I don't know if it's
2 appropriate to take questions if you happen to have
3 any questions on that subject. It's pretty clear at
4 this point.

5 MR. TEDFORD: They will ask questions if
they

6 have them, yeah.

7 MR. SOBEL: But right now the current
8 state is that the federal government has a hands-
9 off approach in accord with a congressional act
10 that was passed first in 2014.

11 So they still have federal prohibition in
12 place, but since 2014 they've said you can't spend
13 any money in a state like Nevada to try to
14 interfere with their own regulated program. That
15 has been renewed at least 15 times and is in place
16 right now.

17 So basically the federal position is in
18 all the 30 states or almost 30 states and in all
19 the territories federal probation doesn't apply.

20 And the next step, there's a bill before
21 Congress that President Trump has agreed to support
22 which will, again, reiterate the sovereignty of
23 each state to decide what it wants to do.

24 So my biggest passion as I go back to the
25 beginning is there are a lot of veterans who live

1 in this community, as I've began to research the
2 area.

3 And the area that I come from in San Diego,
4 38 percent of that entire population is either
5 an active service member, a veteran, or a family
6 member, immediate family member.

7 And so this is really a high priority for us.

8 When these heroes come back to home and are
9 suffering the way that they are, to prohibit them
10 from being able to legally and safely access this
11 is almost cruel, and really in a sense doesn't
12 certainly repay them for the service that they gave
13 for this country.

14 MR. TEDFORD: But are they enabled to get a
15 medical marijuana card? Is that what you're saying?

16 MR. SOBEL: No. They can get it but there are
17 certain obstacles and obstructions that occur. It's
18 some interference, if you like. They're still able
19 to get [inaudible].

20 MR. TEDFORD: And what's that interference?

21 MR. SOBEL: Well, some people can't afford the
22 medical recommendation that they have to purchase.
23 Some of them, may not have it with them when
24 they need to arrive at the dispensary. It's a good
25 question, but all cannabis is medical cannabis and

1 everyone who uses cannabis uses it for a medical
2 reason. The differences in the name-

3 MR. TEDFORD: This is -- quiet --
4 quiet, please. I'm sorry, you
5 really touch a hardcore in Fallon when you're
6 talking about veterans.

7 MR. SOBEL: Absolutely.

8 MR. TEDFORD: Probably more so than
9 anywhere, than maybe San Diego. But I have a hard
10 time with someone who is a veteran not getting a
11 medical marijuana card. Now, it's not our
12 responsibility to make sure they take it to a
13 facility. You know, I seek the wisdom as to why
14 someone doesn't have a medical marijuana card when
15 they go to a facility that they need.

16 MR. SOBEL: Absolutely.

17 MR. TEDFORD: I'm looking for why
18 they are denied a medical marijuana card. Is there
19 something in the VA system that says you cannot
20 have one --

21 MR. SOBEL: No. No. No. No. No.

22 MR. TEDFORD: When you're
23 fighting PTSD?

24 MR. SOBEL: Not at all. Everybody has it. You
25 know, just to give you a sense for this, you know,

1 the view is when you go to fulfill a prescription
2 at a pharmacy, you have a prescription, they
3 sometimes prescribe ibuprofen in large doses, for
4 example.

5 But you can go to the counter and simply
6 purchase aspirin or ibuprofen. The difference is
7 that a thousand people last year died of an
8 overdose of aspirin and not a single person has
9 ever died from an overdose of cannabis. But to your
10 point --

11 MR. TEDFORD: But you're getting the same
12 product at the facility here, whether you have a me
13 -- a medical marijuana card or you're getting a
14 recreation.

15 MR. SOBEL: Exactly.

16 MR. TEDFORD: [Inaudible].

17 MR. SOBEL: That's right. The supply chain is
18 definitely intact and it's both for medical
19 and it's for adult use. The difference is that in
20 adult use where most people carry their state
21 issued ID, whether it's usually a driver's license,
22 but sometimes an ID card, is it' stays there in
23 your pocket.

24 So it facilitates the ease in which you're
25 able to access it. That's my point. So I

1 support an adult process where if you're 21 and Page 30
2 older, I mean, you don't have to be 21 and older to
3 buy aspirin and that's more likely to kill you than
4 other things.

5 MR. TEDFORD: Well, either way here in Nevada,
6 you got to be 21 or older --

7 MR. SOBEL: I'm sorry. I didn't say 21? I
8 meant to say 21.

9 MR. TEDFORD: Yeah. You were saying
10 something
11 about ease of access. Here you have to be 21 or
12 older either way. Medical or recreationally.

13 MR. SOBEL: Right. So that's --

14 MR. TEDFORD: We have a record that we're
15 trying to keep clean, so either way you have to be
16 21. I think you have a question here.

17 MR. ERICKSON: I have a statement.
18 I think we're going to hear a lot this --
19 this subject matter from many members here about,
20 marijuana in general, but please remember
21 that's not exactly what we're deciding here or even
22 our issue.

23 I know a bunch of people are
24 going to come up here and say the benefits of using
25 marijuana and recreational marijuana and then we're
going to have people that are opposed to it, how it

1 impacts community and kind of what brand
2 it puts on our city and especially with
3 it being on our main street here.

4 So, you know, to talk about the
5 legitimacy or the positive or the negative, impact,
6 impacts of recreational marijuana I don't think
7 is important. I think what's important is what
8 Robert just pointed out, what's in front of us.

9 We're not deciding recreational marijuana
10 tonight. So I just wanted to put that out there
11 when we have people that are going to go on long
12 tangents about how bad it is or how good it
13 is. I, you know, that's not what we're really
14 deciding. So I hope that helps.

15 MR. SOBEL: And so we never encourage anyone
16 who hasn't become to the point where either a
17 doctor or a friend or anyone else has recommended
18 for their personal, physical or illness to do
19 anything at all.

20 What happens with ordinances like this is it
21 prevents the 55 percent of the people that wanted
22 it to be available in a sense over the counter,
23 which is the way I look at it, and the 45 percent
24 that said we don't want to, to the 45 percent we
25 don't want them to feel compelled to do anything.

1 And we feel that, you know, you can educate
2 your kids because they'll go to college and they'll
3 Google it and they'll find what I'm telling you
4 because it's available.

5 And it's the fact that you having a human
6 endocannabinoid system, all of us who are sitting
7 here have one. We produce the same molecule from
8 our own body and we end up in a situation where we
9 need to supplement that.

10 MR. TEDFORD: We're not talking about going
11 into college, we're talking about here in the city
12 of Fallon. So what else do you have to
13 tell us about that?

14 MR. SOBEL: That was pretty much it. And I
15 just wanted to make sure we covered the federal
16 portion of it because I'd understood it
17 [inaudible]. And so I'm happy that you got to hear
18 all that.

19 MR. TEDFORD: Okay. Thank you very much for
20 your testimony. I appreciate it.

21 MS. CANEPA-ROTOLI: I just wanted to make
22 clear clarification for the record, because you
23 wanted to make a clear record. It's actually 18
24 and older for medical, 21 and older --

25 MR. TEDFORD: Okay. 18 and older for medical.

1 Thank you. I appreciate that. Page 33

2 MR. GILBERT: Hello, Joey Gilbert, for the
3 record. Council and mayor, thank you for letting me
4 appear tonight.

5 MR. TEDFORD: I need your address and who
you
6 represent?

7 MR. GILBERT: Joey Gilbert representing
8 myself. 201 West Liberty Street, Suite 210
9 Reno, Nevada, 89501.

10 MR. TEDFORD: You must be an attorney.

11 MR. GILBERT: Yes, sir.

12 MR. TEDFORD: Liberty Street is [inaudible]
13 but attorneys on Liberty Street.

14 MR. GILBERT: Very true, sir. Liberty Street
15 or justice. And you know, so I just want to be
16 briefing that I came out here because I thought
17 this was just for the support of the
18 dispensary and I didn't think there was a
19 moratorium coming.

20 I've now been working in this
21 industry now since 2013, since the governor signed
22 it. As soon as I got involved, my mother, much
23 like a lot of the people in this room called me up
24 and said, son, what are you doing? You're going to
25 be disbarred. Don't touch that.

1 And I said, mom, it's state law. It's here.

2 And so what I would just come in and say -- say
3 like, caution yourself a little bit. Listen, the
4 world didn't stop.

5 You know, marijuana is not the devil. It's not
6 going to hurt anybody. It has to be
7 regulated. It absolutely has to be taxed.

8 But the beauty of what we're doing here in the
9 state and what these special use licenses do, these
10 privileged licenses, chief, if one of these guys
11 screws up you get their license so fast their head
12 spins.

13 And that -- and that's what we need to get,
14 everyone needs to get, you know, just try and
15 understand. Because marijuana is here. Marijuana is
16 here in this County, it's in this city--
17 absolutely.

18 Everyone in this room know someone they can
19 reach out to, or someone that's been involved
20 in that, or the chief I'm sure knows more than
21 everyone. But at the end of the day, it's here.

22 What I'm saying, what I'm going to encourage
23 you to do is to tax it, regulate it, put
24 you folks in charge of where it goes and put you
25 folks in charge of who gets

1 those licenses.

2 And if they screw up, gone. That quick. And so
3 what I would like to say is, listen, ghost
4 patients, they brought up veterans.

5 Why can't they get those cards? I'll tell you
6 why. I don't want to be designated that I have
7 PTSD. I don't want to lose my kids. I don't want to
8 lose my car. I don't want to lose my job. When you
9 get labeled like something like that, everyone
10 looks at you funny.

11 I have PTSD. I have a traumatic brain injury
12 from my fighting days. I'm not going to get all
13 personal up here, but I don't want to have to get a
14 medical card. If I want to get something that's no
15 different than alcohol or cigarettes, keep it away
16 from our kids and teenagers, dammit, for sure.

17 I'm sorry; I'm not a big fan of that. But as
18 long as we're regulating it and we've got the
19 people that we trust, lawmakers, keeping an eye on
20 things, this is Nevada. Gaming, alcohol, it's been
21 regulated.

22 And out here I believe you guys would do
23 a fine job, you know. You get to decide
24 where these things go. You get to
25 decide who gets them. And if they screw up this,

1 not much, it's gone.

Page 36

2 And so I would just caution you to give these
3 people a chance. They've worked so hard; they're
4 following state law. And the last
5 thing I wanted to bring up this most important,
6 this isn't something that Trump's going to sign.

7 And just so you guys know, I did work for
8 Mr. Trump. You usually can't say that in the state
9 these days.

10 MR. TEDFORD: You talk to us not
11 the audience.

12 MR. GILBERT: I'm sorry, I'm just letting
13 everybody know. I did work for Mr. Trump. I spent a
14 lot of time on his campaign. I've been assured that
15 they're going to sign this act. And this is a bill
16 in Congress right now.

17 It's actually put forth by, what is her
18 name? I call her Pocahontas. Senator Elizabeth
19 Warren. Okay. So the 10th Amendment through
20 Entrusting States Act. What will it do?

21 When this gets signed by the president, it
22 will make sure that any person acting in compliance
23 with state law relating to the manufacture or
24 production, possession, distribution, dispensation,
25 administration, or delivery of marijuana is no

1 longer an offense.

2 It's an amendment to the Controlled Substances
3 Act. By the time these things are open, this will
4 be signed. I'm sure of it. I would just let you
5 guys know that it's been moving across the
6 country.

7 America supports cannabis. I would just ask
8 you to caution yourselves. You have the ultimate
9 control here. Let these people get going and if
10 there's a problem, you can remove it. The
11 stigmatism is not what you think anymore.

12 There's a lot of good people that need access
13 to this. And I don't agree that everyone uses it
14 for medical reasons.

15 I use -- I believe that some people use it
16 just because it's an escape for them just like
17 alcohol is, just like a cigarette is. Just like the
18 prescription drugs are killing our kids across the
19 country.

20 Cannabis is not harmful. It's not, you
21 know, addictive. There's all kinds of
22 properties. I'm not going to revisit that because
23 you've asked us not to, but I'm just going to say
24 it's not the boogeyman anymore.

25 Please don't shut it out. You have all the

1 control, regulate it and tax it. Thank you.

2 MR. TEDFORD: I'm not sure where to start. You
3 started with -- excuse me, just a
4 moment.

5 MR. GILBERT: Sure.

6 MR. TEDFORD: Starting with money. And I've
7 been criticized for not wanting the revenue that
8 came from this. But I'm more concerned
9 about my community than I'm revenue.

10 MR. GILBERT: Yes, sir.

11 MR. TEDFORD: And then we went to helping
12 people who don't want to get a medical card because
13 they don't want to have a stigma of -- or lose
14 their children over having PTSD. I can
15 understand that.

16 And then we got to rely on somebody in
17 Congress, and believe me, I don't believe
18 federal law is the panacea here. That's not going
19 to tell me what -- how -- I don't vote, just so you
20 know.

21 They all know; they were here. That's not
22 the panacea to me what the federal government is
23 going to tell me, any more than anybody else tells
24 me how we should run the city of Fallon.

25 So, I certainly wouldn't rely on what

1 someone in the federal government said a bill's
2 going to be like somewhere down the road. And
3 you've certainly been doing your job long enough to
4 know that.

5 MR. GILBERT: Yes, sir.

6 MR. TEDFORD: How that may change. who
7 would ever thought we were sitting down in North
8 Korea?

9 MR. GILBERT: Absolutely, sir. Agreed.

10 MR. TEDFORD: Okay. So I don't know what might
11 get done down there in the next, you know, year. So
12 let's start with the money.

13 The commissioners in this County,
14 who I know as friends and I believe in,
15 and I believe they ban this in their County for
16 a good reason, I think. I don't know what it is
17 entirely. They banned medical and
18 recreational.

19 And the way the setup, I read it
20 to you all last time, I don't understand how under
21 the plan that the state set up they get
22 88,000 in revenue from the sale of marijuana.

23 We at least have
24 medical and we get 12,000. So you don't come in
25 here unless you know that and talk to me about

1 revenue. So we put 3 percent on this or whatever in
2 some small franchise or whatever fee.

3 It's not revenue; it's about how I perceive my
4 community and what these folks vote
5 tonight about money. And so I'm not going to fault
6 them either way. You looked at me; she's in a
7 [inaudible].

8 MR. GILBERT: Sorry.

9 MR. TEDFORD: Any more than how the
10 commission voted. And they got a whole lot more
11 money than we have.

12 And these folks at least saw that they
13 felt medical was necessary in the community, maybe
14 to help the PTSD person who they didn't know they
15 didn't want to get a medical card because they're
16 not in the position to know.

17 So it comes down to what we know at this
18 particular time and how we vote in a particular
19 place. And to direct -- to address Ardea how I
20 addressed you earlier, we're not going to vote
21 every time someone wants to set up a dog on medical
22 or -- medical or recreational facility, we're going
23 to one time and then they just come and get a
24 business license. It's simple to do it here.

25 They vote tonight we're going to do

1 recreational, we're not going to come in here
2 tomorrow when you want to set one up. It's one
3 time, okay? That's why it's all in one lump sum
4 thing here.

5 How they decide to vote they decided
6 to vote. So to make it simple is money isn't the
7 deciding factor. If we were worried about PTSD, we
8 wouldn't have done medical, but we did because we
9 were worried about your second point of PTSD.

10 We can't solve everybody's problems here. All
11 we can do is do a little bit for what we have for
12 our community. And I'm going to rely on what they
13 do here tonight. However, they vote, I'm good with.

14 MR. GILBERT: Yes, sir.

15 MR. TEDFORD: So -- and I'm certainly not
16 going to rely on what Congress does, ever. And I've
17 been doing this awhile.

18 MR. GILBERT: That's awesome.

19 MR. TEDFORD: So you can read me about Ms.
20 Warren.

21 MR. GILBERT: I could just mention though, I'm
22 sorry if I brought --

23 MR. TEDFORD: One more thing and we've got to
24 move to the next person. Okay. Mr. Gilbert?

25 MR. GILBERT: Yes, sir.

1 MR. ERICKSON: Mr. Mayor before Mr.

2 Gilbert finish.

3 MR. TEDFORD: Go ahead.

4 MR. ERICKSON: In the interest of the
5 record, the city of Fallon is not licensed or
6 no community license regulates or supervises
7 marijuana operations under the state statute. That
8 function lies with, the state government, the
9 department of taxation and the department of
10 health.

11 So what we're doing here tonight as Mr.
12 [inaudible] pointed out was voting on zoning
13 ordinance as to whether or not to permit
14 recreational marijuana and other forms of marijuana
15 business in certain zones in the city of Fallon.

16 MR. GILBERT: Yes, sir.

17 MR. ERICKSON: And that's what the issue is.
18 So I don't want any confusion. And I think we need
19 to have a clear record on that.

20 MR. GILBERT: And I wasn't confusing. What I
21 was simply saying is that by regulating and taxing,
22 it's here anyway, like the Senator said. It's here
23 anyway. It's all throughout this County and
24 throughout the city, it's in the neighboring cities
25 delivering it here.

1 MR. TEDFORD: No question and I'll -- let me
2 interrupt you, it's not going away. I do not
3 believe it's going away. We have all the kinds
4 of police and the County as the Sheriff's and it's
5 not going away in our opinion, or at least in my
6 opinion. And what Mr. Erickson
7 saying is, and last time they had as one of
8 their expert witnesses was a regulator. We're not
9 walking in the doors.

10 We're driving by the parking lot. They have
11 regulators at the state who regulate these -- this
12 business. We don't go in the doors and see how
13 they're doing and are you doing this right and that
14 right. They have a problem in the parking lot,
15 we're there in a heartbeat. This is Fallon. It's a
16 six-minute town. You're not used to it. Boom, we're
17 there. Okay? So when you get six
18 minutes away, breathe easier.

19 MR. GILBERT: Yes, sir.

20 MR. TEDFORD: But right now we're on you.
21 Okay? So -- and Bob makes a good point about that.
22 Hi there.

23 MS. MONTERO: Hello everyone. My name is Julie
24 Montero; I'm a registered nurse at the state of
25 Nevada since 2006.

1 And I have had the pleasure to meet your
2 community this week. I've been up here earlier last
3 week to be able to educate your community about
4 cannabis and medicine and I even spoke at your,
5 food, what was the name of that, Steve? Food?

6 MR. TEDFORD: Food hub.

7 MS. MONTERO: The food hub. And that is an
8 excellent program that you guys have in this
9 community. I have actually --

10 MR. TEDFORD: Did you give us your name and
11 address?

12 MS. MONTERO: Oh yes. My apologies. Julie
13 Montero, 5648, [inaudible] Street, North Las Vegas,
14 Nevada, 89031. And it's an EI [inaudible]. I
15 discovered cannabis while working in some of the
16 ERs down in Southern Nevada in 2010.

17 And I as a medical provider was really
18 concerned in the fact that I'm highly experienced,
19 I've worked as a pediatric ER trauma nurse for many
20 years, along with the County hospital. I've given
21 my time and efforts to medicine and yes. I was a
22 Nancy Reagan just so no.

23 I was raised very conservative, in a very
24 Christian home and I knew that cannabis was a
25 schedule one drug, so you're not supposed to touch

1 it. But my patients were coming in and they were
2 using it.

3 So as a professional, as a nurse, it is my
4 duty that if there's a lack or a bridge or a need
5 that member or that patient means that
6 we build that bridge.

7 And one thing I noticed, I said, well, this is
8 great news. We have cannabis for our cancer
9 patients, our PTSD and all these other conditions.
10 Where do we send our patients, our consumers?

11 Well [inaudible], it's called the black
12 market and it's behind the stratosphere and I'm
13 like, we don't have dispensaries. We had a program
14 for nine years with no safe access. So I, as a
15 registered nurse for my duty was to bring safe
16 access and safe product to the state.

17 And I have made it a commitment of mine. And I
18 had wonderfully, met Senator Tick Segablom who
19 was sponsoring some bills back in 2013.

20 And from then until where we are today, we now
21 have dispensaries, which bring us safe access, and
22 we have safe product lines.

23 Because there's a lot of things that can
24 happen along the way when they're growing with
25 pesticides and it's very, very vital for any

1 consumer to make sure that there aren't any harmful
2 effects because if you're auto immune deficient or
3 have issues, those can cause serious problems.

4 So the fact that we have medical dispensary's
5 in your community of Fallon is phenomenal. But one
6 thing I noticed, I had to drive from Las Vegas up
7 to Reno and I drove 60 miles here and I noticed
8 where Fallon was.

9 Now, what's the benefit of having a
10 recreational dispensary here? We already know a lot
11 of patients can't get it for whatever reason. I can
12 give you a whole list of reasons and a lot of other
13 people here can too.

14 But you guys, don't you have snow up here?
15 Have you -- do you know what it's like to drive? I
16 lived in Wyoming for five wonderful years and snow
17 is not my friend.

18 If you have patients or consumers that can't
19 get it recreationally and have to drive 30 to 60
20 miles, for me as a nurse, you're in pain, that's
21 the worst thing you can do is put one of your
22 consumers in a vehicle in pain and have to drive
23 that distance.

24 So safety for me as a nurse is a vitally
25 important aspect of it. I know you guys have a

1 really, really hard decision. You three. You're
2 going to do the best thing for your community, but
3 I, as a medical provider want to say not everyone
4 can access it medically.

5 And please consider this in giving
6 your constituents. I have seen a couple of them,
7 they were here today. They told me a story. There
8 was an older gentleman, he is 80 years old, on a
9 million, I don't want to say a million but it was
10 on a large amount of opiates.

11 And his daughter comes to me just last night
12 and says, how do we get my father off these
13 opiates? It's really killing him. And you guys have
14 the opportunity to provide medicine to people.

15 He actually bears arms. He loves to
16 apply his Second Amendment right. And as a patient
17 he knows he can't have a card. So allowing it
18 recreationally will give that individual the
19 opportunity to actually heal. I just want to thank
20 you for your time.

21 If you guys have any questions or concerns --
22 oh, I am about education. I started Cannabis
23 Nurses Magazine about two and a half years ago
24 because everyone kept telling me there wasn't
25 enough research or education.

1 So I'm going to leave this here with you. I
2 own the copyright to the so you guys can copy and
3 share them amongst you, especially you three. So if
4 I don't know how to bring [inaudible].

5 MR. TEDFORD: Yeah.

6 MS. MONTERO: Happy reading. One of them is
7 actually on opiate dependency, which is actually as
8 a nurse I have helped, I could say probably over 80
9 patients just in Las Vegas alone come off of their
10 opiates and their dependency and they're using
11 cannabis. And they don't have their medical card.

12 They have their recreational ability. My
13 mother, she suffers from Alzheimer's. My sister
14 cares for her. And my mom can't just go down and
15 get her card to go to, she's too old. Love
16 her to death.

17 But my sister has the ability to
18 recreationally go pick up that medicine for her and
19 give us those precious moments with her. I thank
20 you for your time, mayor and council [inaudible].

21 MR. TEDFORD: Thank you.

22 MS. MONTERO: Thank you very much.

23 MR. TEDFORD: It should be noted,
24 just one moment, please. You can go ahead.

25 It should be noted, it made me think about

1 when Julie gave us those things,
2 that everything that's been submitted to us since
3 the last meeting, will be incorporated in the
4 record.

5 So, including a couple of things provided
6 tonight and this that you provided. So, all
7 these things have been put in a file that have been
8 submitted, in writing will be attached to the
9 minutes for this meeting tonight.

10 Thank you. Including your statement, Dave,
11 that you gave us. Absolutely you can. Call you
12 up next. Hi.

13 MS. MANUS: Thank you, mayor. Thank you,
14 council, staff. My name is Heather Manus, I'm a
15 registered nurse. My address is 2152 Crown Hill
16 Road, San Diego, California. I'm a
17 registered nurse.

18 I'm known as Nurse Heather and, I
19 come from New Mexico where I worked with,
20 native American and Hispanic patients
21 patients primarily. I'm a home health psych
22 nurse. That's my background. And I cared for
23 patients in their home, including cannabis
24 patients.

25 I actually came to know about cannabis as

1 medicine because my patients had cannabis on their
2 medication record. I started to learn more
3 about that. I saw a lot of the benefits, which you
4 all have heard of. I won't go into those.

5 But what that did is it enabled me, because I
6 have questions and I went to the state, eventually
7 I was asked to be a medical director for one of
8 these dispensaries. And to date I'm the longest
9 running medical director in medical cannabis
10 dispensary history, from 2009 till 2016.

11 Part of my job was to make sure that I had the
12 information and I was, sharing that knowledge
13 with our staff because we wanted our staff to be,
14 knowledgeable in all of these things.

15 I had the great opportunity of going to
16 medical cannabis conferences. And many of these
17 conferences are incredible because they have the
18 researchers that come from all over the world to
19 train us as healthcare professionals.

20 A lot of research doesn't necessarily
21 happen in the US but around the world it is
22 happening and there's a lot out there. I speak,
23 teach and present nationally and internationally.

24 None of the speaking and teaching that I do
25 makes me as nervous as standing in front of

1 council. So please forgive me if I shake a little
2 bit.

3 MR. TEDFORD: Just relax. This is easy.

4 MS. MANUS: It's so much better than one-on-
5 one.

6 MR. TEDFORD: We're not going to [inaudible]
7 or anything.

8 MS. MANUS: I learned through these
9 conferences about the endocannabinoid system and
10 that science behind the plant. And so I teach about
11 the system as well as cannabinoid therapeutics.

12 One of the things that science is showing is
13 that because of this system, similar to what,
14 the attorney Ken had said was that although
15 patients use it for different reasons, it is
16 impacting the system the same way.

17 So although patients use it for different
18 reasons, at the very core, the system itself is to
19 create balance or homeostasis between all of the
20 other systems in our body. And that's why it works
21 so well for so many other diseases.

22 When we talk about recreational and
23 medical, it gets really touchy because we have
24 colleagues in, Denver, Colorado, who -- she's a
25 hospice nurse.

1 And what she said was that the rec,when
2 they went recreational in Colorado, it was life-
3 changing for her as a nurse because her patients
4 didn't have time to get their their
5 medical cards.

6 Their family members could just go to the
7 dispensary and access that medicine for the last
8 hours or days, where they weren't maybe in such
9 a heavy state with some of the pharmaceuticals,
10 they were actually able to be present with their
11 families.

12 That's just one example of how there
13 really is no difference between that medical and
14 that recreational access. I do want to
15 hammer in that the goal of state cannabis programs
16 are to provide safe access to quality products.

17 That's what's happening right now for
18 medical patients, that they are able to safely
19 access these quality products. I know Steve McNeil,
20 he's a friend of mine and he's a wonderful cannabis
21 business owner right here in Fallon.

22 He's doing great work and providing service to
23 the residents here. I guess I will end there
24 because there are a lot of people who want to
25 speak. But I would just ask you that the council to

1 please vote no on this prohibition of safe access.

2 As you heard, there are people that
3 simply can't access a card for one reason or
4 another. And having that ability to have the
5 medicine is very, very important and many times
6 vital. So thank you so much for your time. I really
7 appreciate it. And I am available for questions if
8 you have any.

9 MR. TEDFORD: Thank you. I have one
10 person in the back. I'm sorry. Way in the back.
11 Thank you very much. I appreciate it. Okay. Dave.

12 MR. DAVE: Okay. Thank you, Mr. Mayor.

13 MR. TEDFORD: I need you Dave to speak into
14 that microphone.

15 MR. DAVE: Thank you members, Richardson,
16 Erickson, Mr. Mayor I appreciate the chance to read
17 my statement to you. I've provided it to you, but I
18 would like to read it into the record.

19 And I'm here specifically -- I'd like to
20 address the three concerns you raised at your last
21 meeting where this issue was discussed. First,
22 potential impact on users.

23 We'd like to know what impact there would be
24 on adult voluntary users that purchase their
25 cannabis in Fallon versus driving 20 miles to

1 purchase it in Fernley or farther [inaudible] and
2 Reno Sparks area.

3 And what impact have you determined users have
4 occurred in those communities? Second point is
5 a shortage of votes, I'm sorry, a shortage of
6 County votes in support of recreational marijuana.

7 County vote should not be your primary concern
8 in this matter since you represent the city not the
9 County. 46 percent of city voters expressed their
10 desire to have both recreational and medicinal use
11 of cannabis.

12 It seems that you have marginalized the wishes
13 of half the constituents by claiming there was a
14 lack of support in the County versus wishes of city
15 voters. And third, the conflict between local and
16 federal laws.

17 Yeah, there are some conflicts, but I believe
18 your concerns regarding federal laws regarding
19 cannabis are misplaced. The federal government has
20 shown no proclivity to enforce existing federal
21 laws on state controlled sales and use of cannabis.

22 In fact, the federal government, which has
23 complete jurisdiction over Native American
24 reservations, they actually have a medical and
25 recreational dispensary called the Pesha' Numma, I

1 hope I pronounced that right, Cannabis Dispensary
2 in Yerington.

3 It's on reservation territory. The state of
4 Nevada has legalized the recreational use of
5 cannabis. I personally do not believe the council
6 should brush aside the state law and then use
7 federal law as the reason to deny Nevadans the
8 state approved right to purchase recreational
9 cannabis.

10 I ask you to represent all of Fallon citizens,
11 not just half, give the people an opportunity to
12 spend their money locally instead of going to the
13 Sparks, Yerington or Fernley. And I have one
14 question to leave you with.

15 And that is if the
16 chamber of commerce's concept [inaudible] local
17 Fallon, does it just apply to 56 percent of the
18 population or do they want everybody's money? And I
19 have some pretty [inaudible] here, their
20 advertisement for a pharmacy in Sparks [inaudible].

21 MR. TEDFORD: Thank you very much, Dave, for
22 your comments. As always we appreciate them.

23 MR. DAVE: Thank you.

24 MR. TEDFORD: Thank you. The vote from the
25 last meeting was in the city not the County,

1 just to clarify. Part of your comments. Okay.

2 Yes. Name and address for the record and --

3 MS. CHARLBURY: My name is Tonya Charlbury,
4 824 Augusta Lane. And I came here to say something
5 completely different, but this -- this has a
6 personal chord that it strikes with me. I haven't
7 used cannabis but I have a friend who does, and the
8 friend lived in Memphis and was miserable and
9 wanted to come out here to Fallon.

10 But the friend, this was two years ago when
11 the legality was very nebulous, and the friend is a
12 Navy veteran with PTSD. And I thought one of the
13 reasons why he is miserable is because he lived in
14 Memphis, not in Fallon and it's very positive
15 community and I thought he might be happier here.

16 And so I suggested he relocate to Fallon and
17 he said, I need pot to keep me going. And
18 I didn't really understand that concept, but he was
19 adamant about it and it wasn't legal at the time
20 and it was problematic.

21 And I explained to him how will you
22 get it. I don't like the smell. I don't want it to
23 my house, but good luck with that basically. But it
24 was disconcerting to see when he couldn't get the
25 supply of the stuff how he personally unraveled.

1 And it got to the point where I told him,
2 okay. I'll put you in my car and I'll drive you
3 through Reno, hopefully you can find it somewhere.
4 And the personal trauma that the guy was going
5 through to actually get the stuff and just be okay
6 was really stark.

7 And I ended up actually driving him all the
8 way down to Las Vegas and driving him from bus stop
9 to bus stop, hopefully he could make eye contact
10 with somebody who could sell him the stuff
11 illegally.

12 But my point is that even though I don't
13 relate to it, I observed somebody really having a
14 hard time with PTSD as a veteran, not having
15 convenient access to this stuff.

16 And perhaps the only difference that this
17 decision to make or not, to allow or not allow a
18 local business here, it just makes the access more
19 convenient.

20 And how [inaudible] effect that can sometimes
21 have on somebody having a really bad day surprised
22 me. But from personal observations it was dark.
23 Thank you.

24 MR. TEDFORD: Okay. Thank you, Tonya.

25 MR. SHUCK: Yes, sir. Hey, how are you all

1 doing this evening?

2 MR. TEDFORD: Good.

3 MR. SHUCK: Good. My name is Nick Shuck.

4 My address is 4865 Fiesta Lake street, Las Vegas,
5 Nevada, [inaudible] 130. I am a city boy coming up
6 here to the country to talk about why recreational
7 cannabis should be legal.

8 So I represent a bunch of clients down in
9 Clark County. One of my largest is called the
10 Apothecary Shop. They're one of the most busiest
11 dispensaries in Las Vegas. Since last July
12 we've introduced over 500,000 people to
13 recreational cannabis.

14 And I can field any questions you may have
15 about revenue. I can tell you that the areas
16 around these establishments have seen lower crime
17 rates. I can tell you why opium and methamphetamine
18 uses have been on the decline.

19 But more importantly, to [inaudible]
20 first point, I want to talk about community. We
21 know that drugs are going to find their way,
22 to pretty much any house in America.

23 That's not only just cannabis, that is
24 opium and that is meth. I was just about to
25 tweet outside, because that's what people my age

1 do, and I was the one that talk about how nice this
2 town was.

3 But then, this is unfortunate for me
4 to say this, I saw two people my age, smoke
5 meth in their car.

6 And we've heard the headlines of the small
7 town falling victim to the opium and
8 methamphetamine crisis.

9 And what I would like to see is small town
10 America, become more progressive in the sense
11 where we can talk to doctors about how this
12 immediately and adequately addresses those types of
13 addictions.

14 And we can create sustainable communities
15 that will last generations upon generations. We
16 have seen small town America, places like Fallon
17 lose, brain drain or, their smartest people to
18 the cities. We've seen, these communities get
19 lost by factories moving overseas and that type of
20 stuff.

21 What's great about cannabis is that it's 100
22 percent American made, 100 percent American made
23 jobs.

24 There's great evidence all across the board
25 for pretty much anything. Another fact that you may

1 want to consider is that if you have cultivation
2 grows, that are outdoor, that's one of the best
3 ways to combat CO2.

4 And I think global warming is a real thing
5 that we have to address 30, 50 years down the line.
6 So yeah. that's pretty much it. I can happily
7 field any questions.

8 Another point I would like to add real quick
9 before I finish is one of the biggest [inaudible]
10 that I've seen that people don't get medical cards,
11 is because they want to maintain their gun
12 rights and there is ambiguity in federal law
13 between having a medical card and also owning a
14 gun.

15 And that has been the number one reason by far
16 why people are hesitant towards doing so, and I
17 think this is a gun friendly community.

18 MR. TEDFORD: Thank you for that. Appreciate
19 that.

20 MR. SHUCK: Any questions? Thank you.

21 MR. TEDFORD: Thank you. Okay. Anybody else
22 wish to testify?

23 HERB: Yeah. A little prudence all, I'm not
24 from Las Vegas or Reno like some of these people. I
25 live right here in Fallon.

1 MR. TEDFORD: Hi, Herb.

2 HERB: Hi. Here a while back we had a
3 city and a county wide election and the results of
4 that election I think I was like 52 to 48
5 percent, the people voted it down. They did not
6 want marijuana or these kind of people in our town.

7 So, I don't know if [inaudible] it or not,
8 if

8 he did he had a pretty good reason but I know the
9 people on Fallon don't want it. And if public
10 officials, think they should abide by the --
11 the vote of the people, the majority of the people
12 are not the special interests.

13 That's all I got.

14 MR. TEDFORD: Okay, thanks, sir.
15 Appreciate that. Do we have anybody else against or
16 are we --

17 MALE 1: [inaudible] --

18 MR. TEDFORD: Yeah,
19 we just got over there a little bit. Anybody
20 against, this before we switch to the
21 for the amendment or for the bill?

22 [talking in the background, inaudible]

23 MR. TEDFORD: For the bill.

24 [talking in the background, inaudible]

25 MR. TEDFORD: Yeah. Okay.

1 [talking in the background, inaudible]

2 MR. TEDFORD: You come. You need to come. This
3 -- thank you.

4 MR. GIBSON: Thank you.

5 MR. TEDFORD: Yes, sir.

6 MR. GIBSON: My name's Russell Gibson, I moved
7 here in July of last year.

8 FEMALE: We can't hear [inaudible] --

9 MR. TEDFORD: You need to --

10 MR. GIBSON: I am at 1334 Bianchi Lane,
11 Fallon, Nevada. I'm a Vietnam Vet. I've never used
12 marijuana, but I sure saw a lot of it in Vietnam.
13 the marijuana we had was nowhere near, I
14 understand, the strength of what they have now.

15 I just don't think it's a good thing to
16 have in your town. All the people, other than
17 the gentleman before me, were all from the out of
18 the area. That's a business. They don't live here,
19 they don't care. It's a business.

20 To a couple of the nurses, I would say, I have
21 to exclude them from that statement slightly, but
22 people that live here, I don't think it's a good
23 thing for your kids, I don't think it's a good
24 thing to have around, for your police
25 department.

1 You've got major highways coming north, south,
2 east and west. If you've got a place here where
3 they can buy it, are we going to have more wrecks
4 on the road? They're already plowing through town
5 and maybe go straight down Main Street, whoo, not
6 good.

7 That's all I have to say. I'd just like you to
8 think what's good for the town.

9 MR. TEDFORD: Okay. Thank you. Let me go back
10 to this -- the -- the Bill 780, an ordinance
11 amending Fallon Muni Code to prohibit marijuana.
12 Does anybody else want to speak for the bill to --
13 before we get to those people who want to prohibit
14 it. Are anybody against this bill? Yeah. Nick,
15 would you like to speak again?

16 NICK: Yes -- yes, please. One last
17 comment that I forgot to add --

18 MR. TEDFORD: For -- this is not a
19 rebuttal.

20 NICK: -- that's not a rebuttal of --

21 MR. TEDFORD: Okay.

22 MR. TEDFORD: -- the previous --

23 MR. TEDFORD: Okay.

24 NICK: -- comment.

25 MR. TEDFORD: Okay.

 NICK: It is something completely, not

1 related.

2 There's been a debate about whether
3 or

4 not Churchill County and Fallon can regulate
5 these licenses themselves.

6 MR. TEDFORD: And I want to clear up what
7 regulate means to us.

8 NICK: Okay.

MR. TEDFORD: Okay.

10 NICK: So, I'm just going to draw an
11 analogy --

12 MR. TEDFORD: [inaudible] --

13 NICK: -- real quick --

14 MR. TEDFORD: -- I'm talking still.

15 NICK: Okay. Sorry, about that.

16 [laughter in background]

17 NICK: What does regulate mean to you?

18 MR. TEDFORD: Regulate means that
19 we go through the back, we go through the door --

20 NICK: Mm-hmm.

21 MR. TEDFORD: -- and we check out how that
22 business is being run.

23 NICK: Mm-hmm.

24 MR. TEDFORD: We, the City, don't regulate
25 business here.

NICK: Mm.

1 MR. TEDFORD: Okay? We don't regulate any
2 business. We don't go and see how a restaurant's
3 being run. Wwe don't do that here. We
4 don't go regulate how a beauty shop's being run.
5 The State does those sort of things here --

6 NICK: Mm-hmm.

7 MR. TEDFORD: -- okay? And the -- the business
8 here sends money to the State for that privilege
9 and they had someone here last time who spoke on
10 their behalf about how their businesses run well.

11 The medical marijuana business
12 is run well and we believe that. Okay? So, PD
13 doesn't go behind here, behind the business and see
14 how it's run. We had a problem a few years ago with
15 some minute markets who were selling drugs --

16 NICK: Mm.

17 MR. TEDFORD: -- okay? Ma- -- and -- and in a
18 manner that wasn't acceptable to this Council and
19 to this Mayor. The DEA came in here and the FBI
20 and they found some things wrong, and they went
21 behind the door --

22 NICK: Mm-hmm.

23 MR. TEDFORD: -- with the Police Department at
24 that time. We are not in the position of
25 going and regulating the business because the State

1 regulates this particular business and how they
2 operate.

3 Now, you know this [inaudible] carry in all
4 this kind of stuff in Vegas, you know that --
5 that's how that's done. So they're going to
6 drive by the parking lot and see if there's cars
7 out there and if something happens out in the
8 parking lot, we're going to be on it, just like I
9 told Mr. Gilbert.

10 So, let's be careful how we use the word
11 regulate. It's very important to us --

12 NICK: Mm-hmm.

13 MR. TEDFORD: -- because I don't want any of
14 the citizens here to think Fallon PD, and I
15 certainly don't want these folks who are running
16 this medical marijuana business to think Fallon
17 PD's going to go through that door which they
18 haven't done --

19 NICK: Mm-hmm.

20 MR. TEDFORD: -- in the time that they've been
21 in existence. That isn't fair to them. We're not
22 going to start doing that.

23 NICK: Okay.

24 MR. TEDFORD: Businesses run very well and
25 We're not second guessing that

1 tonight. So, let's be careful about the word
2 regulation so --

3 NICK: Yeah --

4 MR. TEDFORD: -- find another word.

5 NICK: Well, I think you just made my
6 whole point null, which is seeing
7 counties and local ordinances write regulations
8 that supersede what the State has and if you had
9 any, inferences or any reservations before, you
10 could enact one of those.

11 MR. TEDFORD: We're not going to.

12 NICK: All right, thank you.

13 MR. TEDFORD: The City does not like to write
14 very many ordinances at all. You find -- you're
15 finding something we don't like to do here.

16 NICK: All right.

17 MR. TEDFORD: We don't like to regulate
18 citizens or write ordinances for them.

19 MS. FROST: Before -- before he leaves, I have
20 a question as well and just a clarification --

21 NICK: Mm-hmm.

22 MS. FROST: -- if we want the record clean.

23 --

24 MR. TEDFORD: Clean and clear.

25 MS. FROST: Clean and clear. Okay. When

1 somebody, fills out the questionnaire
2 through a federal gun, dealer to purchase a
3 firearm, I believe it -- the question states that
4 if you use medical or recreational marijuana it
5 doesn't matter --

6 NICK: Mm-hmm.

7 MS. FROST: -- it's asking that question. It's
8 not asking if it's medical or recreational. It's
9 just the pure use of it. So, people that would
10 purchase it recreationally, would they be denied a
11 background check?

12 NICK: From the best of my understanding
13 and I have to research this again, how the gun
14 stores and those other retailers go about verifying
15 this is they cross check the medical database
16 versus the, all the medical marijuana databases
17 like Nevada, California, Oregon, etcetera
18 versus, I guess who's trying to purchase the gun to
19 make sure there isn't a match.

20 Under recreational cannabis laws here, you
21 don't actually need to criminally identify that
22 person, you just need to identify them at the point
23 of entry and at the point of sale and then you
24 don't need to maintain records of that person.

25 So the purchase is more or less anonymous as

1 long as we're verifying that person is over 21 on
2 premise. And we're not checking the medical
3 records. Does that make sense?

4 MS. FROST: Yes.

5 NICK: Okay.

6 MS. FROST: So the person would be lying on
7 their form?

8 NICK: They just want to show up [ph].

9 MR. TEDFORD: Mm-hmm. Well, that's word
10 Smithing it.

11 [laughter in background]

12 MR. TEDFORD: Do you have anyone
13 else that you know of is testifying? Okay.
14 Let's take a break here.

15 let's take a five-minute break. I was accused of
16 not taking one and man, holy heck rained on me.

17 [recess taken]

18

19

20

21

22

23 MR. TEDFORD: It's going to be organized.

24 Okay. You ready? I think we have just the end

25 of, the people that are against this ordinance

1 and then we'll start the people for it.

2 FEMALE 1: (inaudible] again. Thank you
3 again, for taking the time to listen. I just
4 wanted to kind of summarize, I think that
5 Councilman Erickson you said it -- said it
6 perfect in that, we're not here tonight to debate,
7 the pros and cons of cannabis.

8 We're here to decide whether or not the City
9 of Fallon is going to allow adults in the community
10 easy access to the cannabis, whether it's for
11 recreational use or whether it's for medical use.

12 I just ask the council tonight
13 to realize we're going to hear a lot of, I know,
14 coming up is opposition as to the -- the detriments
15 of how bad cannabis is, but the reality is the
16 community was pretty split on whether or not,
17 recreational use for the State, the County and the
18 City, on that vote.

19 So, we're not -- we're not here today to ask
20 the County -- or to ask the City to force those
21 community members to use cannabis who don't want
22 to. We're asking the council to allow access to
23 those adults in the community who take that -- 21
24 and older who -- who want that ability to have that
25 access.

1 And, so, you know, we don't want to deprive,
2 and we ask the council not to deprive those adults,
3 who voted for recreational use that option and
4 that choice, to be able to purchase.

5 And -- and again, we're not -- we're not
6 forcing, we're not asking the council to obviously
7 force anybody, any adult to -- to, have to use
8 cannabis.

9 We're just asking for easy access for those
10 who do and to consider again, the benefits for
11 the law enforcement to be able to enforce illegal
12 home grows. They will not have that same
13 enforceability if they do not -- if the City does
14 not have a recreational, dispensary.

15 So thank you again for your time. We really
16 appreciate it. I know it's been a long journey.

17 MR. TEDFORD: Okay. Thank you. Okay, now we
18 will allow comments in favor of the adoption of the
19 ordinance as proposed. We have two on record
20 already from Herb and from Russell.

21 So, we're good to go and we'll go with,
22 anyone else, so. Okay. Name and record for the --

23 MR. WAITE: My name is Nathan Waite [ph].

24 MR. TEDFORD: Nathan.

25 MR. WAITE: I live at 275 West Richards

1 Street here in Fallon. About 22 years ago I
2 moved here and, I've had the opportunity to,
3 own actually three different homes in the city
4 limits.

5 So this is of interest to me, and the
6 decisions of the council affect me. I don't
7 represent anybody except for myself. My kids are
8 grown, and they're gone now, so, I just
9 represent myself.

10 First of all, I want to state that I
11 believe, individual choice is a right of all
12 people. And I'm not here to argue for or against a
13 decision that any adult would make because that's
14 something that goes beyond, the authority of
15 this council. We're all born with the opportunity
16 to choose and, we choose and we have to
17 face the consequences of our choices.

18 I know there are many studies for or against
19 or in -- in favor or in opposition but I would just
20 like to talk to you about, my personal
21 experiences here in Fallon because I feel like
22 those are the most relevant.

23 And to be honest with you, those mean the most
24 to me. Those mean more to me, than any study or
25 any quotation from an expert or anything like that,

1 my own personal experiences relating to this
2 subject.
3 I mentioned that I had, purchased three
4 residences within the city limits in the last 20
5 years. And, obviously I am in favor of Bill,
6 780.

7 And I support it because when I lived in two
8 of those three residences, there were known
9 recreational marijuana users who lived within a
10 block of me and I personally witnessed the chaos
11 that irresponsible behavior, as I judge
12 it, that endangered my family and it
13 it was a black eye in our neighborhood.

14 My relatives would say, are you going to move
15 out of the hood of Fallon and move to a different
16 neighborhood and I said, you know, we are
17 where we're at. And so I can personally say the
18 recreational use of marijuana was a negative to two
19 of those three neighborhoods.

20 The other experience that I draw in
21 when I decided to come speak to you today, had
22 to do with the difference between adults and kids.
23 Those of you who know me know that I work with
24 kids. And, I agree, that all adults are given
25 the right to choose what they want to do.

1 And to be honest with you, I agree that,
2 you know, marijuana's probably not going away or,
3 you know, if somebody chooses to use that in
4 in a medical way, to be honest with you,
5 that's their choice.

6 But, I would like to say in the last year,
7 I have seen more instances of youth who are in
8 possession of marijuana, who are selling marijuana,
9 who are trading marijuana, and I would add
10 marijuana products, and I believe it's a result of
11 the proliferation of marijuana and marijuana
12 related products in our community.

13 I really like that you have the maps of
14 our city up here behind you and as I was looking at
15 those and listening to your comments, Mayor
16 Tedford, I thought, that little sanctuary is really
17 where everything happens when it comes to kids,
18 organized things for our kids in this community. We
19 got the schools, we got the parks, we got the
20 swimming pools, it's all right there.

21 And nobody is arguing that adults can't be
22 adults. But you have the opportunity tonight not to
23 make the world perfect because nobody's going to do
24 that, but to protect that little area where the
25 kids are at for most of their time.

1 When I go to their FYFL football games, when
2 they're doing all their baseball games and
3 everything, we're going to know that in that little
4 zone there's not going to be an unnecessary amount
5 or access to a substance, which quite
6 frankly is regulated for a reason. I mean, we can't
7 get in and drive a car.

8 One other positive I would see with, with
9 this is it shows the community, and I'm not
10 talking about just Fallon. It shows everyone what
11 we believe in, what we stand for. I believe
12 positive attracts positive and negative attracts
13 negative. And like I said at the beginning, I speak
14 from my personal experiences and that's the reason
15 I express this.

16 And I would encourage you to go forward and
17 prohibit the increased use under your watch. I
18 mean, if it's used illegally, I mean
19 that's an adult's choice, right.

20 But we don't have to condone it and we don't
21 have to choose, to allow adults to do things
22 that right now we know will end up in the hands of
23 kids because the kids don't have enough experience
24 yet to make correct choices.

25 And I guarantee you, that is where they're

1 getting it. The kids are getting it from adults.

2 The kids are not cultivating it themselves. Thanks.

3 MR. TEDFORD: Thank you, Nathan. Tom. Name and
4 address for the record.

5 MR. RIGGINS: Thank you, Mayor, council
6 members. My name is Tom Riggins, I live at 975
7 Airport Road, that's not in the city but it is a --
8 a 89406 ZIP code. I'm here because although I
9 live in the county, your decisions in the city will
10 have an affect on the entire county.

11 I have been known to have an opinion or
12 two occasionally.

13 [laughter in background]

14 MR. RIGGINS: -- but I do like to deal in
15 facts and I like to base my opinions on facts. When
16 I started to look for facts concerning recreational
17 marijuana, what I found was, partial
18 conflicting and usually geared towards the bias of
19 whoever was putting that -- those statistics
20 together and that was on both sides of the aisle.

21 I did find in Colorado one study, I have no
22 idea what the organization stands for but the
23 statistics and data that they provide were strictly
24 just that, they didn't attempt to
25 interpret the -- just provided the data.

1 And it's from state and local agencies in
2 Colorado. They've been doing this for five
3 years. And they're copiously referenced and an
4 annotated so that you can go through
5 and look up what they're saying and verify it.

6 This is a 176-page report so I'm not going
7 to go through the whole thing, I promise. What
8 the people that do the report, and it's
9 called the Rocky Mountain High Intensity Drug
10 Trafficking Area.

11 You can find this report at rmhidta.org.
12 And as I said, they've been doing this for five
13 years. The most recent was Volume 5 in October
14 2017. What I'm going to do is, mention some
15 statistics that I think, would have some
16 economic or social affects that we could extend and
17 apply here.

18 Marijuana-related traffic deaths
19 in Colorado increased 66 percent for a four-year
20 average of 2013 to 2016 after legalization of
21 recreational marijuana in Colorado. All traffic
22 deaths increased 16 percent.

23 Adult marijuana use, and they call
24 this adult past month marijuana use, which is
25 basically regular use, increased 71 percent

1 which stands to reason. The latest 2014, 2015
2 results show Colorado's adults rank number one in
3 the nation for past month's marijuana use.

4 Now, I don't have a problem with that, but
the

5 next statistic bothers me. Youth past month
6 marijuana use increased 12 percent per year in a
7 three-year average 2013 to 2015.
8

The latest 2014, '15 results show Colorado
9 youth ranked number one in the nation for past
10 month marijuana use, up from number 14 in 2005 and
11 2006. Now, keep in mind, that statistic is for
12 minors, people that aren't supposed to have
13 marijuana legally.

14 Going along with that, all drug violations
15 for the 2015, 2016 school year, this comes from the
16 Colorado Department of Education,
17 suspensions, 4,236 of which 63 percent were for
18 marijuana.

19 Referrals to law enforcement 1143, of which 28
20 -- or excuse, of which 73 percent were marijuana
21 and expulsions 337, which is 58 percent were for
22 marijuana.

23 So they didn't interpret that data, but I can
24 infer from that very easily that the legal
25 availability of marijuana to adults translates to a

1 higher use for youth or minors, if you will.

2 and the accessibility of recreational marijuana
3 carries through to the youth as well.

4 Some other statistics, the yearly number
5 of marijuana related hospitalizations in Colorado
6 increased 72 percent after the legalization of an -
7 - recreational marijuana.

8 Youth hospitalizations quadrupled in that
9 period mostly for what they called mental health
10 issues. I don't know exactly what that involved but
11 the fact that the youth admissions quadrupled is
12 telling.

13 Another item, marijuana-related
14 exposures, now this is phone calls to the poison
15 centers, increased 139 percent in the four-year
16 average since Colorado legalized recreational
17 marijuana.

18 Marijuana-only exposures; this is where
19 marijuana was the only cause cited for the call,
20 increased 210 percent in that same period.

21 Crime rates in Denver increased 6 percent
22 from 2014 to 2016. I really didn't have any causal
23 background for that but in Denver there was an
24 increase of 11 percent from 2013 to 2016.

25 This might be helpful in economic

1 decisions. Colorado's annual tax revenue from the
2 sale of recreational and medical marijuana was 8
3 tenth of 1 percent of Colorado's total budget in
4 2016.

5 Another thing that you might be interested
6 in, 66 percent of local jurisdictions have banned
7 medical and recreational marijuana businesses. So,
8 in other words, out of the 110 or so
9 municipalities and legal entities in Colorado,
10 about 70 have said no.

11 And one final reminder, according to the
12 Secretary of Nevada, Secretary of State, Churchill
13 County's vote, against question two in 2016 was
14 59.86 percent against. So, if you support your
15 ordinance, you're representing the majority of the
16 voters in the county. Thank you.

17 MR. TEDFORD: Tom, we're going to need
18 all those stats and where they came from for the
19 record. And we're going to need them
20 provided to Val.

21 MR. RIGGINS: PDF copy acceptable, if I can
22 figure out how to get it off my phone? Or can I
23 email it to you or --

24 [talking in background, inaudible]

25 MR. TEDFORD: She can --

1 MR. RIGGINS: She can be reached --

2 MR. TEDFORD: -- she'll provide -- she'll give
3 you a card and she'll provide those [inaudible].

4 MR. RIGGINS: Thank you.

5 MR. TEDFORD: All right, thank you.

6 MR. LORDS: Good evening, Mayor and City
7 Council. My name's Kevin Lords, I'm
8 the principal for another month at the high school.

9

10 MR. TEDFORD: Where you going then?

11 MR. LORDS: I'm going to be in the district
12 office --

13 MR. TEDFORD: Oh, okay.

14 MR. LORDS: -- here at the end of -- the
15 beginning of next month.

16 I live at 1589 Tamara Lane in Fallon.
17 just real briefly, I've been the principal at the
18 high school for nine years and the data that I
19 pulled is, we have had disciplinary action taken
20 against our students no more than five in a school
21 year for the first eight years I was at
22 the high school.

23 This last year, that number's tripled. And
24 I don't pretend to think that we're catching every
25 student that is in possession or using marijuana on

1 our campus. I don't even know what
2 number that would be.

3 The ease of access is very worrisome for
4 myself as a parent, as well as as an educator.
5 When adults have easy access, kids have easy
6 access.

7 We dealt with a situation this year of
8 some edibles that a student brought to school and
9 distributed. Those edibles were not purchased
10 by the student but found that they received them
11 from an adult and therefore that is what's
12 concerning to me.

13 I am in favor of your Bill Number 780 and --
14 and would agree that we need to protect our
15 children in this community, first and foremost.

16 And we know that not all adults make the
17 best decisions, nor do all the children make the
18 best decisions, but if we can protect them in any
19 way, I'm in favor of that. Thank you.

20 MR. TEDFORD: Kevin, if you have a number on
21 that from your first day -- years to your ninth,
22 Val's going to need a copy of that to provide to
23 Ardea [ph].

24 [talking in background, inaudible]

25 MS. SCHANK: Carmen Schank, my address is 2475

1 Austin Highway. I am a school board trustee in my
2 7th year, of working on the school board.

3 On the pics that I gave you I have the,
4 places where this information was gathered
5 from.

6 You can see that there. A large
7 portion of it is from the National Institute on
8 Drug Abuse and also from the DARE program that
9 we've been using in the school for years to teach
10 the children.

11 I'm not going to read the whole thing,
12 but I do want to read some parts of it. The first
13 paragraph there says, "Marijuana establishments in
14 communities have shown to increase community wide
15 acceptance and accessibility for youth. Studies
16 show that with increased acceptance and
17 accessibility to marijuana, youth use
18 rates increased." In other words, if adults have
19 it, the rates in the youth increase, which Mr.
20 Riggins just stated that and Mr. Lords.

21 "A 2015 study shows that legalized
22 dispensaries can lead to greater recreational
23 marijuana use and abuse among adults and those
24 under the age of legal age of 21. Addiction rates
25 increase with increased accessibility to the drug,

1 especially with youth of who 90 percent of all
2 addictions begin with." So, if they're exposed to
3 it, they become -- 90 percent of them can
4 become addicted to it.

5 "Youth that use before the age of 17 are 70
6 percent more likely to become addicted. Forty
7 percent of people between the ages of 12 and 17
8 years old purchase cannabis in cannabis shops.
9 Growing up with less than two-thirds mile of a
10 marijuana dispensary is associated with earlier age
11 of onset marijuana use."

12 Now I know this in the ordinance
13 bill number it says -- one of the things that's
14 included here is retail marijuana stores.

15 We have a mini-mart right next to the high
16 school and yes, kids under 21 are not supposed to
17 buy it but they have problems with shoplifting of
18 alcohol there and I know that if they have,
19 marijuana, available there, if kids don't
20 have money it'll be shoplifted. That's been one
21 of the problems that we do have to
22 deal with there.

23 Turning over to the next page --

24 MR. TEDFORD: Wait, wait, wait a sec. Wait a
25 sec. Wait a sec. Were you talking now?

1

MS. SCHANK: Oh, I'm not done.

2

3 MR. TEDFORD: No, no, I know you're not but
4 what store are you talking?

5 MS. SCHANK: Well, there's a

6

mini-mart. I'm not going to say the name of it.

7

MR. TEDFORD: No, no, but what location are
we at?

8 What school did you just say --

9

MS. SCHANK: The high school.

10 MR. TEDFORD: Okay. Well, I know what mini-
11 market it is, but, they're

12 MS. SCHANK: I mean --

13 MR. TEDFORD: -- they're not selling that
14 cannabis. We're talking --

15 MS. SCHANK: No, it says here retail marijuana
16 stores and, so, is that not a store?

17 MR. TEDFORD: Ri- -- ri- -- that's a store but
18 it's not a retail marijuana store.

19 MS. SCHANK: Okay, okay. It would have to be a
20 specific store for marijuana?

21 MR. TEDFORD: Yeah.

22 MS. SCHANK: Okay.

23 MR. TEDFORD: That's correct.

24 MS. SCHANK: That clarifies that.

25 MR. TEDFORD: Yeah.

1 MS. SCHANK: Thank you.

2 MR. TEDFORD: Okay. Yeah. Sorry to interrupt
3 you --

4 MS. SCHANK: Well --

5 MR. TEDFORD: -- go ahead.

6 MS. SCHANK: -- "Many youth are now using" --
7 this is on the second page -- "Many youth are now
8 using marijuana as a way to self-medicate
9 themselves for stress management. We want to make
10 note of the impacts on youth brain development and
11 the long-term effects. Marijuana impairs
12 development in the areas of the brain that control
13 reasoning, stress management, focusing, motivation
14 and several other areas leaving long-term impact,
15 with the ability of reducing IQ by 8 percent."

16 I'm going to skip down to the bottom of
17 the page now where it talks about, people
18 who are intoxicated with marijuana "are much less
19 able to learn or memorize."

20 We actually do have students that come to
21 school taking marijuana and they're dazed.
22 We've had an expulsion from students on
23 marijuana even as early at the middle school.
24 We're dealing with it in the schools and as this
25 first paragraph stated, if adults have

1 accessibility to it, the youth are going to have
2 access to it also.

3 "They're much less able to have proper
4 motor coordination as stated, people who drive
5 under the influence of that are impaired. There
6 have been deaths from it." So, when people say it
7 doesn't affect other people, it does. If you lose a
8 loved one because of that it affects you.

9 "Much less able to pay attention. Much less
10 able to get higher education. Much more likely to
11 have car accidents. Much higher risks that it is
12 fatal than when they are not intoxicated."

13 Our graduation rate will more than likely
14 go down if this is allowed.

15 Turning over onto the next page. "How
16 addictive is marijuana? Estimated 9 percent exposed
17 to marijuana will become addicted. Marijuana
18 a gateway drug." This is taught in the
19 DARE program that they -- it is known that people
20 who take marijuana it leads to other drugs. It can
21 lead to other drugs. So, it's called a
22 gateway drug.

23 "Youth that start marijuana use before the age
24 of 17 have a much greater rate of becoming addicted
25 to a wide range of other drugs. Marijuana, how

1 does it harm the brain? Across all of the cortical
2 areas of the brain, the area of the brain that
3 allows you to think there is a significant
4 reduction on cannabinoid receptors in marijuana
5 users."

6 I'm going to skip down to where it says
7 "Significant affects are seen in the hippocampus
8 which is crucial in memory and learning. The
9 amygdala, which is a crucial area in emotions and
10 is responsible for enhanced anxiety when the
11 cannabinoid system does not work. Wiring of
12 networks in the brain is profoundly decreased in
13 users of marijuana. The number of fibers were --
14 was reduced 85 to 90 percent in Dr. Vilpase's [ph]
15 study referenced. Areas of the brain this applies
16 to are as follows: They have a campus, a main
17 pathway connecting the left and right parts of the
18 brain with the main mode in the brain is profoundly
19 disrupted in marijuana abusers. And the longer the
20 exposures, the less fibers there are in
21 those pathways." So it does have, bad effects
22 on the body. There are lower cognitive levels.

23 I'm going to go to the next page. Actually,
24 That's notes that I have here. In the DARE
25 program, it's stated, "It is neither safe nor

1 healthy for students and all children under the age
2 of 18 to use marijuana. The science on the subject
3 is clear, it has dangerous and unhealthy
4 consequences on many levels. There are
5 increased traffic accidents and deaths, increased
6 emergency room visits with marijuana overdoses.
7 Increased hospitalization. Increased
8 addiction and use of other more lethal drugs and
9 out of every six who try will develop an
10 addiction."

11 Just because something is legal doesn't
12 mean that it's good either. Many
13 scientific studies have shown that marijuana use
14 has many negative, consequences" and as I
15 stated including impaired brain development. And
16 also increased lung infections.

17 It's -- study shows it
18 increases crime rates, it increases fatal drug
19 driving crashes, black market activity in states.
20 The complete long-term verdicts on the
21 study also are not finalized either.

22 People haven't been taking it long enough.
23 It's like when people started smoking cigarettes,
24 they thought it was the cool thing to do, it was in
25 all the movies and everybody was smoking.

1 And then years later they found out that it
2 caused cancer and was not good and now you see
3 signs all over where it says, please don't smoke.

4 And the long-term effects, not only to
5 the individual person but in societies and
6 communities, is not out completely. We're
7 seeing negative effects in Colorado and in
8 Washington.

9 The rates of insurance claims and car
10 crashes in Washington have gone up. You can go on
11 YouTube and look that up and see that. In fact,
12 tonight when you go home, go on YouTube and,
13 it's amazing what you find and all the negative
14 effects of marijuana use.

15 MR. TEDFORD: We need to stick to what you
16 have --

17 MS. SCHANK: Okay.

18 MS. SCHANK: The essential question --

19 MR. TEDFORD: -- facts to --

20 MS. SCHANK: -- here is looking at the big
21

22 picture, we do have a sanctuary. I live here
23 because I love this community, I love, the
24 people who lead and the things that they stand for.
25 Will the passing of legalizing what is

1 mentioned on this bill make our community a better
2 place? The answer is no, it will not. It will not
3 make it better.

4 I know in the schools it won't make it a
5 better place; we'll have to deal with all the side
6 effects of what happens if these things are
7 legalized. And I don't feel that this is too broad.
8 I think it's wonderful, everything that's in here.
9 It is a great ordinance the way it's written.

10 There's a saying in education, all that
11 teach toward the desired behavior. A desired
12 behavior as far as our youth is concerned
13 is, that we pass this ordinance the way it's
14 written.

15 And studies have shown if adults have
16 more access then -- you know, obviously, it doesn't
17 take a rocket scientist to figure that out, that
18 youth are going to have more access to it.

19 So, I'm, in favor of the way it's written
20 here. I don't think it's too broad. I love our
21 community. I trust you as, authorities in our
22 community to make the right decision for our
23 families and our youth.

24 And you have a lot of people here that are in
25 positions of authority, that are speaking out

1 tonight. I hope that you listen to them and trust
2 their judgements. A lot of them have been elected
3 by the people, they're in positions, been
4 appointed by boards, and they're in
5 favor of this way it's written.

6 So thank you very much for your time. And,
7 that's all I have to say. Thanks.

8 MR. TEDFORD: For- -- before you go, Carmen, I
9 have a couple questions. I think I'm missing a
10 page.

11 MS. SCHANK: There should be three pages.
12 the first two front and back and the last one
13 y you -- there was room to write notes on it.

14 MR. TEDFORD: Is this --

15 MS. SCHANK: -- and I had all of the resources
16 --

17 MR. TEDFORD: -- don't you have the sp- -- do
18 you have -- you know like you have.

19 MS. SCHANK: Can you compare it with somebody
20 who's sitting by you and maybe someone can make a
21 copy or if he's a missing a page?

22 [talking in background, inaudible]

23 MR. TEDFORD: I have this one citing the
24 source and --

25 MALE: Two other pages, right?

1 MR. TEDFORD: Yeah, but, on the source one

2 --

3 MS. SCHANK: Mm-hmm.

4 MR. TEDFORD: -- this cites,

5 MALE: You got it.

6 MR. TEDFORD: -- I haven't been to school in a
7 while. The source one is --

8 MS. SCHANK: It's on the back --

9 MR. TEDFORD: -- there's a --

10 MS. SCHANK: -- of the second page.

11 MR. TEDFORD: -- source one and then there's a
12 source one.

13 MS. SCHANK: Yeah, there's a -- there's an
14 extra resource on that last page there too. I just
15 stapled that on so that you had all of them.

16 MR. TEDFORD: That's just an extra source --

17 MS. SCHANK: Yeah.

18 MR. TEDFORD: -- to go read. Okay, I got it.

19 MS. SCHANK: In reference to --

20 MR. TEDFORD: I got it.

21 MS. SCHANK: -- what's written on papers. So,
22 you have local authority, you've been voted by
23 the people to make the right choice and I hope you
24 make the right choice tonight.

25 MR. TEDFORD: Okay. Thank you. I got it.

1 MS. SCHANK: Thank you.

2 MR. TEDFORD: Sorry I messed up
3 there.

4 MS. SCHANK: We appreciate everything you do
5 because I know it's not easy.

6 MR. TEDFORD: No. I know you don't.

7 MR. PERAZZO: Good evening, Mayor Tedford.

8 MR. TEDFORD: Just sec, okay --

9 MR. PERAZZO: Okay.

10 MR. TEDFORD: -- I -- I want to just clear one
11 thing up. The

12 medical marijuana store is not by a school. You
13 know, it's the State law is written as --

14 [inaudible] know if you can't be by a school. So,
15 if this passed in another form that allowed
16 it, they wouldn't be by schools ever. Okay? So --

17 MS. SCHANK: The medical marijuana [inaudible]
18 school is [inaudible].

19 MR. TEDFORD: No, it's not by a school
20 by law. It's not by a -- it doesn't matter how
21 close we think it is by law it's not we
22 had that hearing a long time ago and it -- well,
23 why don't you address the school issue, from
24 a legal standpoint. Do you want to sit down for
25 just a sec? There's a lot of people

1 here. I think it needs to be clear. You can't just
2 be by a school. Let's just
3 clear that up.

4 MS. SCHANK: [inaudible]

5 MR. ERICKSON: Yeah, I -- I think, Mr. Mayor,
6 you point out that the statutes prescribed certain
7 distances that facilities have to be from schools.
8 That's not an issue for the City
9 Council to address. That's in State law.

10 The hearing I believe you're referencing was
11 a prior hearing as it related to the
12 particular uses and a location of, the medical
13 marijuana facility.

14 That issue's been decided by the Council, so
15 that's not subject for debate or conversation
16 tonight. But you're right, the City's not in a
17 position to allow any of these facilities with the
18 statutorily prescribed distance from a school.

19 MR. TEDFORD: How far is it, Robert?

20 MR. ERQUIAGA: I believe it's a thousand feet.

21 MR. TEDFORD: Thank you for that.

22 It's hard to get a lawyer, let me tell you.

23 [laughter in background]

24 MR. TEDFORD: It's a thousand feet. So, it
25 could be a thousand and one or it could be from

1 what's what once was a school 999 feet.

2 But, it's got to be a thousand feet.

3 MALE 2: Mr. Mayor, can we also for the
4 record: Only one, the zoning only, it goes
5 by how much population in your community.

6 So, in Fallon, only one business would be able
7 to have a medical recreational dispensary,
8 correct? And it has to be at least a thousand feet
9 from a traditional school, so.

10 MR. ERICKSON: It'd be -- if you want medical
11 dispensary --

12 MR. TEDFORD: One medical and --

13 MALE 2: -- it could be two --

14 MALE 3: It could be two --

15 MR. ERICKSON: -- recreational facilities
16 within Churchill County --

17 MALE 2: In -- in Churchill County.

18 MR. ERICKSON: Yeah.

19 MALE 2: Okay, thank you.

20 MR. ERICKSON: And that's again, just
21 prescribed by State law.

22 MALE 2: Thank you.

23 MR. TEDFORD: So, State law could change but
24 it's not [inaudible] we're going to change that
25 thousand feet, not our legislature. Oh, I don't

1 know. You know, I said a lot of things about
2 Congress, so. Present company excepted is leaving,
3 but -- now legislatures can do anything. So,
4 okay. Mr. Perazzo, come on you can do it.

5 MR. PERAZZO: Mayor Tedford, Councilwoman
6 Frost and Richardson, Erickson,

7 MR. TEDFORD: I need your name and
8 address.

9 MR. PERAZZO: My name is Alan
10 Perazzo.

11 MR. TEDFORD: I know your name Alan, but you
12 have to say it into the microphone.

13 [laughter in the background]

14 MR. PERAZZO: My address is 1025 Perazzo Lane,
15 Fallon, Nevada, okay. I guess I'd just like to
16 say, amen to the last -- I'm not going to
17 reiterate, I'm going to be quick. I'll just say
18 amen to the last four people that spoke. And
19 say that I'm in favor of this bill, 780.

20 I will say this is an eye opener to come
21 to this meeting and the first words that were
22 talked about was, yeah, it's against the law to do
23 this but it's also against the law to do this
24 recreational but we're doing this and so why don't
25 we -- that confuses me because what,

1 world do we live on that we can do things that are
2 against the law.

3 But here or there, it's legal medically,
4 people have access to it. I don't feel we need it,
5 recreationally. So, I'm in favor of this bill,
6 780. Thank you. I got to go change the water.

7 MR. TEDFORD: I know.

8 [laughter in the background]

9 MR. TEDFORD: There you go.

10 MS. DINGUS: Hello, my name is Leslie Dingus
11 [ph], my address is 605 Sunrise Terrace, Fallon,
12 Nevada 89406.

13 MS. MANZO: Hi, I'm Michelle Manzo [ph]. My
14 address is 960 Concord Avenue, Fallon, Nevada
15 89406.

16 I'm an upcoming senior at
17 Churchill County High School. I am here to
18 represent myself.

19 And until 17 youth risk behavior survey,
20 [inaudible], they asked middle school kids a
21 question asking at what age did they first start
22 using marijuana.

23 A lot of the middle school kids answered
24 at the age of 11, which is around 5th and 6th
25 grade.

1 I have peers today who said that if they
2 have recreational --
3 shop industries in Fallon, that
4 they would feel that it's more that the city's
5 saying that it is a safe for it to be allowed and
6 they would believe that the community would be
7 allowed to say that it was okay when it's not in
8 the [inaudible].

9 So, a lot of studies have showed that
10 teenagers who regularly use marijuana are more
11 likely to have lower IQs or higher dropout rates
12 and also, worse on college exams so they do
13 worse on college exams. And it does get easier for
14 teenagers like us to get marijuana from anyone. And
15 we are concerned about our community and our
16 classmates.

17 MR. TEDFORD: Thank you, girls.

18 MS. MANZO: Thank you.

19 MS. DINGUS: Yeah.

20 MR. TEDFORD: You're very brave.

21 [applause in the background]

22 MR. TEDFORD: Very brave. Hi.

23 MS. HARDWICK: Hi. Good evening. For the
24 record, Linda Hardwick, 3909 London Circle, Fallon,
25 Nevada. I've been sitting listening to all this

1 tonight and I'm just going to read some of the
2 thoughts that have come to me. So, forgive me for
3 looking down.

4 But it's bad enough that the State has
5 legalized the use of marijuana. However, Fallon and
6 Churchill County citizens should not be sheeple
7 [sic]. We shouldn't comply with things that people
8 from out of the area think we should.

9 These visitors don't know the community, they
10 don't care about it like those of us who live here,
11 love it and want to preserve the uniqueness of it.

12 So, with all due respect to the out of towners
13 and to use a bumper sticker message, we don't care
14 how things are done in Reno, Las Vegas or
15 California.

16 [laughter in background]

17 MS. HARDWICK: So, for many reasons --

18 MR. TEDFORD: Now, qu- -- will you be quiet --

19 MS. HARDWICK: -- for many reasons I would ask
20 that you please don't California-cate Fallon any
21 more than it is now. Thank you.

22 MR. TEDFORD: Thanks, Linda.

23 MR. MARION JONTE: Good evening, I'm Marion
24 Tedford and the Council. Goodness. What else can be
25 said? Fallon people have stood up. Fallon people

1 have spoken for their community. Fallon people have
2 reiterated that the vote count and that our
3 city is the only city in the county, so the county
4 is represented in a city and the city's represented
5 in the county.

6 The people who've spoken before me are
7 educated, very articulate, very well informed,
8 they're leaders in our community, they're people
9 that we depend on; they're people that we listen
10 to.

11 Please, Council, take into advice these people
12 from your own town. I am amazed tonight that this
13 huge terrible, terrible drug industry is so much
14 ingrained in people that they have to come from out
15 of town and out of state to come and try to
16 convince people who love their community, love
17 their kids, to change their way of living.

18 I know that we already have a medical
19 marijuana dispensary and that is now history, but
20 we need not add to that with recreational
21 marijuana. We all have heard tonight from good
22 sources that it makes it much easier for our kids.

23 We've also heard that marijuana is a gateway
24 to further drugs and we've already got enough
25 problems with that. And I think if I read

1 correctly, the State is taking the resources
2 from the marijuana sales to enhance and build a new
3 drug enforcement unit, if I read that correctly.

4 And, so I urge you, please, to go
5 ahead and pass your ordinance because your
6 community's depending on you. Thank you for your
7 time.

8 MR. TEDFORD: Thanks, Marion [ph].

9 DONNA COSSETTE: I'm going to -- [speaking a
10 different language]. I want to thank you, Mayor
11 Tedford and Council members for having this
12 opportunity for the community to speak. I
13 live at 275 South Bailey Street in Fallon, Nevada
14 89406.

15 I would have to say about, the late
16 '90s I signed a petition in front of the old
17 Raley's Supermarket, it said do you want marijuana
18 sold in your community and I said, yes, I do.
19 Personal reasons was for medical marijuana. I think
20 it should be available to our communities in which
21 you have -- and our community already has that.

22 But at the same time, I support your bill of
23 780 and for our community because we are the oasis
24 of Nevada. Fallon, Nevada is the oasis of Nevada
25 and it should be kept that way for our children to

1 preserve and so our children can go to school
2 without having these peer pressures before them.
3 It's all around them. It's enough with alcoholism,
4 it's enough with other types of drugs, but
5 don't let this also be another one.

6 Now, I work with, I subcontract with the
7 Churchill Coalition and I visited with them not too
8 long ago and they asked me about a really cool
9 video that they were doing recently, and they do a
10 very good job in our community about educating the
11 community on the uses of drugs and trying to reach
12 out to our community in getting the children to
13 really understand what it means when you
14 get involved with that.

15 And when I went there, they said, hey, check
16 this out. I just wanted to share with you there's
17 over 60 plus percent of women -- I don't have those
18 stats in front me -- who use -- pregnant women who
19 use medical -- or who use marijuana when they go
20 and have their children. And then I guess at that -
21 - I was astonished how they even got those numbers,
22 but, it was astonishing.

23 And I said, is that all pregnant women? They
24 said yes. So, right out of the chute. These aren't
25 even lives yet, born lives. These children are

1 being subjected to something that's not even
2 voluntary.

3 you know, it's involuntary for them. And we
4 have a hard task ahead of us to try and, deter
5 our community from the uses and the bad effects of
6 those uses of -- of marijuana recreationally.

7 Medically, they do serve a purpose, I know. I
8 have my father-in-law who's now since passed away,
9 his doctor said, get him some marijuana. We had no
10 -- I didn't know where to get marijuana.

11 He couldn't use it. We didn't know where to
12 get it, it was illegal. So, he suffered because his
13 medicines were just not working, they were making
14 him sicker and sicker, and he was starving himself.
15 You know, with our, military community
16 here, I'm sure it's still against the law for a
17 military personnel to use medical -- or to use
18 marijuana and still be honorably discharged. It's,
19 you know, it's against the law, I'm pretty sure it
20 is.

21 They'd probably get a dishonorable discharge
22 and if we make it that much more easier for our
23 young, military men in our community to
24 use the medical mar- -- or to use the marijuana,
25 then it'll probably be -- we're making it easier

1 for them to have access to, that marijuana in
2 our community.

3 Now, I don't live too far from the dispensary
4 today, maybe like three or four blocks. But I hope
5 what -- those communities with -- around there, you
6 know, their property values don't go down. I don't
7 know if that happens, I'm sure in other communities
8 it does.

9 Crime rate, I don't want to see our crime
10 rate in the city of Fallon to go up, you know,
11 within our community.

12 And I do want to say this that, the
13 reference to Nancy Pelosi was uncalled for. I'm
14 sure that, well -- as you know that -- that you
15 have -- in a previous comment, of calling her
16 Pocahontas, we have community members who are of
17 Shoshone decent and it was not called for. I just
18 wanted to add -- put that on the record as well.

19 but anyways that's just my comment
20 and I support your bill as well. Thank you.

21 MR. TEDFORD: Thank you.

22 MR. RUSSELL: Mayor Tedford, Councilmen,
23 Councilwoman, my name is Steven Russell. I am the
24 chairman of the Churchill Community Coalition. I'm
25 also retired from the Churchill County school

1 system. I was director of transportation and
2 safety.

3 We tasked a coalition to, put a
4 survey out with the top 10 employers for the state,
5 for the county and for the city of Fallon and the
6 business, employee ranges from 600 employees to
7 100 employees.

8 What we asked for is that they had a drug
9 policy or a non, marijuana use policy in
10 their hiring practices. And nine of the ten
11 businesses do have a policy in place that does not
12 allow marijuana use.

13 We also found that seven of the ten,
14 businesses, or employers in the county also receive
15 federal funds. Those who receive federal funds have
16 to have a non marijuana smoking policy in
17 their, drug program. The school district has
18 one, Walmart has one, the Base has a non-drug use
19 policy as well.

20 We feel that, if we're going to
21 attract more businesses to our community and if we
22 keep our employees drug free it's going to
23 increase the productivity of the employees
24 that are working there.

25 Meanwhile, we have GE Construction

1 Company, Johnson's Construction Company and
2 Colorado Springs put an article in the,
3 Colorado Springs Gazette paper where he was having
4 trouble hiring individuals that were drug free to
5 work in his construction company because he was an
6 employer and the safety concerns that they have of
7 people working in construction and that he's had to
8 go out of state to hire most of his employees.

9 I'll leave a copy with this with you. It
10 has references on where we got our information.
11 Thank you.

12 MR. TEDFORD: Okay, thank you. If you could
13 leave that with Val. We appreciate it. I'll have it
14 incorporated in the record. Thank you.

15 MR. RUSSELL: Yes, sir.

16 MR. REESE [ph]: I'd like to submit this, sir.

17 MR. TEDFORD: Yes, sir.

18 MR. REESE: My name is Jim Reese and I'm an
19 obstetrician/gynecologist with Banner right down
20 the street and I've worked here since, June of
21 last year. And I think many of us here -- oh, I'm
22 sorry. My address is 615 Great Basin Lane, Fallon,
23 Nevada 89406.

24 I think many of us can recall the movie Jaws
25 where the child was eaten right off the shore and

1 the mother went to the sheriff and said, Sheriff

2 Brody, you knew the waters were dangerous.

3 You knew the waters were dangerous, they're
4 unsafe. And you opened the beaches. Here the waters
5 are the use of marijuana in pregnancy. It is clear,
6 that there is absolutely no positive affect of
7 marijuana use during pregnancy.

8 November of 2017, the American
9 College of Obstetrics and Gynecology published
10 a committee opinion.

11 Nowhere in that committee opinion can I see
12 any recommendation for the use of either
13 recreational or medical juaan marijuana during
14 pregnancy. And the reason for that is that it's
15 dangerous. Just like the waters are dangerous,
16 using marijuana in pregnancy is dangerous.
17 So, for some of the data that has been
18 mentioned already, there's an increase in
19 stillbirth, there's an increase in low-birth-weight
20 babies, there are problems and detriments in visual
21 and problem solving, detriments in visual and motor
22 coordination, problems with visual analysis and
23 teacher observed poor reading and spelling skills.

24 What is very important also to note is
25 specifically in the first trimester of pregnancy,

1 there's an increased incidence of anencephaly where
2 the fetal brain is essential missing. This, of
3 course, is incompatible with life. Sometimes it
4 can take up to a year for these babies to die.
5 That's a terrible thing for the family, for the
6 caregivers, and it is clear from the day that it
7 was published in November of 2017 that there is an
8 increased incidence of this finding, during
9 pregnancy.

10 Now, what is so important is just this month,
11 American College of Obstetrics and Gynecology
12 published recommendations from cannabis
13 dispensaries about the first trimester cannabis use
14 and I think that you have that.

15 And upwards of 70 percent in Colorado of the
16 cannabis -- the retail cannabis stores recommended
17 pot use to treat nausea and vomiting in pregnancy.
18 So, it's clear that we know that there is an
19 adverse effect of the use of marijuana in
20 pregnancy.

21 It is clear that there are
22 fetal malformations but just in Colorado, the
23 retail industry is recommending the use of
24 marijuana. And you will have this, June
25 publication.

1 So, I think the facts are before you
2 I would request respectfully, that five
3 years henceforth that we do not look back on this
4 day and think, gosh, we had the opportunity to make
5 a difference to protect the future generation of
6 the citizens of Fallon.

7 Do you have any questions, sir? City Council?

8 MR. TEDFORD: Does Council have any questions?

9 MR. RICHARDSON: For the record, I would never
10 support pregnant women using marijuana,
11 regardless of any situation or any laws or any
12 zoning things that we have decide. I mean --

13 MR. REESE: Yes, sir. I think what --

14 MR. RICHARDSON: -- I guess what we're talking
15 about tonight.

16 MR. REESE: Yes, sir.

17 MR. RICHARDSON: I was just making a
18 statement, sorry.

19 MR. TEDFORD: Thank you. Yes, sir.

20 MR. HARTMAN: Mr. Mayor, and,
21 Councilmembers. For the record, my name is Jim
22 Hartman and I'm coming to the big city tonight
23 from Genoa, Nevada.

24 laughter in background] My
25 residential address is 254 Genoa Highland Circle,

1 and I was, in the last election campaign I was
2 the president of Nevadans for Responsible Drug
3 Policy. And we were actively opposing Question 2.

4 And want to point out that that passed, as you
5 know, statewide by a hundred thousand votes, all of
6 which came from Clark County.

7 The margin in Clark County was a hundred
8 thousand votes; it passed statewide by a hundred
9 thousand votes. It actually lost in 13 of 17
10 counties including the county I reside in, Douglas
11 County. It lost by 15 points in Douglas County and
12 20 points here in Churchill County.

13 Douglas County, within two or three months
14 of the passage of that initiative, elected
15 unanimously their board of commissioners adopted a
16 very similar ordinance for the one that you're
17 looking at tonight.

18 It was unanimously passed
19 the Planning Commission and then unanimously was
20 adopted by the the County Commission.

21 I also have to make -- I'm a recovering
22 attorney -- [laughter in background]
23 and worked on this campaign for free.

24 I mean, I did not draw a salary, but I did
25 it out of a commitment. I also need to make

1 an admission that I grew up in Berkeley,
2 California, which --

3 MR. TEDFORD: Oh, my goodness.

4 MR. HARTMAN: [laughter in background]
5 Which I probably should have stopped there. But
6 I actually went back, so you have a
7 picture why I got so involved in the No on Two
8 campaign.

9 I went back to my 50th high school reunion and
10 I was student body president and the
11 senior class president was there who lives in
12 Colorado. And he said, Jim, you're retired, why
13 don't you go out and work hard on Question 2
14 because it's been a real terrible thing for my
15 state of Colorado.

16 And, he would clip the newspaper and send
17 me clippings regularly to inspire me to stay active
18 and all. I hope some of you get a chance to
19 read the Weekly Standards edition of June 18th, it
20 just came out.

21 It's called Refer Madness. It's 12 pages long
22 but it talks about what happened in Pueblo,
23 Colorado, and the problems in Pueblo,
24 Colorado. They commercialized marijuana in Pueblo,
25 Colorado and it's a sad story. I hope you

1 get a chance to -- to reflect on that.

2 The other thing I think you need to reflect on
3 is, legalization is a whole series of issues,
4 whether you should legalize marijuana.

5 But there's a whole separate series of issues
6 relating to commercializing marijuana, and that's
7 what you're being asked to do here. Commercializing
8 marijuana. Allowing pot shops to open in your
9 community.

10 Grow operations to operate in your community.
11 The overwhelming majority view in Colorado, whether
12 it's 68 percent -- I've got numbers of 73 percent
13 of cities, towns and counties don't allow
14 commercialized marijuana in their communities.

15 California passed a legalization proposal at
16 the same time Nevada did. Right now, less than 30
17 percent of the cities and towns in California are
18 commercializing, approve commercializing there.
19 Only 18 of 58 counties will allow pot shops to
20 operate in California.

21 And Massachusetts passed an initiative at
22 the same time Nevada passed an initiative. And
23 right now 190 of 351 communities in Massachusetts
24 have said no marijuana in our community. We don't
25 want it here.

1 That's the dirty little secret of the pot
2 promoters, is the fact that is when it comes to
3 cities and towns, more towns are like this one then
4 there are that want to approve commercialized
5 marijuana.

6 Marin County in California, the -- you know,
7 the magic mountain, people all wanted to go to the
8 magic mountain in the '60s --

9 [laughter in the background]

10 MR. HARTMAN: It had a 72 percent
11 approval of legalizing marijuana. But what do you
12 think the Board of Supervisors did in Marin County?
13 They said, we don't want it here.

14 There are 11 jurisdictions in Marin County.
15 Sausalito voted 77 percent to legalize it but they
16 said, hey, we don't want it here, not in our
17 community, not with our kids.

18 You know, Albany borders Berkeley, 77 percent
19 of the voters in Albany said, let's legalize
20 marijuana but what did their City Council
21 do? They said, hey, we don't want it here, not in
22 Albany.

23 So, my urge to you, in the strongest terms is
24 do what's right for your community. I heard from
25 your community tonight. Your community doesn't want

1 to commercialize it. And I hope you vote for your
2 Ordinance 780 and -- and do what's right for
3 the community of Fallon, Nevada. Thank you very
4 much.

5 MR. TEDFORD: Thank you, sir. I Appreciate
6 One thing you get on this issue and going
7 back to May 1st, you get passion on both sides and
8 I appreciate that very much. And, I enjoy
9 passion. In fact our [inaudible] and passion and
10 just last week, enjoy that. Thank you, sir.

11 Yes, sir.

12 MR. AKIM: Hi, my name is Tim Akim [ph]. I
13 live at 495 West Center Street here in Fallon.
14 One of the things I have really appreciated about
15 Fallon in my, I think, 12 years I've lived here has
16 been, the relative safety of this town and this
17 area.

18 I grew up in Fresno, California in an area
19 that wasn't so great. I can't speak,
20 exactly about, legalization of drugs and what
21 that does and recreational
22 facilities where it's legal but what I can speak to
23 is what happens when people have to have drugs.

24 Growing in my house -- well, I can
25 tell you right now, I have three young kids

1 at home. I can tell you also that growing up I
2 don't know now many times people who are not
3 invited into our house were there to take things
4 from us because they had to have drugs and they
5 needed money to get it.

6 I don't know how many times I was on a street
7 and people tried to sell me things because they
8 wanted money to buy drugs, whether it was a story
9 of having food that they were trying to
10 sell me that someone gave them because they gave
11 the story that they were hungry and they tried to
12 resell it to get drugs or batteries, you name it.
13 I want this town to continue to be
14 safe for my kids. Thanks.

15 MR. TEDFORD: Now that was happening in
16 Fresno, right? Yeah. Okay. We'll make sure that --
17 [laughter] -- that, yeah --

18 MALE: And not in Fallon yet --

19 MR. AKIM: And I hope it never does.

20 MR. TEDFORD: Okay. My daughter's played
21 travel ball in Fresno and some softball
22 there to do this day. Relative safety is not the
23 word you want to use in relationship to Fresno and
24 Fallon. [laughter] Okay. Thanks, Tim, I appreciate
25 it. West Center Street's -- it's right over here.

1 Hey, Jan.

2 JAN BROWN: Good evening, and thank you for having
3 this hearing and I appreciate the council and
4 everything. My name is Jan Brown and I live at 290
5 West Richard Street here in Fallon.

6 I'm here to try to encourage you to
7 support the 780 ordinance or bill, whatever you
8 want to call it. I'd like to echo most of what
9 the people in favor of this bill had said, but I
10 just wanted to add one more thing.

11 I've never tried marijuana or any other
12 drug for that matter, but I talked to people about
13 the pros and cons and -- and I said, well, I
14 know they've had a lot of problems in Colorado with
15 crime and the amount of revenue that they
16 get in taxes nowhere comes near the amount that it
17 costs in crime and all these other things.

18 And I said but, I don't know, I said there's
19 countries in Europe where I guess there's no
20 problem. And one of the guys that I was talking to
21 said, oh, don't be fooled by that. He
22 says, I lived in Belgium for three years and he
23 says, it is terrible.

24 He says, there's people in the parks, they
25 just all spaced out. And they have -- the people

1 have no motivation. He says, it's just a waste --
2 useless society that they're
3 coming up with.

4 But anyway, I just thought I'd throw that out.
5 It's not just this country, Colorado, Washington,
6 and the places where it's -- and they've had a
7 longer time to see the effects of it in Europe.

8 So I just thought I'd throw that out so you
9 all know it. And thanks again for being here
10 and for what you're doing.

11 MR. TEDFORD: Thank you.

12 MS. BROWN: You're welcome.

13 MR. TEDFORD: Anyone else? Okay. Is anybody
14 okay? We're still on those in favor. Yes, ma'am.

15 MS. JOHNSON: Ellen Johnson, 7616, Mission
16 Road. Good evening Mayor Tedford and council. I
17 want to speak in support of, bill 780. I'm a
18 mother with four daughters. I'm a grandmother of
19 seven grandchildren and a great-grandmother of one
20 great-grandson.

21 And my family's lived in this area for
22 approximately 75 years. My mother was one of the
23 children that went to Oaks Park School when she was
24 12 years old. So we have an investment in this
25 community.

1 I love this community. I have a brother who is
2 quite a [inaudible] key. You might know him. He's
3 been in the community for a while. His name is Matt
4 Johnson. Well, he got into an accident.

5 It was drug- and alcohol-related. But you
6 know, people say so many good things about
7 marijuana, what it does. He doesn't use marijuana.
8 He's a quadriplegic. He struggled for 35 years with
9 pain, with mental problems.

10 He's worked that out. He's worked it out
11 through the love of his family, the support of his
12 community, through prayer, through his
13 belief system, and he has not touched marijuana
14 since that accident.

15 I have a nephew who's had, recently two
16 years ago had brain surgery because of a tumor on
17 his brain stem. He didn't turn to marijuana to ease
18 his pain, to cope with life. He turned to his
19 family, his community, to his faith belief system.

20 He didn't need any of it. I know that
21 there are many people in the recovery community
22 that I'm part of. I've been clean and sober for 35
23 years. And I've heard stories over the years of
24 people coming out of their lines of
25 addiction and where it starts a lot of times is

1 marijuana.

2 And kids these days, I hear stories from the
3 kids, they don't go to alcohol which used to be the
4 gateway drug, they go to marijuana first. They skip
5 over tobacco, they skip over alcohol, go right to
6 marijuana. That's where they start.

7 And there's terrible stories. I
8 just heard one recently, from a 12-year-old
9 boy. He's been addicted to marijuana for two
10 years. He started when he was 10 years old. A
11 responsible, seemingly responsible adult got him
12 high at 10 years old
13 and introduced him to marijuana. His dad's
14 girlfriend. So, you know, contributing to the
15 delinq- -- delinquency of a minor used to be an
16 alcohol to a minor, you know, giving alcohol to a
17 minor.

18 It's not going to be that if we allow this
19 because the recreational drug of choice is
20 going to be a marijuana in this community if this
21 goes forward, you know, with the allowing the,
22 zoning to -- to go forward.

23 So I have an uncle who's a veteran of the
24 Vietnam War. He's a paratrooper. He came back with
25 ma- -- malaria and he came back with PTSD. He

1 had a drinking problem for a while but today
2 he's drug and alcohol free.

3 He did not turn to marijuana to ease his PTSD.
4 He turned to the support of his community, to the
5 love of his family and to his faith belief system.
6 And I say these things can be done.

7 We need to put our resources to those areas.
8 To our faith community, to our recovery community,
9 to our families, strengthen those things. Let's
10 bolster those things.

11 Let's not turn to the pharmaceuticals because
12 I think really that's the wrong way to go for our
13 families and for our community. And, I love
14 this community. I love knowing my neighbors. I
15 just think it's a terrible thing.

16 And you know, what affects the outlying areas,
17 the counties, it affects this place too. You know,
18 when we come to town, you know, we want to make
19 sure our children are safe. That's why it's such a
20 great community.

21 I went to take my family to an amusement park
22 over the summer and we checked into a hotel and it
23 smelled like skunk in there. It's like, change my
24 room, please. I don't like this smell. And it's not
25 something I want to expose my little grandchildren

1 to, and my mom that I took with me too.

2 We had to get out of there because it was so
3 horrible to be exposed to that. And that's not
4 something I want for our community.

5 You know, I want to be able to go to the
6 Cantaloupe Festival and just have good old fashioned
7 fun, you know, or to the farmer's market. I don't
8 want to have to worry about what's happening with
9 people having their moods altered to a
10 point, you know.

11 And I've talked to young people who are using,
12 gorilla glue and other tantalizing names
13 to their marijuana like girl scout cookies,
14 you know. Those are the things that our kids are
15 facing, you know are those choices. Those
16 choices are going to be out there once it becomes
17 recreational.

18 And that's, you know, that's something we have
19 the power to control right here. We -- it's a big
20 experiment. We don't know what the long term
21 effects are going to be. It's all an unknown right
22 now.

23 There are no long-term studies that have been
24 published on this. So I don't think there's a
25 big rush to start setting up these businesses. I

1 don't think there's a big rush for our sites
2 to do that. I think let's sit back, let's see what
3 the long-term results are going to be.

4 And I think some of it's come forward with a
5 lot of the information that members of our
6 community have come forward too saying that this is
7 probably the wrong thing right now, let's just
8 wait, you know.

9 Because right now it is an experiment and it's
10 an experiment that's probably going to go really
11 wrong for a lot of the communities in Denver,
12 Colorado, in California and some places. I want to
13 thank you for your time and for your patience.

14 MR. TEDFORD: Thank you. Appreciate it. Okay.
15 Is there anybody else that is for this and we'll go
16 to -- okay. We're going to go to the neutral here
17 really quick. Okay? Yes.

18 MS. CHAMBERLAIN: Good evening. My name is
19 Mary Beth Chamberlain. I live at 455 West
20 Center Street, Fallon, Nevada. I'm representing
21 myself as a resident of the community.

22 MR. TEDFORD: Okay.

23 MS. CHAMBERLAIN: Legal marijuana shops are
24 linked to higher levels of property crime in nearby
25 areas according to -- there was a study that was

1 done in Denver for nearly three years.

2 So this study showed that there was about 84
3 more property crimes per year the
4 neighborhoods without the nearby recreational
5 marijuana. In Denver, the crime rate has grown 44
6 percent as reported by the national incident based
7 reporting system. Oh, I have one of these for
8 everyone.

9 Sorry. The rate of violent crimes per 100,000
10 people spiked 3.4 percent in Colorado driven by
11 increases in homicide rates and violence assaults.
12 This is per the Colorado Bureau of
13 Investigation.

14 Let's see. So that was from 2015 to 2016.
15 The number of rates increased 7.2 percent,
16 robberies in Colorado increased 5.9 percent and
17 homicides marked 9.9 percent. I don't want this in
18 my neighborhood.

19 This is two blocks away from my home, this
20 medical marijuana that's wanting to go
21 recreational. My neighborhood is, there's a lot
22 of young families moving in. I'm sure we don't want
23 that. And I'm really hoping that you guys approve
24 this ordinance.

25 MR. TEDFORD: Okay. Thank you.

1 MS. ZELLER: Hi everyone. I'm Kadie Zeller,
2 5855 Sheckler Road for the record. I'd like to make
3 a point.

4 Earlier I heard someone saying that, oh, big
5 cities are always drawing out our young people,
6 and all of these things. But I have to admit like
7 looking around the room there's a lot of peers that
8 I grew up with who are coming back into this
9 community and wanting to be a part of it.

10 I'm starting my own nonprofit. There's a
11 few other people on here who are doing really great
12 things that has nothing to do, with the current
13 thing at hand.

14 But I just wanted to say that there are people
15 my age and younger coming back and wanting to give
16 back to the community that's given back so much to
17 them. I'm going to talk lightly on, the
18 homelessness that's associated with
19 recreational use and it's, the site sources are
20 on the paper that I gave you.

21 So the writer from the LA Times says I've
22 spent several months interviewing dozens of at
23 homeless shelters throughout Colorado. And the
24 general consensus was since out,
25 pardon me, since Colorado launched its legal

1 marijuana market in 2014, 20 to 30 percent of
2 newcomers from the shelter and other major cities
3 said they've come to be a part of cannabis.

4 So that's not saying that the indigenous
5 population are terrible people. That's not what I'm
6 saying at all.

7 What I am saying is that people uproot
8 themselves to go be a part of this industry
9 generally because they either believe that it's
10 what they want to do with their lives or it's
11 fiscal, financial.

12 And I actually have friends who were a part of
13 the recreational, industry specifically in
14 Reno.

15 And he was using because he started going, oh
16 marijuana is the thing to do. He was using it
17 for his anxiety and eventually had to quit because
18 it exacerbated a lot of his mental illness.

19 And he said I started it for the
20 [inaudible] and I stayed in for the money.
21 And I find that with a lot of people my age,
22 who are getting into that. And as for the crime,
23 as per the Colorado Bureau of investigation,
24 crime has increased.

25 and these increased rates are tied to the

1 transient population associated with the
2 recreational marijuana industry. There's no
3 question that marijuana and other drugs in
4 combination with mental illness and other disabling
5 conditions are essential contributors to chronic
6 homelessness.

7 And there's been the point of it's already
8 here. Sure. There's this belief that there's
9 something that we can't prevent because
10 it's in our community already.

11 But -- and all of the young people that I've
12 talked to and spoken with and worked in the
13 schools, there's a genuine belief that, oh well,
14 if the community thinks it's okay. If it's
15 recreational then absolutely it's okay.

16 When I was in college I was under 21 and I
17 didn't use, but it was very easily accessible for
18 my peers to get because we had friends that were
19 21.

20 So it perpetuates this belief that if
21 someone that's 21 can use this and they're using it
22 for whatever reason, it's okay for me to use
23 because that's the mind -- that's the eye and the
24 mind of a minor. It's, you know, they're going to
25 believe what they see not what we tell them. So

1 thank you.

2 MR. TEDFORD: Okay, thank you.

3 Appreciate it. Anyone else in favor? Okay. We'll go
4 go to the neutral. Anyone who is neutral
5 on this issue that would like to testify?

6 MR. KABRAL: Hello Mr. Mayor and council
7 members. My name is Josh Kabral. I'm the
8 residential program director at the treatment
9 center in new frontier here in town.

10 I come up in the neutral category because
11 I can't have an opinion with some of the stuff I'm
12 going to give to you so I'll try to keep my opinion
13 out of it.

14 We've heard a lot of statistics and numbers in
15 different communities in different states. I just
16 wanted to give you some numbers about the
17 local community here

18 MR. TEDFORD: I'm going to tell you
19 [inaudible] you're giving us numbers we're going to
20 need it for the record.

21 MR. KABRAL: That's fine.

22 MR. TEDFORD: Okay. Josh? Even if you're
23 neutral.

24 MR. KABRAL: That's absolutely fine.

25 MR. TEDFORD: Okay.

1 MR. KABRAL: So I guess the address that I
2 represent is 1490 Grime Street here at Fallon.
3 so I'll try to keep it real brief. Basically I
4 pulled the numbers out of our electronic health
5 record system to look at admissions and
6 treatment services provided to different age
7 groups and compare marijuana to other
8 substances.

9 And I just want to give a couple of those
10 numbers out. I can email this out to you later.
11 so the categories that I ran were ages zero to 11,
12 ages 12 to 17, ages 18 to 24, and then ages 25
13 plus.

14 And these are folks who are looking at
15 diagnosis of cannabis use disorder, which has
16 comes from the DSM-V diagnostic statistical manual.

17 The numbers I'm going to give you right
18 now are from June 1 of 2017 to May 31st of 2018,
19 and these are services provided to clients
20 who, have a substance use disorder, that's
21 cannabis related.

22 So zero to 11 years old we sold to total of
23 seven clients between those dates. Four of
24 them did not have a substance use disorder at all,
25 they were mental health related.

1 Three of them did have a substance use
2 disorder and all of those three were cannabis
3 related. Ages 12 to 17 we served a total of 60
4 clients. 37 of the 60 were cannabis-related. Ages
5 18 to 24 we served 190 clients.

6 Thirty-two of those were cannabis
7 related. And, ages 25 plus we served 565
8 clients, 37 of those were cannabis related. To put
9 that in perspective -- and again, I'll email this
10 out so zero to 11, 100 percent of the
11 clients had a substance use disorder related to
12 marijuana.

13 ages 12 to 17, more than 50 percent
14 of the clients that we served were related to
15 marijuana. We had 106 residential treatment
16 admissions from July 1st to today, 106 residential
17 admissions that have cannabis use disorder.

18 And the time total from June 1st to
19 current we have three -- we've served a total of
20 345 clients that suffer from substance use
21 disorder.

22 I have a lot more numbers and a lot more
23 statistics if you want to hear them but those
24 are kind of the highlights and I know it's getting
25 late so I'll kind of leave it at that unless

1 anybody has questions.

2 MR. TEDFORD: Anybody have any questions for
3 Josh?

4 MR. ERICKSON: So you're seeing a spike is
5 what your stats are telling you?

6 MR. KABRAL: That is part of what the stats
7 are telling us. Yes.

8 MR. ERICKSON: And that's occurring although
9 we haven't even made any action tonight.

10 MR. KABRAL: Correct.

11 MR. ERICKSON: Okay. Thank you.

12 MS. FROST: Can I clarify your numbers on,
13 from June 1st last year to current?

14 MR. KABRAL: Yes.

15 MS. FROST: Where is it? You said 345
16 clients and all of those are related to marijuana
17 or is that --

18 MR. KABRAL: So 345 clients that we've served
19 have had a subst -- or a cannabis use disorder.
20 We've served what, 726 total.

21 MS. FROST: Thank you.

22 MR. KABRAL: Thank you.

23 MR. TEDFORD: Okay. Name and record
24 [inaudible].

25 MS. ZELLER: Good evening Mayor Tedford,

1 Councilwoman Frost, Councilman Richardson and
2 Erickson. I'm Andrea Zeller. I live at 5855
3 Sheckler Road in Fallon and I am here on behalf of
4 Churchill Coalition. I'm going to keep this short.

5 We had some really great statistics and I am
6 very impressed, people have been doing their
7 homework. I heard a lot of comments tonight.
8 I'm not sure if Jesus's feet were really touched
9 with cannabis. I thought it was frankincense and
10 myrrh, but I could be wrong.

11 MR. TEDFORD: Let's stay on
12 point here. Will you?

13 MS. DILLER: Okay. I just wanted to share with
14 you real quickly, again, just some of the
15 latest data that I have and we'll leave it
16 at that. And our concern again is the youth and the
17 community.

18 I just got statistics this week from the
19 Churchill County Sheriff's office on minors. They
20 had 44 arrests for possession of marijuana since
21 July 1st, 2017.

22 That was included the police department and
23 the Churchill County Sheriff's department arrest
24 records. And then the latest thing we just got was
25 the youth risk behavior survey.

1 They do that every other year on even
2 year. It is administered by the CDC and then UNR
3 does the statistics. So in 2015 our past 30-day use
4 of marijuana for our Churchill County high school
5 students was 15 percent.

6 The 27th statistic that just came out was 26.6
7 percent. So that's a 98 percent increase. I just
8 wanted to share those numbers with you. Thank you
9 for all the work you've done and listening to
10 everybody and I appreciate everything you do.

11 MR. TEDFORD: Is there any questions for
12 Andrea? Okay.

13 MS. ZELLER: Thanks.

14 MR. TEDFORD: Thank you.

15 MR. MCNEEL: Mr. Mayor, I want to speak
16 neutral tonight.

17 MR. TEDFORD: Okay.

18 MR. MCNEEL: I just want to state some facts.

19 MR. TEDFORD: We're going to need your name
20 read into the record.

21 MR. MCNEEL: I'd like to say that my name is
22 Steve McNeel. I can be reached at 510 West Williams
23 Avenue, Fallon, 89406.

24 MR. TEDFORD: Thank you.

25 MR. MCNEEL: I just want to state some

1 facts because a lot of people got up here and
2 stated facts but the fact is when they state
3 these facts about drug abuse and all these people
4 have drug abuse, I just want to state one fact, a
5 few facts.

6 One fact is that all the facts that they have
7 said tonight had nothing to do with the Green Cross
8 Farmacy's customers. Those are not their customers.
9 All of those facts are fine, but they're none of
10 those are Fallon customers. Okay?

11 So, 46 percent of the people here in this
12 town voted they wanted recreational marijuana; 46
13 percent. So if you have 10 percent that's neutral,
14 then the majority wants it.

15 All right? No children buy marijuana at the
16 Green Cross Farmacy. No children. So all the facts
17 on the children were from the black market.

18 That's something that the Green Cross Farmacy
19 is trying to get rid of in Fallon to make life
20 better. The state law passed recreational
21 marijuana. Green Cross Farmacy has been in business
22 in Fallon for three years.

23 Drugs are here in Fallon. They are not from
24 the Green Cross Farmacy. They were here before they
25 got here and they're going to be here if they ever

1 leave. The drugs in Fallon are from the people in
2 Fallon, not the Green Cross Farmacy. So we need to
3 stop that.

4 We need to stop the Fallon black market.
5 Forty-four arrests, none of those were the Green
6 Cross Farmacy customers. So let's just,
7 so when we talk facts, let's talk facts. So thank
8 you.

9 MR. TEDFORD: Thank you.

10 MR. RICHARDSON: Can I ask you a couple of
11 questions Mr. McNeel? I was reviewing the
12 minutes from the last meeting and Mr.
13 Mitchell testified that it cost \$150 to get a
14 medical marijuana card.

15 And I believe everything I've seen it's
16 a \$50 charge to get it.

17 MR. MCNEEL: Right, but you got to go
18 the doctor usually charges \$100 and then it's \$50
19 for the state fee. That's where they get that
20 figure.

21 MR. RICHARDSON: So you're estimating that a
22 doctor will cover -- charge \$100 and it won't be
23 covered by any insurance or --

24 MR. MCNEEL: Right.

25 MR. RICHARDSON: -- insurance will not cover

1 that.

2 MR. MCNEEL: And far as getting a medical
3 marijuana card, for the record, if you are a
4 military person and
5 you're getting veteran benefits, and you get a
6 medical marijuana card, all your benefits are
7 canceled immediately.

8 That's the reason these people cannot get
9 those cards. It's very important. That's very
10 important to the people in the military
11 cannot get those cards. If they get a medical
12 marijuana card, all their benefits are out the
13 door. All of them.

14 So that's the reason they can't get them.
15 That's the reason they're trying to make this
16 recreational. It's very important for those people.
17 They lose all their benefits.

18 MS. FROST: You're stating active duty
19 military lose their benefits?

20 MR. MCNEEL: Anybody. Anybody in the military
21 that gets a medical marijuana card -- if you're in
22 the military, number one, you're going to get a
23 dishonorable discharge.

24 MS. FROST: Correct, but we have veterans as
25 well that are no longer in the military that are

1 former military.

Page 137

2 MR. MCNEEL: Right. Right, but they get a
3 medical marijuana card they lose all their
benefits,

4 period. Period.

5 They throw them right out of the program. So
6 if they're getting free medicine from
7 the VA and they get a medical marijuana card,
8 they're out. MS. FROST: How does the VA have
9 access to that information if it's through the
10 state of Nevada?

11 MR. MCNEEL: You tell me. It doesn't matter.
12 If you get a medical marijuana card -- I'll tell
13 you about -- let me -- let me tell you, this is
14 facts.

15 MR. TEDFORD: Let's answer the question.

16 MR. MCNEEL: Okay. The fact don't matter.

17 MR. TEDFORD: You have a business, you
18 you need to know how you run it.

19 MR. MCNEEL: Right, I know [inaudible].

20 MR. TEDFORD: We don't. Remember we don't
21 regulate it so we don't know those things.

22 MR. MCNEEL: That's correct, but you do
23 regulate the permits. So you do --

24 MR. TEDFORD: The business license.

25 MR. MCNEEL: Right, that you do regulate that.

1 MR. TEDFORD: Of which -- of which you've
2 reported hardly any income to us because you get --
3 you've been paying a \$50 permit [inaudible] this
4 year.

5 MR. MCNEEL: Right. Right.

6 MR. TEDFORD: So for two years we're getting
7 \$50.

8 MR. MCNEEL: Right, but if we get the --

9 MR. TEDFORD: Which means you have no sales.
10 That's the lowest sale possible in the city of
11 Fallon.

12 MR. MCNEEL: Right. So if we get a
13 recreational permit those figures Fallon
14 will get about \$100,000 a year [inaudible]. With my
15 calculations --

16 MR. TEDFORD: Other than a \$50 permit.

17 MR. MCNEEL: Okay. The state of Nevada --

18 MR. TEDFORD: I know that part.

19 MR. MCNEEL: I know. The state of Nevada has
20 said that if a city or a jurisdiction gives a
21 medical marijuana license to a dispensary, they're
22 allowed to charge them 3 percent of the gross
23 sales. That would -- that would be -- in this town
24 it'd be about \$100,000.

25 MR. TEDFORD: I can tell you the max sale on a

1 \$50 permit, the very max sale is \$24,999. That's
2 the max sale on a \$50 permit, which is what you've
3 been paying for two years. Answer her question
4 about the veteran.

5 MR. MCNEEL: Three years.

6 MR. TEDFORD: You've upped it this year in 18.
7 You've -- you're paying a little more now for some
8 reason, but answer her question about the veteran.

9 MR. MCNEEL: Okay. What was the question?

10 MS. FROST: If they --

11 MR. TEDFORD: We're running on a system here.
12 They pay us a business license and they don't have
13 a lot of privileges. You pay us whatever.

14 You could do \$1 million and pay a \$50 permit
15 and they don't come in and out of your books, like
16 the state. Anybody has a business license; city of
17 Fallon pays whatever they think -- they feel
18 is right to pay us.

19 MR. MCNEEL: Right.

20 MR. TEDFORD: So you could pay us \$50 for the
21 rest of your life, we're not here to monitor you.

22 MR. MCNEEL: I don't want to pay.

23 MR. TEDFORD: Answer her question.

24 MS. FROST: My question again is if the
25 medical marijujuana cards are through the

1 state of Nevada, how does the military know that
2 these veterans have a medical marijuana card?

3 MR. MCNEEL: Well, number one,
4 they drug test them. So if they come up positive --

5 MS. FROST: They don't drug test veterans to
6 my knowledge.

7

8 MR. MCNEEL: Yes. They do. Yes. They do. They
9 drug test them. Well, if you're getting benefits
10 and they want to drug test you, they will drug test.

11 MR. TEDFORD: Is that what is that based on,
12 federal law, based on administrative regulation
13 or what how do they take benefits away
14 from a veteran is -- what's the legal basis to
15 that?

16 MR. MCNEEL: If you get caught with
17 marijuana in your system you lose your all
18 your benefits.

19 MR. RICHARDSON: So you don't have -- you
20 don't have a -- it's a legal question. I'm not sure
21 you have the information to ask that, but there's
22 got to be a legal basis for them to take away to
23 that.

24 MR. MCNEEL: I'm not an attorney. There's
25 plenty of attorneys here that can answer that if

1 you'd like the answer to that.

2 MR. ERICKSON: If they can drug test them it
3 doesn't matter if it's medicinal or
4 recreational, correct?

5 MR. MCNEEL: Right. That's correct.

6 MR. ERICKSON: So the point's not made. I
7 mean, no matter what we do if you're a veteran
8 you're saying that you're subject to losing your
9 benefits because of marijuana.

10 MR. RICHARDSON: I have one additional,
11 one additional question. You know, reading
12 those minutes several times it was alluded to
13 in the minutes that a lot of people
14 were willing to pay a higher price for recreational
15 marijuana than medical and not get a medical
16 marijuana card which is cheaper.

17 Can you talk about your price structure? Why
18 would recreational be more expensive than medical?

19 MR. MCNEEL: It's all in the sales tax. The
20 price of the merchandise is all the same.

21 MR. RICHARDSON: So just the sales tax
22 percentage.

23 MR. MCNEEL: Right. If you don't
24 have a medical marijuana card, you got to pay a 20
25 percent sales tax.

1 MR. RICHARDSON: Okay. Thanks for the
2 clarification. It wasn't clear.

3 MR. MCNEEL: Thank you.

4 MR. TEDFORD: How do we know when, I guess
5 when to consider you came up here, I
6 wasn't going to ask you one question tonight but
7 you came up here so you invited them. How do we
8 know with -- if recreational -- Senator Segerblom
9 here, you know, very eloquently stated
10 there's supposed to be a marriage of these two. And
11 the marriage is a little different, I
12 believe, in a small town than in a larger city.

13 How do we know when you have a
14 concentration of sales in one location that what
15 you have in small town, this is what happens in a
16 small town.

17 You grow up here and someone goes to the
18 minute market, or in the old days, the gas station
19 that sold liquor, and they buy beer for the young
20 kid, younger kids and then that's when we do
21 regulate. Believe me, that's when the police do get
22 involved --

23 MR. MCNEEL: Sure.

24 MR. TEDFORD: -- is they catch all of these
25 kids. And I think that's kind of a concern,

1 this marriage of the two.

2 Now, it's kind of like the minute market.

3 Steve, you know you have this person

4 that either has a card which has been a

5 concern.

6 That's why a lot of these stats people are
7 talking about, and maybe some people are missing
8 that, of the year, the last year when your sales
9 maybe have picked up here on West Williams that
10 didn't occur when you were on East Center.

11 Some people didn't even know you were here.
12 Now they know you're here now on the biggest
13 fastest street we have, biggest traffic count. You
14 know, let me finish. I get to talk now.

15 so they go buy the marijuana with the
16 card, or once recreation, now without even a card
17 just being over 21 you get to go in there and buy
18 it and you give it to the high school kid, which
19 kind of is the story already happening.

20 That's happened and that's why some of
21 the problems are happening at the school. That's
22 why you have some school related people here
23 tonight. So that marriage is buying the beer for
24 the kids on Friday night, now you buy the marijuana
25 for the kids, the adult. We're not talking to 50-

1 or 60-year-old person.

2 We're talking to 20-year-olds going in and
3 buying, or -- or maybe the adults leaving around
4 the house like they steal their liquor cabinet and
5 give it to the kids. So that's the concern, the
6 marriage of the two. I'm already a little
7 concerned about it happening now.

8 The council thinks they did the right
9 thing at the time allowing medical, people getting
10 help. Okay? This is a helping community. Took some
11 criticism for it. Okay?

12 But felt like they helped and now this
13 marriage, that makes them nervous because these
14 stories are out there that it's turned into the
15 kids getting liquor on a Friday or Saturday night
16 they're getting marijuana now.

17 But this they can save up because it's -- no.
18 No. No. I get to finish. They saved up all week.
19 Okay? So that's the dilemma facing us now.
20 It's a little different thing. It's something
21 we don't know much about.

22 So that's why we have this hearing to hear
23 from people. Totally kind of going down the
24 line because it somehow it got out there that they
25 turned it down May 1st. It says -- [inaudible] are

1 talking about last week when we just -- staff
2 directed us to get some kind of ordinance
3 form for tonight so we could have this hearing.

4 And half the town thinks we've already turned
5 it down. What the heck are you have in another
6 meeting for, you know? Can't you decide? Hey, we
7 didn't decide. That's what tonight's about. So you
8 see the dilemma.

9 MR. MCNEEL: Oh, I see [inaudible].

10 MR. TEDFORD: We give it to the kids. So
11 kids aren't getting drugs, the drug
12 guys are giving them drugs.

13 No. It's you guys. You're the drug guys in
14 town. So people tell me sometimes, no. These guys
15 aren't bad guys, they're medical marijuana guys.
16 You see what I mean?

17 MR. MCNEEL: [Inaudible].

18 MR. TEDFORD: So I explained you what's on my
19 heart and what I'm thinking
20 about. How do you get -- how do you, how do you
21 find a way through this? And sometimes it's
22 difficult. It's difficult.

23 MR. MCNEEL: Right. What I don't understand is
24 why Robert told -- you know, when I first
25 got this permit and I came and saw you, I came and

1 saw the chief of police. You were the chief of
2 police at the time, right?

3 MR. TEDFORD: I did -- I did some [inaudible]
4 in the hall. We didn't meet because you

5 MR. MCNEEL: I know. I wanted to see you but

6 MR. TEDFORD: -- you don't need to meet. You
7 just get a business license because it's legal. A
8 lot of people forget it's legal in Nevada. It's

9
10 legal in Nevada. That's why -- where's Allen.
11 It's legal in Nevada just like beer is legal in
12 Nevada. You see what I mean now?

13 So when you [inaudible] someone might
14 confuse that it's illegal. It's not illegal. It's
15 legal in Nevada. Just didn't get [inaudible]
16 illegal here. But we're in the state of Nevada for
17 heaven sakes.

18 Read your history books. [Inaudible] is a good
19 one. So, anyway, that's my last question. You can
20 sit down and be happier. You ask me something else
21 it's going to lead me somewhere else you may not
22 want to go.

23 MR. MCNEEL: That's all right. You know, this
24 is our last meeting. So I'm just curious
25 why when I got that permit I came and asked you

1 guys if you wanted it, Robert said we're going to
2 treat this like any other business. Well, that was
3 great up until now. It's not being treated like any
4 other business.

5 MR. TEDFORD: Well, that's because state law
6 is different. The state law treats
7 them both differently. Medical has its own NRS
8 statute. Maybe we need to have a symposium held by
9 the Senator.

10 Recreational has another statute. Okay? It's
11 very simple. [Inaudible] isn't that true? Both
12 different statutes. Come on, you're in a business
13 don't try to act like you're some naive guy here.

14 MR. MCNEEL: I'm pretty naive.

15 MR. TEDFORD: You're not. You're a pretty
16 smart guy trying to act like you got wool put over
17 your eyes and you don't. So don't fool me up. I've
18 been fooled by a lot of people but you are
19 not going to be one of them.

20 MR. MCNEEL: I'm not trying to fool you. I'm
21 not trying to fool you, I'm just, you know, I'm
22 just caught, you know, between a rock and a hard
23 place.

24 MR. TEDFORD: It's getting late here for you
25 and I. It's past 10 o'clock. I should be on my way

1 to bed or watching the Giant Game by now.

2 MR. MCNEEL: Okay. All right. Well, thank you,
3 mayor. Thank you.

4 MR. TEDFORD: Thank you, sir.

5 MR. NATHAN: Can I speak?

6 MR. TEDFORD: No. No. No. No. No. We're not
7 going back there.

8 MR. NATHAN: I'm not going backwards I'm going
9 forward.

10 MR. TEDFORD: No. We're on neutral. Sorry.

11 MR. NATHAN: II know you just wanted to
12 [inaudible].

13 MR. TEDFORD: It's 10:07. They're not coming
14 back up here or stuff all tonight that hasn't been
15 true, but Nathan is going to be fine. Both
16 sides people have said things that are on the edge,
17 we're okay. That being said, I'm going to close the
18 comments.

19 Does the council have any questions of anyone
20 that talked tonight? Do you have a question,
21 Nathan? I give you 20 seconds and if you incite
22 somebody over here, I don't know what I can do. I
23 can't do anything.

24 MR. NATHAN: [Inaudible]. According to the US
25 Department of Veteran Affairs, the first point is

1 veterans will not be denied VA benefits because of
2 marijuana use.

3 MR. TEDFORD: God bless their hearts. Okay. We
4 good with that? Ardea, do you need 20 seconds?
5 Okay. Let's close this public hearing and I'll tell
6 you a little how seven is going to go.

7 A reminder, I said at the beginning I'll allow
8 very little public comment prior to seven then the
9 council is going to deliberate. They'll consider
10 all comments that you all made during six. Okay?

11 Everything you said. Got people [inaudible]
12 and out here that are just like me. There's no need
13 to repeat anything you said. Seriously, they've
14 heard ya.

15 They're really good people and they have the
16 heart of the community and business in mind
17 and are not trying to chase business out of town.
18 That's just not what they do. The council
19 is going to deliberate as they see fit tonight.

20 They may ask for clarification or
21 further comment from anybody or they may not.
22 And then the council is going to adopt or not this
23 bill or they may amend it in any respect prior to
24 its adoption.

25 I hate to say this with the Senator in

1 attendance but it's like a mini legislative session
2 that's been going on for two weeks and we'll
3 tonight hear so they'll discuss it a bit.
4 Does anybody have any -- any -- any small comment
5 they want to make other than the 22nd today
6 [inaudible] -- Nathan? You can't come up here
7 anymore.

8 Okay. We're good. Let's go to seven. The
9 council is going to deliberate at this time on the
10 possible adoption of bill number 780 as ordinance
11 number 761.

12 It's an ordinance amending the Fallon muni
13 code to prohibit marijuana cultivation facilities,
14 marijuana testing facilities, marijuana product
15 manufacturing facilities, marijuana
16 distributors, retail marijuana stores, non-medical,
17 medical marijuana, independent testing labs,
18 medical marijuana cultivation facilities and
19 facilities for the production of edible marijuana
20 products or marijuana infused products in the city
21 of Fallon and for other matters properly
22 related there too.

23 This is for possible action. Okay council,
24 this is where you all have a chance to
25 deliberate. You have a question for me during

1 deliberations I'm more than happy to respond.

2 but this is your time, not mine.

3 So I turn seven over to you all and then I'll
4 let you go for a while and then you have before you
5 some different things you can do as you know how to
6 do this. Thank you all for your patience tonight,
7 as I thank all of you for your patience for coming.

8 It's an important decision and always
9 evolving life of the city of Fallon as any other
10 community in our state. And before we start,
11 you know, there's some things said about our state
12 and I believe our state is a state. I go to
13 places and talk about how money needs to go South
14 just as it does North.

15 We have to think as a state not as Churchill
16 County or the North. And that's how we get things
17 solved. And I've had the opportunity to be friends
18 with those mayors in Las Vegas and Henderson
19 and Mesquite and Boulder City and I know their
20 problems and they know mine.

21 And, I feel very happy about that.

22 And so I know we've voted against it. I know a lot
23 of rural counties did and someone mentioned that,
24 and boy, I know those things already. This council
25 does.

1 So we have it and we deal with it as
2 best we can and it doesn't make
3 them bad or us bad on a variety of issues. It just
4 makes us think a little differently sometimes.

5 And the best thing we can do is try to think
6 alike on as many things as we can together. And
7 that has helped us succeed as a city in trying to
8 think like Reno as Ardea and I talked about.

9 And sometimes we do the same
10 things and sometimes we just think differently and
11 it's okay. That doesn't make them any
12 better or us any better. So council, come on let's
13 go.

14 MS. FROST: Okay. I'll start. Well, I'd
15 like to thank everybody for coming out tonight.
16 We appreciate you being here to voice your
17 opinions. I think we all listened carefully to
18 what everybody had to say.

19 I want to make it very clear I know
20 there's been some statements made that I don't
21 believe the Green Cross Pharmacy
22 sells to anybody under the age of 21. I think you
23 run a clean operation, but I am concerned that when
24 adults get their hands on these products
25 that children will also be getting their hands

1 on these products, not directly through you but
2 through those adults that are irresponsible.

3 Our community voted against
4 recreational marijuana and I think
5 there's a distinction because our community voted
6 in favor of medical marijuana.

7 The research I've looked at, I think
8 there's a lot of questions, that are not
9 answered at this point in time regarding the
10 effects of marijuana, the long-term effects on
11 young people and on adults.

12 I know there is promise and potential
13 for medical marijuana to help people with things
14 like epilepsy, possibly multiple sclerosis, and
15 a lot of that goes back to the CBD oil, from my
16 research and so forth.

17 Also I'm going back to the
18 statement about the federal government and
19 medical marijuana has been approved in, from my
20 research, 29 states.

21 And if my figures are correct, I used to teach
22 government so I hope I am correct, that equals 58
23 Senators. That 58 percent of the Senators are from
24 states that have legalized medical marijuana. I
25 also did the figuring.

1 That's 265 House members. That's 61 percent of
2 the House. Now, where I get some concern. I think
3 I think we're on safe ground
4 there in some ways because I think the
5 federal government is possibly moving to do more
6 research in the area of medical marijuana.

7 And I believe, the federal government has
8 backed off in spending money to go after
9 medical marijuana, in states where
10 they have legalized it. Now, with recreational we
11 have nine States.

12 That's only 18 Senators, 18 percent. 92 House
13 members, most of those are California. That's 21
14 percent. So those are some figures that I look at.
15 Now, the mayor and our staff members have to
16 deal with the federal government in a lot of
17 different areas.

18 And that makes me a little uncomfortable
19 when we're in the minority of states that have
20 recreational marijuana. Again, I still have
21 safety and health concerns.

22 Again, I think our community does not want
23 a recreational marijuana facility. So I'll go
24 ahead and make a motion. I move to
25 adopt bill number 780 as introduced and without

1 amendment. I'm going to read the rest of it.

2 MR. RICHARDSON: Before we pass for a second I
3 want to make some comments.

4 MR. TEDFORD: Let's wait for [inaudible] where
5 we move with that motion. We can--we'll hold that
6 motion.

7 MR. RICHARDSON: Okay.

8 MS. FROST: I withdraw the motion then.

9 MR. RICHARDSON: Okay, yeah. There's
10 definitely arguments on both sides. I mean, it's a
11 big issue obviously.

12 And there's a lot of passion in this room.
13 Just so you -- a little disclosure about my
14 background. Professionally I work for the
15 department of public safety. I'm a lieutenant with
16 the adult, parole and probation.

17 I'm also on the board of directors for New
18 Frontier Treatment center and I previously worked
19 at Rite of Passage for a juvenile
20 rehabilitation facility here in Nevada many, many
21 years ago.

22 So I do have a lot of background on this
23 issue, and also attended many marijuana
24 symposiums with presenters on both sides,
25 just in my capacity as an employee with

1 the state, for GPS.

2 My concerns are the way this law was
3 enacted and created, it's given us
4 an either or situation.

5 Don't believe that we are going to rule
6 that recreational marijuana will be illegal in the
7 state of Nevada and our local law enforcement will
8 be able to go after adults if they find them in
9 possession of marijuana or if they're even growing
10 it.

11 That's not going to happen. The only
12 way that's going to happen is if we approve a
13 special permit or zoning for a business
14 entity to sell, that would prohibit private growers
15 in every community.

16 I know I heard some testimony about
17 you know, I used to live in this, I think it was
18 Mr. Waite, you know, having marijuana around your
19 house and your neighborhoods,
20 that is a real concern.

21 And it's a concern to people I've talked to.
22 I've talked to a lot of people in my neighborhood
23 and throughout this community that work at various
24 professional levels.

25 And some of them, they're not as

1 passionate as the group here in opposition of
2 recreational marijuana, but they do have
3 big concerns about uncontrolled private growth that
4 can happen anywhere.

5 Around schools, around parks, and there is not
6 one thing the city can do about that. What
7 are we to say to a homeowner that's trying to enjoy
8 their backyard when a proficient marijuana
9 grower is growing marijuana on the other side of
10 his fence and he can and smell that pungent smell
11 of marijuana everyday coming from the backyard.

12 That's a reality. Marijuana
13 growing and growth is a big process. Entities
14 now [inaudible] also will be able to create and
15 make their own edibles in any form or fashion
16 without any control.

17 Marijuana will be untested and THC levels. So
18 I want to mention the marijuana back in the day and
19 the marijuana today is different and there's no way
20 to know that [inaudible] certain strains and people
21 privately that are allowed to do that.

22 I'm concerned that a business person may come
23 come into Fallon and decide to hold workshops on
24 how to grow your own marijuana in your house and we
25 lose control of neighborhoods, home values and all

1 those things. And we can't -- we have to tell
2 neighbors that there's nothing we can do because we
3 don't have that business [inaudible].

4 But yet again, that was my position last time
5 and I'm hearing a little bit more different and
6 more testimony on the reasons why not to promote
7 it. I was recently in [inaudible] last weekend and
8 coming in to the town of [inaudible], which is my
9 County, they have approved marijuana.
10 recreational marijuana.

11 And when you come in there's a big sign that's
12 in green that points you to, you know, the entity
13 of the business that's selling it. And to me
14 what an eyesore, and it kind of now I get that
15 image in my head that's what [inaudible] about.

16 And I think that's what people -- you guys are
17 saying and people in Fallon, is one, we don't want
18 that image. It's on our main street. And someone
19 said, you know, the children, the juveniles, they
20 don't understand.

21 If we say yes, you can do it. It's like we're
22 saying yes. In an inadvertent way that marijuana is
23 okay and it's safe and there's not a problem with
24 it.

25 Well, I do -- because I do work for New

1 Frontier as a board member and I used to be,
2 was a former state licensed counselor, I
3 don't like that message being sad.

4 So we're really rolling the dice on do we hope
5 we don't have problems in our neighborhoods or do
6 we want to protect our children like
7 I'm hearing, in a way, where we say no
8 to businesses so we don't have that on the front
9 end of our community?

10 We're not like Reno, Las Vegas, San Diego. I
11 mean, there's communities that have accepted it
12 and they have the signage, they have
13 the businesses, but they have the ability to move
14 and get away from it and live in different
15 neighborhoods and not be exposed to that and not
16 that certain area identifying that's who they are.

17 In Fallon, it's a different story. We
18 if we get one business or two businesses, it really
19 impacts how we feel about this community and how
20 people come in and their first impression of
21 of Fallon, Nevada should not be a big green sign
22 pointing here that marijuana is legal now, here's
23 the recreational dispensary.

24 And my fear now after listening is yes. Maybe
25 there will be people deciding to drive in to Fallon

1 just for the reason to buy it.

2 That's a legitimate
3 concern. I know when finally it opens up, and if we
4 don't have one, I'm anticipating that people that,
5 in Fallon, that choose to decide to use marijuana
6 they'll make that drive, and that's what
7 finally we'll be known about.

8 That's where they sell pot. And that becomes
9 their image. And so I'm going to change my position
10 from last time and I'm going to support this
11 or this.

12 MR. TEDFORD: Don't do that, please. I asked
13 you not to. No. I'll use this and I don't like to
14 use this. Go ahead.

15 MR. ERICKSON: [Inaudible] lady and I
16 don't think I've ever met anybody that was so
17 passionate about her family and such an advocate
18 for her children and her grandchildren.

19 And I'd also like to acknowledge that I
20 was elected to the council here 35 years ago. At
21 that time, there was a grandfather and his
22 partner, Jack Diehl over our city attorneys they served
23 this city for over three decades and
24 their service was extraordinary.

25 And that was before his distinguished career

1 as a district judge here. So, I appreciate the
2 contributions that your family has made to our
3 community and I've enjoyed your friendship over the
4 years.

5 I'd like to start off with, there was some
6 comment in the flyer, that Green Cross
7 Farmacy, provided the community in solicitation
8 for their city meeting.

9 And in the comment, it, mentioned
10 Councilwoman's Frost and my vote
11 no because it was legal under federal law. And
12 that this was a contradiction.

13 A contradiction with our vote when we
14 approved the medical
15 marijuana issue, which was actually
16 an issue on zoning, and the thousand-foot
17 limit from a school.

18 Federal law is based on the 1970
19 Controlled Substance Act. And marijuana is listed
20 as a Schedule I substance that needed to be
21 controlled for the reasons it has a high potential
22 for abuse and has absolutely no acceptable medical
23 use.

24 The comparable, substances are ecstasy,
25 marijuana, heroin, and LSD. Schedule II, which

1 allows for prescriptions for medical
2 use under a doctor's order, is cocaine, meth,
3 Oxycontin. SO, what's changed in the last 48
4 years? Basically nothing.

5 That federal statute is on the
6 books. It's a federal crime to possess,
7 manufacture, grow marijuana, either
8 recreational or medical. So there is inconsistency
9 there, how can you approve one and not the other?

10 But there has been some movement recently, and
11 by recently I mean in the last few years, and this
12 was alluded to a little bit by the
13 gentlemen that spoke from San Diego.

14 There's a Rohrabacher-Farr amendment that
15 has been proposed. The first time it was proposed
16 in 2001. It was proposed for every standing bill
17 before the Congress eight times total until it
18 finally passed in 2014.

19 So we've seen some movement in the creation of
20 the marijuana industry starting in about
21 2013, 2014. The other thing that occurred during
22 that period of time was the Cole memorandum, which
23 actually was a memorandum issued by a deputy,
24 excuse me, a deputy attorney general in 2013 to all
25 50 US attorneys in all 50 states.

1 The memorandum basically said, it didn't
2 demand, it didn't dictate, it basically said that
3 your priorities for utilizing your resources in
4 your office should be, not toward, in
5 states where marijuana was either recreational
6 or medical approved, should not be toward the
7 enforcement of the federal law in those
8 issues.

9 As we all know, the Cole Amendment was
10 rejected by our current attorney general on his
11 third day in office. So it no longer exists. Now,
12 that amendment covered all marijuana use. The
13 Rohrabacher-Farr amendment is different.

14 It restricts, and I'll read it here, it
15 prevents the department of justice from spending
16 federal funds to prosecute marijuana related
17 activities if they are permitted under state
18 specific medical marijuana law.

19 It lists all 26 states that have approved
20 medical marijuana law. It further states that this
21 law, this amendment does not cover recreational
22 marijuana.

23 So there is a distinct difference at the
24 federal level of enforcement policy as to whether
25 or not, not people that are using, selling,

1 manufacturing, medical marijuana, and the use
2 of federal resources to prosecute those folks and
3 enforce the Controlled Substance Act
4 as it pertains to medical marijuana.

5 Now, that amendment was first passed in 2014.
6 It's been renewed in every budget cycle since then
7 a total of 11 times, the latest being in the
8 current budget which was passed in, I believe,
9 March and expires in September.

10 That was passed by the Senate and the house
11 and signed by the president of United States,
12 Donald Trump.

13 So there's a relatively, a strong protection
14 against a recognition, I believe, by the
15 Congress that there is medical benefit for medical
16 marijuana and a recognition that 29 states have,
17 have passed medical marijuana statutes.

18 But it specifically excludes any protection
19 for recreational marijuana in the seven states that
20 have passed that.

21 That being said, the reason why
22 this is important to me is not for the governance
23 of the city of Fallon, it's for the perception that
24 we send out to the community, that if you, under
25 the current state law, where we have,

1 basically legalized at the state level
2 with certain restrictions, both medical marijuana
3 and recreational marijuana, the perception is
4 marijuana is legal. Marijuana is not legal.

5 Marijuana, if you're caught with marijuana,
6 you're still subject to prosecution under the
7 marijuana statutes, and they are strong statutes.
8 The penalties are severe.

9 And as far as judges go, they have very
10 little discretion in sentencing based on the mandatory,
11 federal mandatory sentencing act.

12 So there's a danger to our citizens that have
13 the impression that what they're doing is all
14 right, but if they're caught by the DEA or another
15 federal agency, the consequences can be grave.

16 There is a continuing danger with the
17 Rohrabacher-Farr legislation in that sometime
18 that legislation might not be attached to a
19 standing bill, and then that goes away and we go
20 right back to that.

21 The other point I'd like to make is that
22 perception matters. And the testimony here today
23 indicates that there's a perception in the
24 community that as a result of the
25 passage of the petitions and

1 the legalization under certain conditions
2 of marijuana within the state of Nevada,
3 that it's legal and the perception is that if it's
4 legal, it's okay.

5 That there's no downside to
6 it. That there's no possible health
7 consequences or addiction consequences, or as
8 thank you for your testimony doctor,
9 consequences, if you become
10 pregnant and have an unborn child.

11 I think the science and the
12 information is still, even though it's been
13 48 years, very limited. And
14 perhaps there's even better science
15 internationally than there is in the United States.

16 But I think the direction of Congress on
17 this issue was alluded that we were
18 on the threshold of legislation that
19 would remove the the marijuana from
20 the scheduling of controlled
21 substances.

22 There's been 18 separate
23 bills in Congress right now as we speak, probably
24 more than that.

25 There's 18 bills that can be identified in

1 Congress at this time dealing with marijuana. They
2 cover everything from currency regulation,
3 racketeering, student loans, water rights,
4 all related issues to marijuana at this time.

5 There's absolutely no way to
6 project what way any of those bills will go if they
7 go anywhere.

8 And, so I think if we make any kind of a
9 decision based on what we're projecting that
10 federal law will be, or even the future of,
11 state law, we come up to a new legislative
12 session in January, state law could very easily
13 change on this issue.

14 So, with that said, I think
15 that I've seen the benefits of medical
16 marijuana. I've seen people that are very close to
17 me that have suffered severe medical issues
18 and the only relief they got was from marijuana.

19 And that was part of what prompted my vote
20 before, was that I think that there
21 are people that benefit greatly from that medical
22 marijuana. And I think that
23 that said, I believe that there are
24 medical benefits for medical marijuana.

25 So, I myself am also planning

1 to vote in favor of the adoption of the
2 ordinance.

3 MR. TEDFORD: It doesn't seem like we're going
4 to have much debate. So thank you for your
5 positions that you laid out each of you. I
6 appreciate it. Thank you for your time. You spent
7 the last 45 days on this.

8 We had a motion, it was withdrawn. I
9 wonder, Kelly, if you wish to make that motion again

10 MS. FROST: I do. I move to adopt bill
11 number 780 as introduced and without amendment.

12 MR. TEDFORD: We have a motion to adopt bill
13 number 780 up as ordinance number 761 by
14 Councilwoman Frost. Do we have a second to that
15 motion?

16 MR. ERICKSON: I'll second.

17 MR. TEDFORD: We have a second from Councilman
18 Erickson. All in favor.

19 MS. FROST: Aye.

20 MR. ERICKSON: Aye.

21 MR. RICHARDSON: Aye.

22 MR. TEDFORD: None opposed. Motion carries on
23 3-0 vote to adopt bill number 780 as ordinance
24 number 761. Thank you all for your patience.
25 Appreciate it. Drive carefully. We'll take a

1 short recess.

2 Oh, [inaccurate] public comment on any other
3 matter? Okay. We'll take staff reports, chief.

4 Elsie. Thank you, Chief. Elsi, Ryan, Bryan blue
5 shirt, the blue team, the blue man group, Kaitlin,
6 Jane, Adrian.

7 Thank you. Gary, Mike, Robert. Lem, why the
8 heck did you turn your light on? Thank you, sir.
9 Lem?

10 MALE: [Inaudible].

11 MR. TEDFORD: He commented?

12 MALE: He did [inaudible].

13 MR. TEDFORD: Nothing from Lem, just in case
14 I'm over the top of him. Nothing from Lem.
15 Council?

16 MS. FROST: Thank you, staff, for sticking
17 through this whole meeting. I appreciate it.

18 MR. TEDFORD: Thank you for occupying the
19 opposition row. Were you all right there the whole
20 time?

21 MS. FROST: Yeah.

22 MR. TEDFORD: That isn't an offer. Thank
23 you all for hanging in. James, any --
24 and he's now going to turn his mic on. Bob,
25 could you brief us on that

1 [inaudible]?

2 MR. ERICKSON: Okay.

3 MR. TEDFORD: Does anybody hear that, what he
4 said? You all know what?

5 MALE: We all know the amendment.

6 MR. TEDFORD: What did he say? You all know?
7 The Cole amendment.

8 MALE: The Cole amendment.

9 MR. TEDFORD: Like is it -- was it about
10 West
11 Virginia Coal?

12 MALE: [Inaudible] amendment, right?

13 MR. TEDFORD: The C-o-a-l amendment.

14 MALE: That's when I go.

15 MR. TEDFORD: It's okay. All right. I think
16 there's nothing left and there's no need for
17 executive session. Thank you all for your hard
18 work on this issue. It was a difficult evening,
19 but thank you all. And, we're adjourned.

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I, Chris Naaden, a transcriber, hereby declare under penalty of perjury that to the best of my ability the above 170 pages contain a full, true and correct transcription of the tape-recording that I received regarding the event listed on the caption on page 1.

I further declare that I have no interest in the event of the action.

April 1, 2021



Chris Naaden

(Fallon City Council Meeting, 6-19-18)

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Valerie Swirczek

From: Verrees, James F <James.Verrees@bannerhealth.com>
Sent: Tuesday, June 5, 2018 8:18 AM
To: Valerie Swirczek
Cc: Verrees, James F
Subject: ACOG Committee Opinion regarding Marijuana use during Pregnancy and Lactation Oct2017
Attachments: co722.pdf

Good Morning Valerie Swirczek,

Thank you for your time on the phone this morning.

Attached is the American College of Ob/Gyn Committee Opinion on Marijuana use during pregnancy and lactation released in October 2017 for your review.

I do not know of any data that shows that marijuana use in pregnancy has a positive effect on subsequent offspring performance.

I advise **against** any marijuana use in pregnancy as I believe that marijuana has a harmful effect not only on the mother but on the child.

If possible, I would like to be able to talk at the upcoming City Council Meeting.

Can you please let me know the time and date?

Thank you again for your time and your consideration.

Sincerely,

Jim

C: 910-581-4473

James F. Verrees, M.D.
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ACOG COMMITTEE OPINION

Number 722 • October 2017

(Replaces Committee Opinion No. 637, July 2015)

Committee on Obstetric Practice

This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

INTERIM UPDATE: This Committee Opinion is updated as highlighted to reflect a limited, focused change in the language and supporting evidence regarding marijuana use and neonatal outcomes.

Marijuana Use During Pregnancy and Lactation

ABSTRACT: *Cannabis sativa* (marijuana) is the illicit drug most commonly used during pregnancy. The self-reported prevalence of marijuana use during pregnancy ranges from 2% to 5% in most studies. A growing number of states are legalizing marijuana for medicinal or recreational purposes, and its use by pregnant women could increase even further as a result. Because of concerns regarding impaired neurodevelopment, as well as maternal and fetal exposure to the adverse effects of smoking, women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use. Obstetrician–gynecologists should be discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during preconception, pregnancy, and lactation. Pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data. There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged.

Recommendations

The American College of Obstetricians and Gynecologists recommends the following:

- Before pregnancy and in early pregnancy, all women should be asked about their use of tobacco, alcohol, and other drugs, including marijuana and other medications used for nonmedical reasons.
- Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy.
- Women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.
- Pregnant women or women contemplating pregnancy should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data.
- There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged.

Introduction

Cannabis sativa (marijuana) is the illicit drug most commonly used during pregnancy. The self-reported prevalence of marijuana use during pregnancy ranges from 2% to 5% in most studies but increases to 15–28% among young, urban, socioeconomically disadvantaged women (1–5). Higher rates of use are found when querying women at the time of delivery rather than at prenatal visits because some users may not seek prenatal care (5). Notably, 34–60% of marijuana users continue use during pregnancy, with many women believing that it is relatively safe to use during pregnancy and less expensive than tobacco (3, 4, 6, 7). A recent study noted that 18.1% of pregnant women reporting marijuana use in the past year met criteria for marijuana abuse, or dependence, or both. (8). A growing number of states are legalizing marijuana for medicinal or recreational purposes, and its use by pregnant women could increase even further as a result.

The medicinal and psychoactive properties of marijuana are mediated by compounds called cannabinoids, which are absorbed from the lungs when smoked or from the gastrointestinal tract when ingested. Tetrahydrocannabinol (THC) is a small and highly lipophilic molecule that is distributed rapidly to the brain and

fat. Metabolized by the liver, the half-life of THC varies from 20–36 hours in occasional users to 4–5 days in heavy users and may require up to 30 days for complete excretion. In animal models, THC crossed the placenta, producing fetal plasma levels that were approximately 10% of maternal levels after acute exposure. Significantly higher fetal concentrations were observed after repetitive exposures (9). Limited human data suggest that THC also appears in breast milk (10).

It is difficult to be certain about the specific effects of marijuana on pregnancy and the developing fetus, in part because those who use it often use other drugs as well, including tobacco, alcohol, or illicit drugs, and in part because of other potential confounding exposures. Marijuana smoke contains many of the same respiratory disease-causing and carcinogenic toxins as tobacco smoke, often in concentrations several times greater than in tobacco smoke (11). Adverse socioeconomic conditions, such as poverty and malnutrition, may contribute to outcomes otherwise attributed to marijuana. For example, one population-based study reported that pregnant marijuana users were more often underweight and had lower levels of education, had a lower household income, and were less likely to use folic acid supplementation than nonusers (2). Another study found that marijuana-exposed women are more likely to experience intimate partner violence, an additional risk factor for adverse pregnancy outcomes (12). Studies evaluating marijuana use during pregnancy often account for these confounders using data stratification or multivariate analysis. Studies of marijuana exposure during pregnancy are potentially subject to reporting and recall bias, often relying on self-reported habits, including frequency, timing, and amount of marijuana use. Additional confounding issues may arise from marijuana potency that has, in general, increased with time (13).

Effects of Marijuana Use on Pregnancy

Cannabinoids, whether endogenous or plant derived, exert their central nervous system effects via cannabinoid receptor type 1. Animal models demonstrate that endocannabinoids play key roles in normal fetal brain development, including in neurotransmitter systems, and neuronal proliferation, migration, differentiation, and survival (14). Human fetuses exhibit central nervous system cannabinoid receptor type 1 as early as 14 weeks of gestation, with increasing receptor density with advancing gestational age, which suggests a role for endocannabinoids in normal human brain development (15, 16).

Studies using laboratory animals show that in utero exogenous cannabinoid exposure may disrupt normal brain development and function (14). Manifestations of in utero exposure include impaired cognition and increased sensitivity to drugs of abuse (17). Of further concern, supraphysiologic fetal cannabinoid exposure can potentiate brain susceptibility to the apoptotic

effects of ethanol (18), highlighting concerns for polysubstance abuse and suggesting that exposure to exogenous cannabinoids could negatively affect brain development. Studies noted that children who were exposed to marijuana in utero had lower scores on tests of visual problem solving, visual-motor coordination, and visual analysis than children who were not exposed to marijuana in utero (19–22). Additionally, prenatal marijuana exposure is associated with decreased attention span and behavioral problems and is an independent predictor of marijuana use by age 14 years (23–25). Effects of prenatal marijuana exposure on school performance are less clear. Although one longitudinal study found no significant effect on several measures of cognition and school performance among primarily middle socioeconomic class children aged 5–12 years (26, 27), another longitudinal investigation of children of mostly urban, lower socioeconomic means observed poorer reading and spelling scores and lower teacher-perceived school performance (28).

Available evidence does not consistently suggest that marijuana causes structural anatomic defects in humans (29–31). In one large study, the adjusted odds ratio for marijuana users who gave birth to newborns with a major birth defect was not statistically significant. However, the study did not address timing of marijuana exposure during pregnancy (29). A later study identified cases of marijuana use during the month before or the first three months of pregnancy, with nonusers serving as controls. There were no significant differences in the adjusted odds for 20 major anomalies examined among users versus nonusers. However, when the analysis was restricted to marijuana use in the first month of pregnancy, the odds of anencephaly in the offspring of users was significantly increased to 2.5 (95% confidence interval [CI], 1.3–4.9) (30). This finding may be confounded, however, by the separate observation that marijuana users are less likely to take supplemental folic acid than nonusers (2), as well as by the aforementioned multiple-comparisons issue and the possibility of type I errors (incorrect rejection of a null hypothesis).

Currently available evidence does not suggest an association between marijuana use in pregnancy and perinatal mortality, although the risk of stillbirth may be modestly increased (31, 32). A meta-analysis of 31 observational and case-control studies assessing neonatal outcomes in marijuana users versus nonusers examined perinatal death and stillbirth as secondary outcomes. Compared with nonusers, marijuana users experienced similar rates of perinatal death (relative risk [RR], 1.09; 95% CI, 0.62–1.91), but had somewhat higher stillbirth rates (RR, 1.74; 95% CI, 1.03–2.93). The latter finding should be interpreted with caution because these results could not be adjusted for tobacco use and there was a tendency in this study for significant associations between marijuana use and other adverse outcomes to become statistically insignificant when adjusted estimates were pooled. Support for this interpretative approach comes from a report included in

the meta-analysis that found that THC was significantly associated with stillbirth at or beyond 20 weeks of gestation, although the finding remained somewhat confounded by the effect of cigarette smoking (33).

Several studies evaluated newborn birth weights and multiple biometric parameters after in utero marijuana exposure. A primary outcome of the aforementioned meta-analysis (32) was birth weight less than 2,500 g. Marijuana use alone was not associated with an increased risk of birth weight less than 2,500 g. However, when marijuana use alone was stratified by amount of use, women who used marijuana less than weekly were not at increased risk of giving birth to a newborn less than 2,500 g (8.8% versus 6.7%; RR, 1.22; 95% CI, 0.91–1.64). However, women using marijuana at least weekly during pregnancy were significantly more likely to give birth to a newborn less than 2,500 g (11.2% versus 6.7%; 95% CI, 1.44–2.45). A recent retrospective cohort study not considered in the meta-analysis found a modestly increased risk of birth weight less than the 10th percentile among marijuana users after adjusting for confounders among tobacco nonusers (16.3% versus 9.6%; odds ratio, 1.36; 95% CI, 1.09–1.69) and tobacco users (20.2% versus 14.8%; odds ratio, 1.21; 95% CI, 1.00–1.45) (31). Several studies noted statistically significantly smaller birth lengths and head circumferences as well as lower birth weights among exposed offspring (34, 35–38). These findings were more pronounced among women who used more marijuana, particularly during the first and second trimesters (34, 36, 39). The clinical significance of these observations remains uncertain.

Most reports do not show an association between marijuana use and preterm birth (12, 31, 32, 38, 39). The above-cited meta-analysis' other primary outcome was preterm birth before 37 weeks of gestation (32). Compared with women using marijuana less often, women using marijuana at least weekly were at increased risk of preterm delivery (10.4% versus 5.7%; RR, 2.04; 95% CI, 1.32–3.17). When marijuana use was stratified by concomitant tobacco use, marijuana use alone was not associated with an increased risk of preterm birth, but use of both substances did exhibit an association in comparison to women not using either substance (11.4% versus 5.7%; RR, 1.85; 95% CI, 1.21–2.81) (32). Similarly, a retrospective cohort study published simultaneously with the meta-analysis also found that the risk of preterm delivery among marijuana users was observed only among those also using tobacco (38). Thus, concurrent tobacco use may be an important mediator for some adverse pregnancy outcomes among marijuana users. Of note, another report observed no increase in preterm delivery among marijuana users regardless of reported tobacco use (31).

Although there are limitations to the data on marijuana use during pregnancy—animals are frequently poor surrogates, and studies in humans often are heavily confounded by polysubstance use and lifestyle issues—

worrisome trends do emerge. Therefore, because of concerns regarding impaired neurodevelopment, as well as maternal and fetal exposure to the adverse effects of smoking, women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use. Because the effects of marijuana use may be as serious as those of cigarette smoking or alcohol consumption, marijuana also should be avoided during pregnancy. Before pregnancy and in early pregnancy, all women should be asked about their use of tobacco, alcohol, and other drugs, including marijuana and other medications used for nonmedical reasons. Women reporting marijuana use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy. Patients should be informed that the purpose of screening is to allow treatment of the woman's substance use, not to punish or prosecute her; however, patients should also be informed of the potential ramifications of a positive screen result, including any mandatory reporting requirements. Seeking obstetric-gynecologic care should not expose a woman to criminal or civil penalties for marijuana use, such as incarceration, involuntary commitment, loss of custody of her children, or loss of housing (40). Addiction is a chronic, relapsing biological and behavioral disorder with genetic components, and marijuana use is addictive in some individuals. Drug enforcement policies that deter women from seeking prenatal care are contrary to the welfare of the mother and fetus (41).

Effects of Marijuana Use on Lactation

There are insufficient data to evaluate the effects of marijuana use on infants during lactation and breastfeeding, and in the absence of such data, marijuana use is discouraged (42). Breastfeeding women should be informed that the potential risks of exposure to marijuana metabolites are unknown and should be encouraged to discontinue marijuana use. The American College of Obstetricians and Gynecologists' Breastfeeding page, available at www.acog.org/About-ACOG/ACOG-Departments/Breastfeeding, provides more resources about breastfeeding for clinicians and patients.

Medical Marijuana

Because marijuana is neither regulated nor evaluated by the U.S. Food and Drug Administration, there are no approved indications, contraindications, safety precautions, or recommendations regarding its use during pregnancy and lactation. Likewise, there are no standardized formulations, dosages, or delivery systems. Smoking, the most common route of administration of THC, cannot be medically condoned during pregnancy and lactation. Therefore, obstetrician-gynecologists should be discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during the period before pregnancy, and during pregnancy and lactation. Rather, pregnant women or women contemplating pregnancy

should be encouraged to discontinue use of marijuana for medicinal purposes in favor of an alternative therapy for which there are better pregnancy-specific safety data. High-quality studies regarding the effects of marijuana and other cannabis products on pregnancy and lactation are needed.

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The American College of Obstetricians and Gynecologists
409 12th Street, SW, PO Box 96920, Washington, DC 20090-6920

Marijuana use during pregnancy and lactation. Committee Opinion No. 722. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2017;130:e205–9.

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KEN TEDFOR

MAY 29 2018

Mr. Mayor, BOX 1330
FALLON, NV 89407

This was
written by someone
for whom I have a
great amount of respect
and in whom I have
a great amount of
confidence.

I hope you find
it interesting.

Jim Falk



Marijuana Legalization Is Criminal

EVERY DAY, I CONFRONT NEW MYSTERIES OF PUBLIC policy. The one that's been driving me insane lately has been about the legalization of marijuana as a recreational drug here in my beloved California and elsewhere. The theory here is that marijuana is a nonaddictive drug that makes users happy without any bad side effects.

The move closely follows making marijuana allowed as a medicinal drug to help fight the pain of cancer and other horrible diseases without having any bad effects.

The campaign here has been particularly powerful, with claims by doctors that marijuana that has been cultivated has all of the "good" effects of the drug; i.e., it makes you feel no pain without being addictive or making the user feel crazy.

The reason this is making me personally feel crazy is that I am surrounded by marijuana users. They all report feeling smashed, high, polluted, whatever slang term one wants to use just as they always have.

Marijuana is a hallucinogenic drug. It makes users hallucinate. It's not aspirin. It's not Tylenol. It's not a sip of Chardonnay or a shot glass of Johnny Walker Black.

No, it makes you feel lazy, drained of ambition, disorganized, unable to create and to focus one's attention. It's a guaranteed way to take a kid with drive and aspirations and make him into a vegetable. It's a close-to-guaranteed way to generate meaningless sex. It's a way to make women pregnant who don't really want to be.

I see this all of the time. My life is largely about being a volunteer in recovery programs for alcohol and drugs. When a young woman or man starts to use dope regularly, whatever was in that person of discipline, drive, and ethical values simply vanishes. It's like *Invasion of The Body Snatchers*. The body is still there, but the brain and spirit are gone. The next stage is heavy drinking, then cocaine, heroin, and then the person we knew is gone.

Don't get me wrong. I have known dope users who can still function. But rarely at a particularly high (so to speak) level of competence.

The closely annexed mystery is why we as a nation, racing at breakneck speed toward being a nation of drug addicts while at the same time we are engaged in a great civil war about the overuse of opioid pain medication.

Why are we hating codeine and Percodan so much when we are encouraging — yes, encouraging — young Americans to use a potent psychedelic drug we call marijuana? Why is it cool for late-night TV show hosts to laugh about getting high off marijuana when the feds

the offices of doctors who prescribe painkillers for people suffering from joint disease and cancer?

I know the answer: Rarely do people die from taking a huge hit from a joint while people definitely die from shooting too much Demerol into their veins.

But marijuana is, as I observed, a clear gateway drug into the horrible world of narcotics overuse. In that sense, it definitely is lethal.

More directly, marijuana is involved in an ever-growing number of fatal motor accidents. Motorists too paralyzed by dope to move out of

the way of an oncoming truck are now commonplace.

Dope addicts so depressed from use of the drug to keep living and who take their own lives are also no longer

Or so I hear in my recovery programs.

There are other maddening contradictions about what makes sense and what is nonsense in today's world. For example, why do modern American women demonstrate in favor of Islamic values — values that include enslavement of women and girls and compulsory genital mutilation — while blasting Trump for the mere allegation that he had a consensual sex relationship with a porn star? How can that possibly make sense?

And why are we not arming ourselves against a resurgent, highly militarized and threatening Russia? Why are we not building missile defense systems?

All of this is too much for my old mind to fathom.

What I do know is that when my goddess wife (with whom I have been together since 1966 and who has been unwell for more than a year now) smiles, she lights up the whole room, and the world makes sense. □

Marijuana is a hallucinogenic drug. It makes users hallucinate. It's not aspirin. It's not Tylenol. It's not a sip of Chardonnay or a shot glass of Johnny Walker Black.

Dear Mayor Tedford,

For your information & encouragement.

START A CONVERSATION WITH US

Maria Joste



INBOX

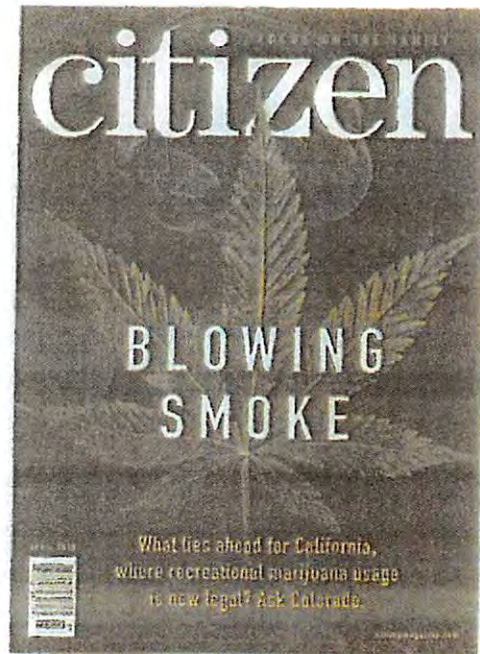
April Showers

I wanted to send a strong note of appreciation for the April issue of *Citizen*. As a pastor, former parole officer and now a recovery coach for Minnesota Adult and Teen Challenge, I was very grateful for the truthfulness of the article dealing with the disaster that is created by legalizing marijuana "recreational use." In every aspect of my professional career, users of drugs have told me that most of them got their start by smoking pot, and when the high they sought did not satisfy they went to even more serious drugs. However, since THC has been so ramped up in pot, it is becoming one of the most dangerous drugs out there.

I also very much appreciated the article dealing with "Deep Web, Deeper Faith" in which we are informed of the efforts of Emily Kennedy in the fight against human trafficking as she worked to develop the software that assists law enforcement. We are working with Rising Hope Foundation in their fundraising efforts to build several safe houses for juvenile girls rescued from sex trafficking here in Minnesota. Eventually the plan is to have three safe houses constructed in various locations in our state. Hopefully the one in our area will be constructed this spring.

The entire April issue was outstanding. Thank you so much for reporting facts and very informative articles about some of the very dark, but real issues confronting our culture today. Keep trusting Jesus as you continue in the battle for souls and for righteousness.

—REV. JIM MCGAFFEY, BRAINERD, MINN.



06/05/18

Mayor ~

Fyi, I just received this via email from Lisa Esquivel / Pennington Life Center.

Also, you may already know, the Convention Center is booked for June 13th from 6pm to 8pm for the same type of workshop.

Jane

**Educating yourself is always helpful in figuring out the real truth
Regarding a subject that might be controversial, new or even unknown
to you, your friends and your family. Everyone is welcome to participate. Please attend.**



Medical Marijuana Informational Workshop

William N. Pennington Life Center

Room 2

952 South Maine Street Fallon

June 7, 2018

10am-11:30am

We will be talking about Cannabis (Marijuana)!

Topics of the presentation will include the following:

- **Health Benefits**
- **Different options of consuming Cannabis**
- **How to obtain a Medical Card**
- **Recreational vs. Medical**
- **State of Nevada Laws**
- **Current movements in Fallon**
- **Questions and Answers Session**

**Presenter will Nathan Van Treese, owner of Green Cross Pharmacy,
medical dispensary located at 510 West Williams Avenue in Fallon.**

Peggy S. Reed
5866 MacPherson Ln
Fallon, NV 89406
775/867-4351/dougnpeggy@cccomm.net

June 8, 2018

Honorable Robert Erickson
Councilman, City of Fallon
961 W. 5th Street
Fallon, NV 89406



Dear Councilman Erickson,

I am writing this letter as a concerned citizen of this community and one that cares about how our community is represented, especially in the professional business world. I feel industry and jobs are extremely important for Fallon to be a strong viable community.

There are several concerns I have and would like to share with you. Most importantly, the Community Coalition and how it has represented our community in an extremely unprofessional manner to an important business member. I would like to also say every business member of our community is important and should be treated fairly and with respect.

After making a huge debate on a Facebook forum and bashing The Green Cross Farmacy, the director of the Community Coalition was invited to tour The Green Cross Farmacy. The director was invited to see how a dispensary is operated under all the rules and regulations the state of Nevada has set in place. An appointment was made for all to meet. One of the professional business owners cancelled other appointments to drive six hours to get here from Las Vegas, for what he thought was a very important meeting with an important Fallon representative. The director of the Community Coalition arrived at the dispensary for her scheduled tour and then refused to go through the front door, nor show any identification, which are state of Nevada requirements for everyone who enters a dispensary, and this was explained to her. The meeting was then cancelled by the director of the Community Coalition, leaving the business representatives that traveled from Las Vegas high and dry. I am embarrassed that this was how our community was represented and how immaturity it was handled by the Community Coalition. I feel no coalition of any sorts has any business representing Fallon to any company in this community without your knowledge.

I care about this community, as did my mentor Shirley Walker. She taught me many things about how to professionally represent our community. I personally feel the behavior of the Community Coalition was extremely out of line. I do not know if you have reached out to The Green Cross Farmacy to see how it operates under state law and meet the owners. I have, and I highly encourage you to do so, as there is not one thing shady about this operation, or the money that finances it. One of the owners is an incredible young man that is highly educated, as well as being an accomplished athlete.

The industry itself is very fascinating. The jobs that this industry provides with sustainable wages are something that should not be overlooked for this community. As USA Parkway continues to grow, many of the younger citizens are moving away from Fallon, this possibly leaving Fallon with nothing left offering higher wages but the Navy base and a few other businesses that require specific technical skills needed to qualify for employment.

The average employee of a marijuana dispensary needs no specific skills, other than good customer service (which can be obtained from fast food), and can start at a minimum of \$15.00 per hour, which is what our local dispensary has set its starting wage. Wages in the cultivation side of the industry start at an average of \$19.00 per hour. Where in Fallon or Churchill County can a person with general customer service skills earn these types of wages? I have enclosed an article that I found to best represent the marijuana movement in our country, but more specifically, our state. The article cites industry standards, regulations and how lawmakers across the state view the industry. And most importantly lawmakers are modeling their marijuana programs after the state of Nevada. We must be doing something right!

Both Governor Sandoval, whom I highly admire and respect, and our Attorney General Adam Laxalt support recreational/medical marijuana and have listened to the majority vote of the people of the state and have put laws in place to regulate marijuana, tax it and protect the cities and the counties from the federal government. Please have faith in our state government to protect us all from the federal government. According to the cited news article from CNN/Money I do not believe the Federal Government, in its hypocrisy, will come after states that have legalized marijuana as the IRS receives billions in taxes. *This year, it's estimated that marijuana business owners across the U.S. will owe \$2.8 billion in taxes to the federal government, based on estimates from New Frontier Data. Despite the fact that marijuana is an illicit industry, owners still pay taxes under a provision in the tax code called 280E, which requires taxes to be paid even on prohibited substances.

This industry is evolving and being accepted more and more as new discoveries are being made on the medical side of marijuana as well as the recreational side. Marijuana is not the gateway drug we have been taught. New studies are proving this as research is allowed.

I feel if it is already legal in the state, the city council should seriously re-consider the decision of prohibiting recreational sales in the city. The tax dollars that the city would receive will far out weigh any increase in crime or anything else you expect will happen with legalizing recreational sales. It is legal, all problems will still exist as anyone wishing to use recreational marijuana can either grow their own or go to the next county over and purchase what they wish and consume in our county and the city will reap nothing.

This industry is so over regulated that you could stand next to a cultivation facility and not even know that marijuana is being grown, except for maybe signage; there is no smell at all. Just think of the smells our neighbors will bring into our homes through our swamp coolers once they start growing their own "unregulated" marijuana.

Another thing that concerns me, which I have heard rumors, is the tribe will be considering selling recreational marijuana and developing their own grow facility. I am not sure if they are governed by any regulations. They are just waiting to see what the city does. I do not know the truth to this however I feel it should be taken into consideration when making this important decision.

If your decision to vote against recreational marijuana is a moral one, I besiege you to stop issuing so many liquor licenses, distillery licenses (county) and supporting the bars along Maine Street that are the true blight spots to our beautiful downtown. And I would like to ask if you could please take some of the money that you receive from the marijuana industry and put a portion toward alcohol education. As I feel alcohol is a true menace to society and education is almost non-existent in our local schools and public forums.

Thank you so much for your time and allowing me to vent and share my concerns and thoughts on the issue. You know me well enough to know I respect you Bob, the council seat you hold and the knowledge and wisdom you have gained serving our community for so many years. That is why I write this letter with all due respect to you. I can be reached at the number or email above if you would like to discuss further. I will not be able to attend the next council meeting that will be discussing the marijuana ordinance as I am still dealing with health issues and will be out of town that day.

If I can assist the city in any way by providing information or sitting on a committee that can bring businesses and the city together without outside interferences I would be more than happy to volunteer my time. It deeply bothers me to think our community was represented in such an unprofessional and immature way.

Sincerely,

Peggy Reed

Attachments: News articles as referenced

CC: Councilwomen Kelly Frost
Councilman James Richardson
Mayor Ken Tedford

News

Nevada's 273 marijuana businesses employ 6,700 workers

By:

Patrick Walker (<http://www.lasvegasnow.com/meet-the-team/patrick-walker/678396603>)

✉ (<mailto:pwalker@lasvegasnow.com>)

Updated: Dec 14, 2017 07:13 PM PST



Video

LAS VEGAS - Some surprising new numbers are out about the Silver State's marijuana industry.

The Nevada Dispensary Association surveyed its members and now we're getting a better picture of how big the industry is beyond just looking at sales and tax revenues.

State lawmakers from across the U.S. are in Las Vegas for the annual Council of State

<http://www.lasvegasnow.com/news/nevadas-273-marijuana-businesses-employ-6700-workers> 6/4/2018

Governments convention at Mandalay Bay.

The focus of one large session Thursday was how to develop marijuana policies. Based on some of the new statistics about Nevada's industry, we're proving to be a model state.

Nevada has come a long way since medical marijuana sales began in July 2015.

Currently, there are 273 marijuana businesses in Nevada employing over 6,700 people.

With sales and tax revenue exceeding projections, it appears the cannabis industry is here to stay.

"There are a lot of taxes coming into the state, but we're also seeing there are extremely high regulatory costs and operational costs," said Riana Durrett, exec. director, Nevada Dispensary Association.

Durrett says while a lot of money is coming into businesses, it's also being paid out.

"This isn't a market where people are making money hand over fist like people from the outside think that they are."

As a whole, the industry spends about \$1.8 million on security each month. Utilities comes out to nearly \$1.3 million.

But the biggest cost, as in many businesses, is employees. The average wage is \$19.28 an hour, more than double the state's \$8.25 an hour minimum wage. And it's a diverse workforce -- about 47 percent minority and 53 percent non-minority.

Durrett presented the numbers in front of lawmakers from other states like Maine state Senator Roger Katz who are looking for guidance as voters legalize marijuana in more states.

"Nevada is different from Maine in many, many ways, but the issues about legalization of marijuana, they're really the same," said Sen. Katz.

He sees events like this as an opportunity for states to get out ahead of the any movement on marijuana policy on the federal level.

"This opportunity to talk among our colleagues really does demonstrate that the states are the 50 labs of the country," Sen. Katz said.

Las Vegas is hosting this conference this year because state Senator Kelvin Atkinson is the chairman of the Council of State Governments.

Governor Brian Sandoval will be delivering a keynote address Friday.

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IRS collects billions in pot taxes, much of it in cash

by Aaron Smith @AaronSmithCNN January 18, 2018: 10:33 AM ET

The way Zach Lazarus pays his taxes is different than most people.

The COO of A Green Alternative dispensary in San Diego pays city, state and federal taxes in bags of cash that smell like marijuana. And he arrives flanked by armed guards.

"We have a security detail with weapons that help us to get to the right destination to pay our taxes," said Lazarus. "Because everything's in cash we have to drive to our local IRS offices and pay."

The government does not require Lazarus to pay his pot taxes in cash. But because marijuana is prohibited by the feds, banks are not legally allowed to provide financial services to businesses that deal in state-legal pot. The lack of banking access forces them to use cash.

Many marijuana business owners are in the same predicament. Nearly a third of those taxpayers couldn't get bank accounts last year, according to a study by Marijuana Business Daily, an industry publication. Others have had accounts shut down.

This year, it's estimated that marijuana business owners across the U.S. will owe \$2.8 billion in taxes to the federal government, based on estimates from New Frontier Data. Despite the fact that marijuana is an illicit industry, owners still pay taxes under a provision in the tax code called 280E, which requires drug dealers to pay taxes even on prohibited substances.

"If you're making money illegally, that's still income, and that money is supposed to go to the IRS," said Richard Auxier, research associate with the Tax Policy Center, who said the rule also applies to illegal sports betting. "That's where the old joke about Al Capone comes from, that he didn't report his income from illegal activities."

The government, in other words, is not missing out on revenue from the marijuana industry. But they're definitely leaving green on the table.

If marijuana were legalized across the U.S., federal marijuana taxes could spike to \$18 billion by 2025, according to estimates from New Frontier Data (The estimates don't take into account the new tax law that passed in December which lowered the business tax rate from 35% to 21%.)

In California, pot businesses will owe about \$530 million in state taxes for 2017, according to BDS Analytics, and that's expected to go up to \$650 million in 2018, the first year with legal retail sales.

Some have speculated that a recent move by Attorney General Jeff Sessions to strip Obama-era protections for the nascent industry could prompt serious legislative action in Congress to legitimize marijuana nationwide.

Senator Jeff Merkley of Oregon, who accompanied a marijuana farmer as he delivered cash to a tax office in the state capital of Salem, introduced a bill, called the SAFE Banking Act of 2017, that would free up financial services for cannabis businesses. A companion bill has been introduced in the House.

"You don't want to have this cash economy that invites money laundering and cheating and all sorts of stealing," said Senator Merkley, whose state reaped more than \$120 million in tax revenue from recreational marijuana over the last two years. "There's no downside to providing banking services to the cannabis industry. It's crazy to have this unbanked economy."

To be sure there is a bigger bipartisan bill, with two dozen co-sponsors, working through the House that would eliminate criminal penalties associated with marijuana possession and distribution, and remove it as a schedule 1 controlled substance, effectively ending federal prohibition.

If the idea of lifting federal prohibition seems farfetched, it's exactly what Canada is doing.

Canada plans to have its retail market for cannabis up and running by July 1, opening a multi-billion dollar market.

6/11/2018

Recreational Marijuana Ordinance - City of Fallon June 19th m... - Jane Moon

Recreational Marijuana Ordinance - City of Fallon June 19th meeting

Coalition Assistant <Assistant@churchillcoalition.com>

Mon 6/11/2018 5:30 PM



Dear Members,

On June 19th at 7pm , the City of Fallon will have another meeting on the proposed ordinance regarding recreational marijuana. As many of you know, the City of Fallon voted on May 1st to adopt an ordinance to ban recreational marijuana .That is NOT final, it was only the first meeting on the ordinance.

The June 19th meeting is the second meeting on that ordinance, during the meeting the council will allow discussions and public comments pertaining to the current ordinance. Depending on what information is brought the , that ordinance could very well change to allow recreational marijuana.

I am reaching out to you today, if you are concerned about having a recreational store, grow house or testing facility as your next door neighbor or in your community, you can appear in front of the council and share your thoughts.

Our marijuana rates for youth from our YRBS shows marijuana use has doubled from 2015 to 2017. **YRBS Marijuana- High school youth -Any Use in 30 days 2015 was 15.1% ~ 2017 was 26.6%** that is a significant increase since medical legalization.

Last meeting there were over 20 pro- marijuana proponents and many testified.....and 3 who spoke against it. The residents of Churchill County and City of Fallon have an opportunity to step up and share your concerns on recreational marijuana in your community.

The coalition has talking point data and information that is public information and can be shared at this meeting. Please contact us if you need anything.

This is a very difficult decision for our City Council ,this the time to let the City Council know your concerns , stories, information, data and/or personal experiences. This information will defiantly affect the tough decision the Council has to make. **The more information and education they get will help them make the best choice for Fallon.**

Best Regards,

Andrea Zeller

Executive Director

6/11/2018

Recreational Marijuana Ordinance - City of Fallon June 19th m... - Jane Moon

Churchill Community Coalition

775-423-7433

www.churchillcoalition.com

<https://www.facebook.com/ChurchillCoalitionFallon>

Valerie Swirczek

From: Rena Gardiner <renagardiner@yahoo.com>
Sent: Tuesday, June 12, 2018 8:16 AM
To: Valerie Swirczek
Subject: Keep Recreational Use Out of Fallon

Thank you so much for upholding the Federal Laws and for supporting the "Majority" vote of this City and County. See you June 19th in support of keeping recreational use out of Fallon and Churchill County. Have a wonderful week!

Sent from Yahoo Mail. [Get the app](#)

Valerie Swirczek

From: Jeanine Peters <jgpeters518@gmail.com>
Sent: Tuesday, June 12, 2018 3:28 PM
To: Valerie Swirczek
Subject: NO on recreational marijuana!

Kelly Frost and Bob Erickson, **THANK YOU** for voting against the sale of recreational marijuana on May 1, 2018.

PLEASE continue to stop the sale of for recreational use. I agree that it is still against the Federal law and as such should not be allowed in our county.

I was extremely disappointed when I saw that The Green Cross Farmacy opened up in Fallon, let alone on our may highway directly through the center or town!

I have friends and family that choose to use medicinal treatments and I do not begrudge them their choice. But I believe this type of establishment should be front and center when visitors drive through our town.

Please continue to stand up for those of us who are against the proposed change.

Thank you,
Jeanine Peters

06/12/18

Mayor N
FYI.

Jane

See Through the

Smoke and Mirrors

- Do you know the difference between hemp and cannabis?
- Are you curious about Churchill County producers participating in the new industrial hemp revolution?
- Do you have questions about the medicinal benefits of hemp & cannabis?
- Do you know Nevada's laws regarding hemp & cannabis?

Join us for an educational seminar to debunk myths and provide clear & verifiable information about Cannabis and Hemp.

When: Monday, June 18th @ 5:30 pm

Where: The Old Post Office

Why: Because Knowing is Half the Battle!!!

Hosted by: The Fallon Food Hub

Featuring: Julie Monteiro RN, BSK

Western States Hemp & More

**Learn how to tell fact from fiction
about cannabis and industrial hemp**

Parents!

Want to know the real deal about teenagers and sex?

Who: Parents and Other Supportive Adults
with teens in your lives

What: Presentation about the real-life worries of
today's teenagers

When: July 26th @ 5:30 p.m.

Where: Upstairs at the Fallon Food Hub

Facilitated by: Sam Wall, MSW & Sex Educator

Scarleteen.com is a website that has been providing accurate, inclusive, and accessible information to teens and twentysomethings since 1998. We basically hear teens candidly talk about everything pertaining to sex and relationships.

We're offering you, parents and other supportive adults, the information we gather from all of this interaction and observation so that you can support the young people in your life around issues of sex, sexuality, and relationships. We'll cover communication strategies, hot topics, and audience questions.



Scarleteen Confidential:
For Parents Who Want to Know!

Valerie Swirczek

From: Andrea Zeller <director@churchillcoalition.com>
Sent: Friday, June 15, 2018 3:45 PM
To: Valerie Swirczek
Subject: Coalition information to the Council
Attachments: SAMRAMPNJPSAv1.pptx.pdf; waylandtownforumevins.pdf

Dear Valerie,

I would like to share this with the Council members for the Tuesday meeting. One report is the latest information on the effects of marijuana industry in legalized states. This is being shared in New Jersey, as their voters will have to vote this election year on recreational marijuana.

The other is impact of retail cannabis, has a lot of relevant information.

It has many talking points and information that the council will hear on June 19th.

Thank you,

Best regards,

Andrea Zeller

Executive Director

Churchill Community Coalition

775-423-7433

www.churchillcoalition.com

<https://www.facebook.com/ChurchillCoalitionFallon>



Responsible Approaches to Marijuana Policy



State Contact: Grace Hanlon
grace@learnaboutsam.org

Decision Time for **NEW JERSEY** 2018



**Pushing back against
marijuana
commercialization**

Kevin A. Sabet, PhD

ABOUT SMART APPROACHES TO MARIJUANA (SAM)

Comprising the top scientists and thinkers in the marijuana research and practice field, SAM works to bridge the gap between the public's understanding of marijuana and what science tells us about the drug. At the local, state, tribal, and federal levels, SAM seeks to align marijuana policy and attitudes about the drug with 21st-century science, which continues to show how marijuana use harms the mind and body. SAM argues against extremes in marijuana policy and opposes both incarceration for low-level use and blanket legalization, favoring instead a health-based approach to marijuana. Learn more [at www.learnaboutsam.org](http://www.learnaboutsam.org).

SAM SCIENCE ADVISORS:

- **Hoover Adger, MD**—Professor of Pediatrics and Director of Adolescent Medicine, Johns Hopkins University
- **Judge Arthur Burnett**—National Executive Director, National African American Drug Policy Coalition
- **Eden Evins, MD, MPH**—Associate Professor of Psychiatry, Harvard Medical School
- **Stuart Gitlow, MD, MPH, MBA**—Past President, American Society of Addiction Medicine
- **Sion Harris, PhD**—Center for Adolescent Substance Abuse Research at Boston Children's Hospital
- **Marilyn Huestis, PhD**—Adjunct Professor, University of Maryland School of Medicine
- **Yifrah Kaminer, MD**—Professor of Psychiatry and Pediatrics, University of Connecticut and Injury Prevention Center at Connecticut Children's Medical Center
- **Sharon Levy, MD, MPH**—Assistant Professor of Pediatrics, Harvard Medical School
- **Kimber Richter, MD, PhD**—Professor of Preventive Medicine and Public Health, University of Kansas
- **Paula Riggs, MD**—Associate Professor of Psychiatry, University of Colorado Denver
- **Christine Miller, PhD**—Retired Neuroscientist, MillerBio and Johns Hopkins University
- **Christian Thurstone, MD**—Associate Professor of Psychiatry, University of Colorado
- **Krishna Upadhy, MD, MPH**—Assistant Professor of Pediatrics, Children's National Health System, Washington, D.C.
- **Kathryn Wells, MD**—Associate Professor of Pediatrics, University of Colorado Denver
- **Aaron Weiner, PhD**—Director of Addiction Services, Linden Oaks Behavioral Healthcenter, Naperville, IL

Groups SAM Have Collaborated With

- **American Society of Addiction Medicine**
- **American Academy of Pediatrics**
- **American Academy of Child and Adolescent Psychiatry**
- **Other leading public health authorities**
- **Over 30 state affiliates, including:**
 - Treatment centers
 - Recovery groups
 - Prevention organizations
 - Law enforcement
 - Leading medical authorities
 - Volunteer citizens

The false dichotomy: “Legalization OR incarceration?”



VS



Three separate issues that often get conflated

1

**Penalizing drug
users/
"decriminalization"**



2

**Medicinal use of
compounds
derived from
marijuana/other
drugs**



3

**Legalization
of marijuana
or other drugs
for
"non-medical"
use**



Wide Support in NJ

Newark Bishop Jethro James Announces Opposition to Legalization of Recreational Marijuana

January 12, 2018, 4:15 pm | In

www.nj-ramp.org

Newark Bishop Jethro James Announces Opposition to Legalization of Recreational Marijuana

On MLK Day, Bishop James to Issue a Call-to-Action for Religious Leaders to Speak out Against Social Injustice of Marijuana Legalization



- Murphy's call for legalizing weed meets opposition -- from fellow Dems in Senate
- Murphy's home county is just saying no to legal weed
- Legal weed in New Jersey not a slam dunk for Gov. Murphy and Democrats

The Bottom Line - Summary

- Legalization is funded by Washington D.C. special interests **who just want to get rich at the expense of you and your children.**
- Legalization would allow pot shops in your neighborhoods—where your children live—to sell **kid-friendly pot products like lollipops and gummy bears** that are easily mistaken for ordinary candy. Since Colorado legalized marijuana, first time youth **pot use by youth is now #1 in the nation and more than 50% higher** than the national average. More minority kids are being arrested for pot in CO than before legalization.
- A poll by FDU in NJ found legalization is not supported by a majority of NJ residents.

Also, very importantly:

- Legalization would **permit pot products with very high potency levels**, which has led to many more marijuana poisoning cases in states with legalized pot. So it's not about public safety, but about marketing a harmful drug for profit.
- Studies show **teenagers who regularly use marijuana have lower IQ, higher dropout rates, and do worse on college entrance exams**. At a time when skilled graduates are needed to fill NJ jobs, we can't afford to fall any further.
- In the time of an opiate epidemic, drug legalization is the last thing we need.

Localities Are Pushing Back



Point Pleasant Beach, NJ

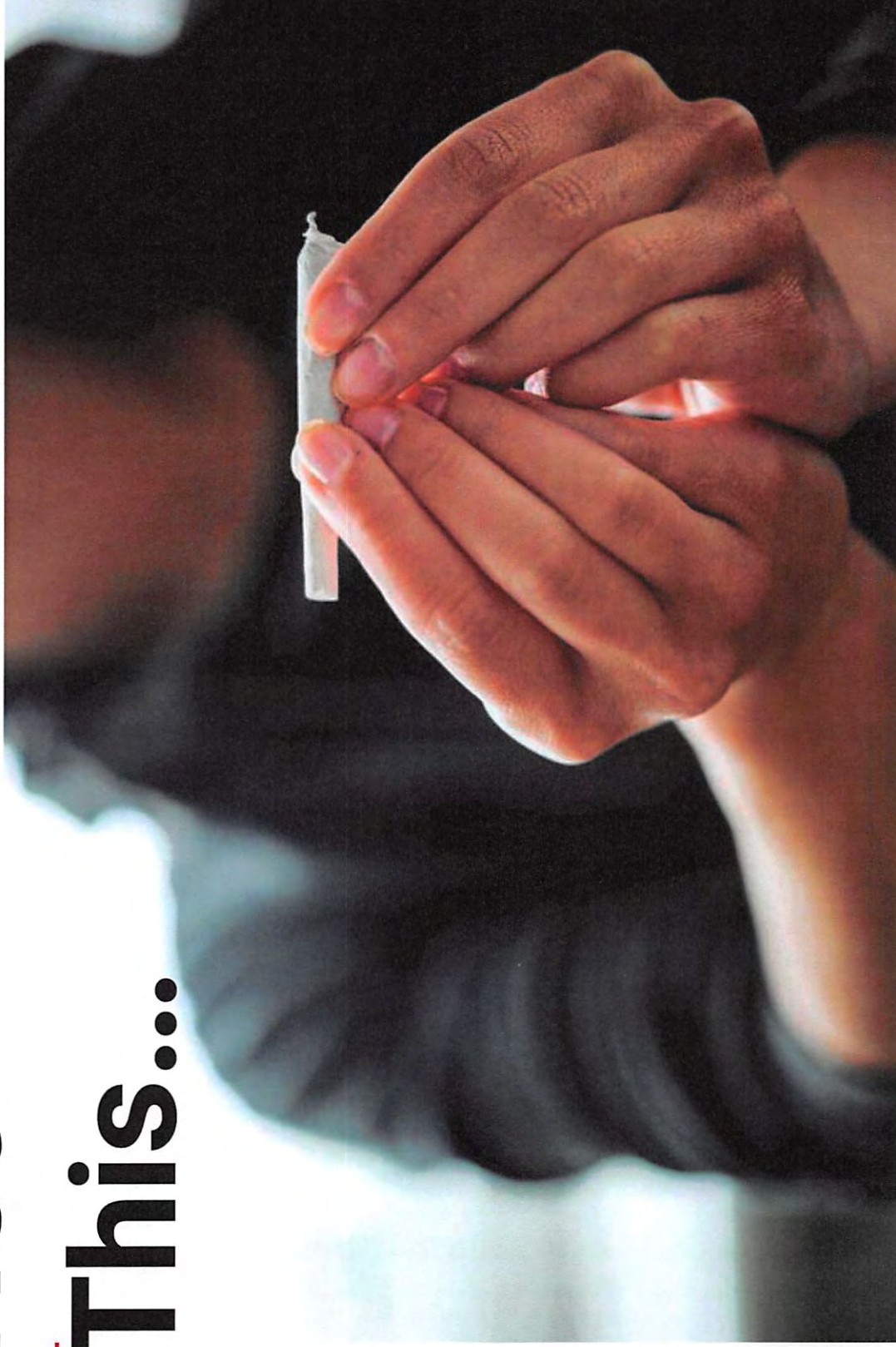
Ordinance to ban sales of medical and recreational marijuana.



Monmouth County, NJ

Resolution urging Governor Murphy and the New Jersey Legislature against legalizing recreational marijuana.

Not This...



...But This



Marijuana is not “just a plant” anymore – derivatives contain up to 98% THC



“Green Crack”
wax



“Ear Wax”



Butane Hash Oil
(BHO)



Hash Oil Capsules



“Budder”

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“Shatter”



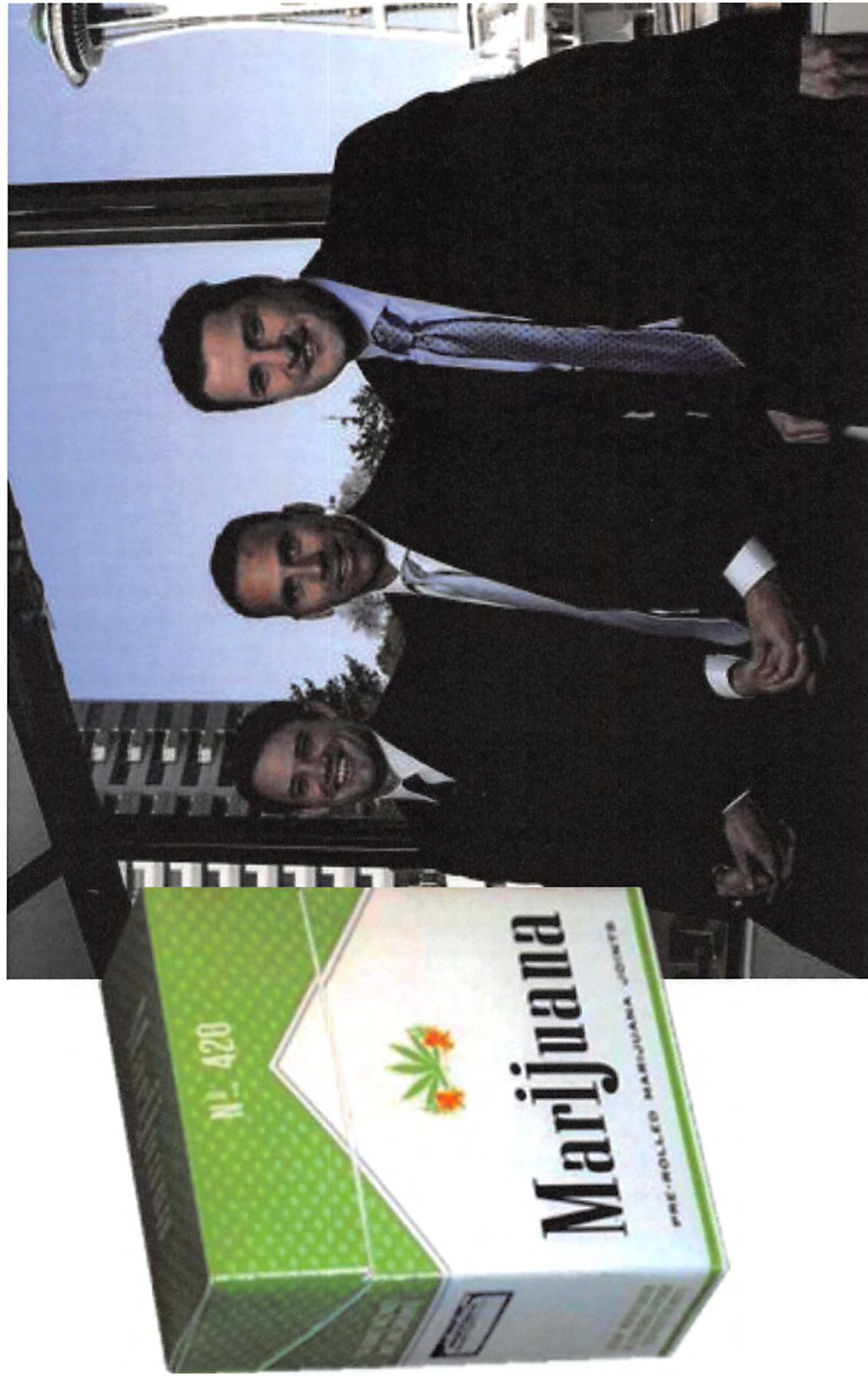
Event sponsorships



Billboards

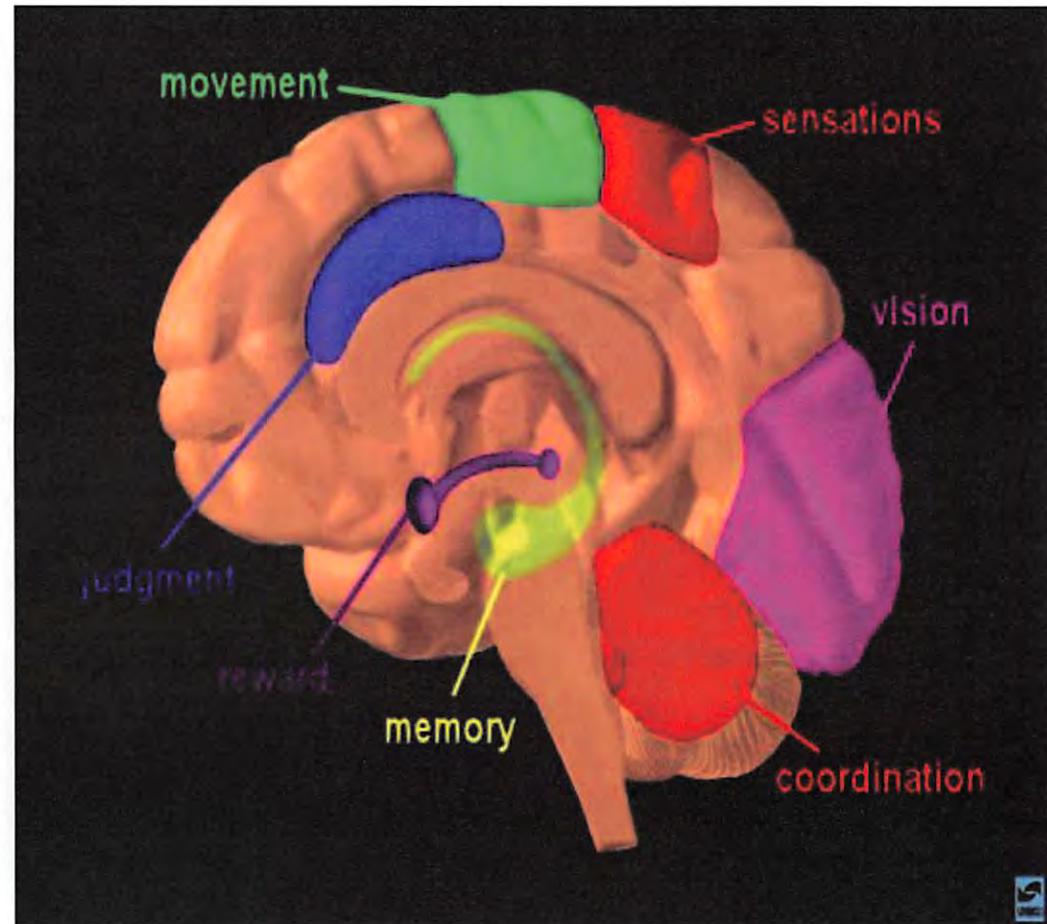


Coupons



Cannabinoid Receptors Are Located Throughout the Brain and Regulate a Host of Brain Activity

- Brain Development
- Memory & Cognition
- Motivational Systems & Reward
- Appetite
- Immunological Function
- Reproduction
- Movement Coordination
- Pain Regulation & Analgesia



The Industry Today



First 200* receive
a gift bag containing
one joint, one sample of
premium flowers,
and a Bite from
Bliss Edibles

*with \$10 donation minimum



1



Kid-friendly: comes in
shapes & colors
attractive to children, like
candy and soda

2

95%

Potent: often made w/
concentrates of up to
95% pure THC (joints
are ~ 15% THC)

3



Aggressive marketing:
free samples, billboard
advertising, and other **Big
Tobacco** tactics

4



Contaminants: In 2015, CO
recalled 100s of thousands
of edibles containing
banned pesticides

5



Fighting regulation: The pot industry has lobbied
hard against regulation (e.g., warning labels,
dosing rules, and bans on ads targeting kids)

What do we get with current legalization

Commercialization

- CO now #1 youth use first-time rate in the country
- Rampant advertising/commercialization
- A thriving underground market – white, grey, and black.

Promotion of Special Interests

- THC caps have failed (State of CO)
- Limit on # and location of stores have failed (Denver)
- Money diverted to general fund (eg WA)

Revenue streams already disappoint

≡ SECTIONS  HOME 🔍 SEARCH

The New York Times

TheUpshot

REVENUE DISAPPOINTMENT

Marijuana Taxes Won't Save State Budgets

APRIL 9, 2015

 Email

 Share

 Tweet

 Save

 More

Colorado's marijuana tax collections are not as high as expected.

In February 2014, Gov. John Hickenlooper's office projected Colorado would take in \$118 million in taxes on recreational marijuana in its first full year after legalization. With seven months of revenue data in, his office has cut that projection and believes it will collect just \$69 million through the end of the fiscal year in June, a miss of 42 percent.

That figure is consequential in two ways. First, it's a wide miss. Second, compared with Colorado's all-funds budget of \$27 billion, neither \$69 million nor \$118 million is a large number.

THE DENVER POST

News ▾ Sports ▾ Business ▾ Entertainment ▾ Lifestyle ▾ Opinion ▾ Politics ▾ Cannabist **Classifieds** ▾ DF

trending:

Rockies roster moves

Broncos Insider

Labor Day ski sale

Denver weather

Fatal Conifer dog at



OPINION > OPINION COLUMNISTS

Why pot taxes can't solve Colorado's budget problem



By CHRIS STIFFLER

© SAM

LESSONS LEARNED FROM MARIJUANA LEGALIZATION IN FOUR U.S. STATES AND D.C.

dbradley@nipssa.org



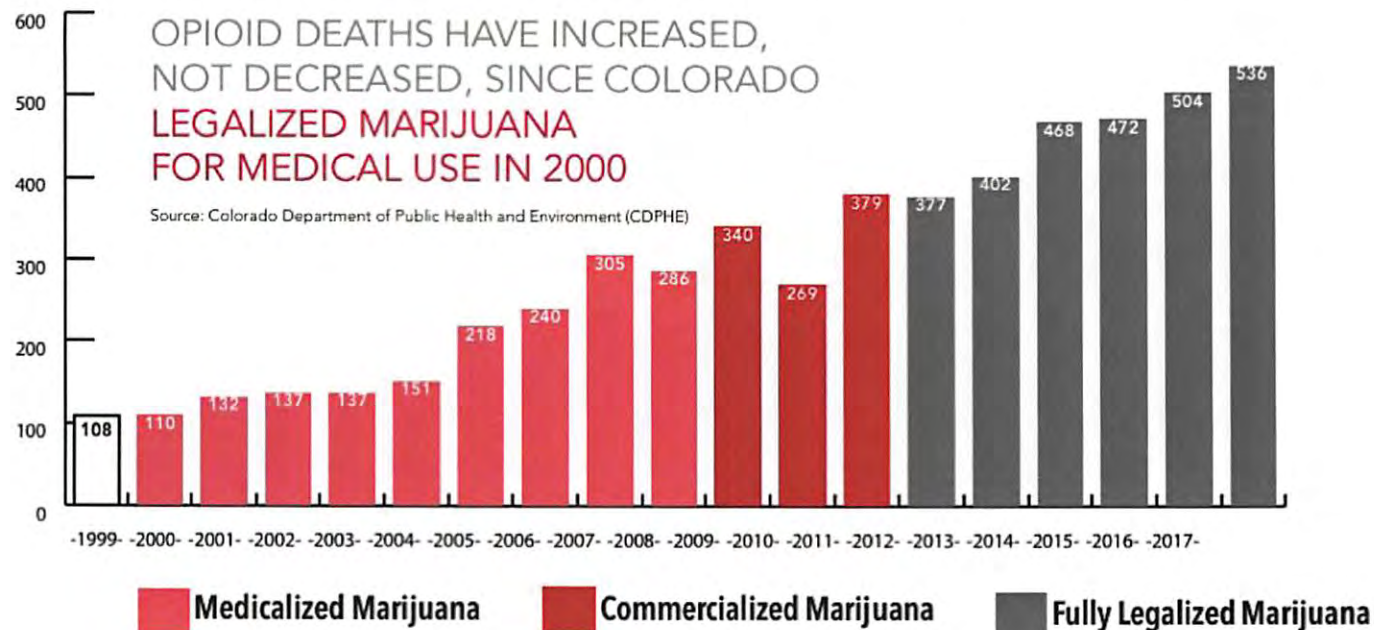
Reviewed by researchers from:
University of Colorado at Denver
Harvard Medical School
Boston Children's Hospital
University of Connecticut
Yale University
University of Kansas
and more

SAM Smart
Approaches to
Marijuana
preventing another big tobacco
www.leadintheblue.com/sam

MARIJUANA POLICY SINCE 2012

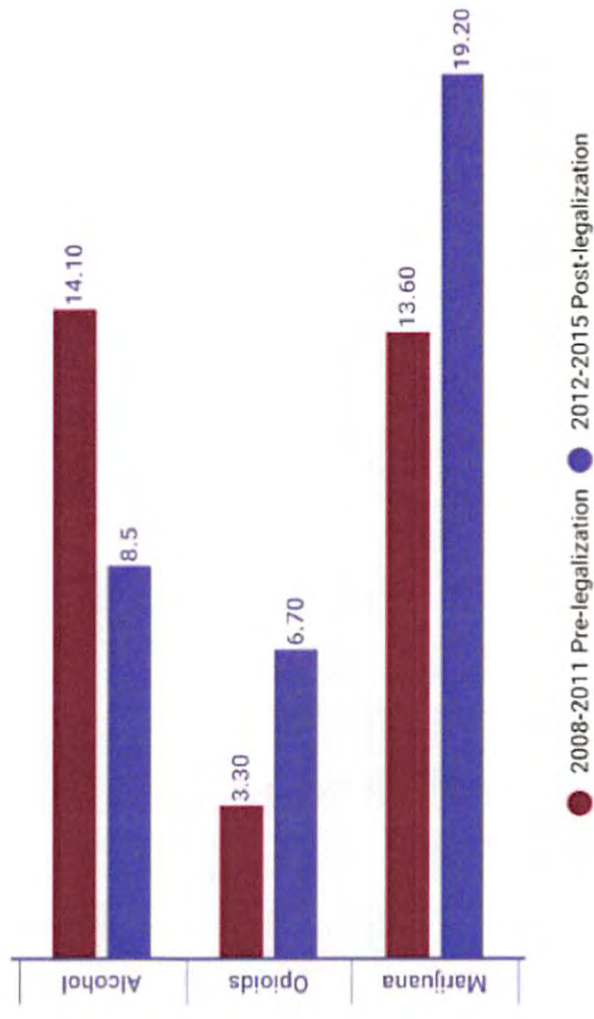
In 2012, Colorado and Washington voters passed referendums legalizing marijuana, accelerating the growth of a multibillion dollar, addiction-for-profit industry, and causing negative impacts both inside and outside of those states. We now have five years of data, lessons learned, and negative impacts affecting both families and communities.

The goal of the industry is to successfully convert young, casual users into heavy, more frequent users. Given this nation's addiction epidemic—deaths driven largely by opioids—the rise of lax legalization policies comes at an especially inopportune time. In the time that the opioid epidemic have increased, the percentage of marijuana users who are using the drug frequently has skyrocketed (Institute for Behavior and Health [IBH], n.d.). This is unsurprising, as peer-reviewed research has revealed early marijuana use more than doubles the likelihood of opioid use later in life (Secades-Villa, Garcia-Rodríguez, Jin, Wang, & Blanco, 2015; Olfson, Wall, Liu, & Blanco, 2017).



ADVERSE EFFECTS ON HEALTH OUTCOMES

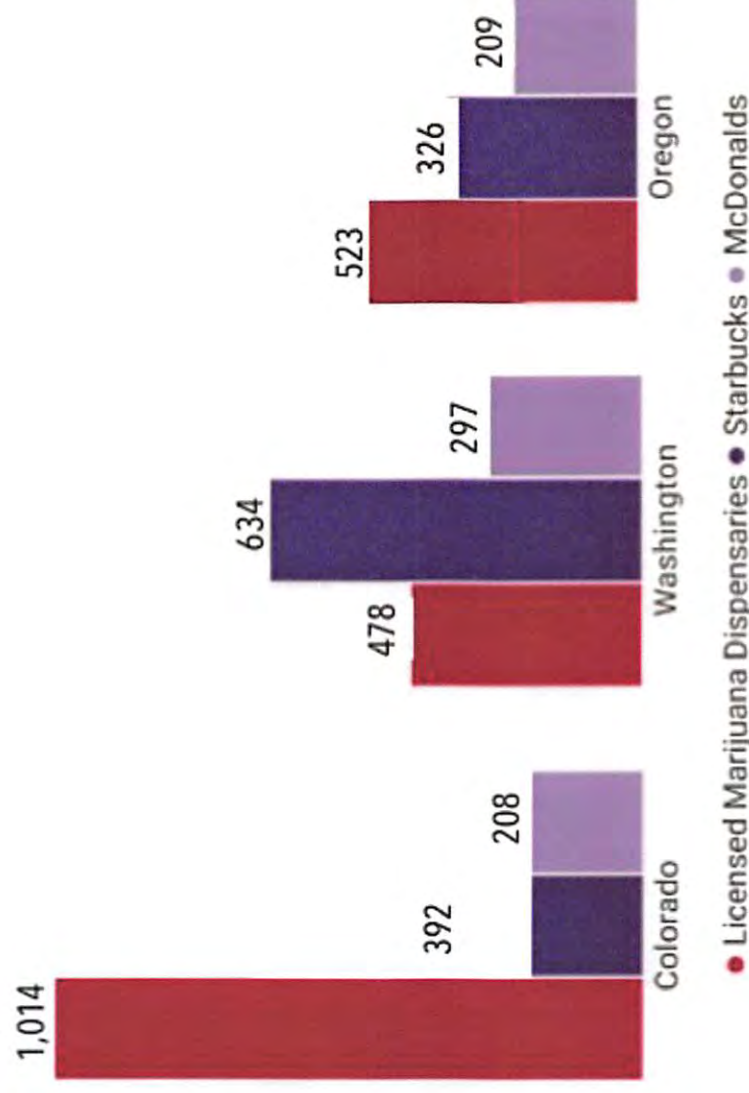
AVERAGE TOXICOLOGY OF SUICIDES AMONG ADOLESCENTS AGES 10-19 YEARS OLD
(WITH KNOWN TOXICOLOGY)



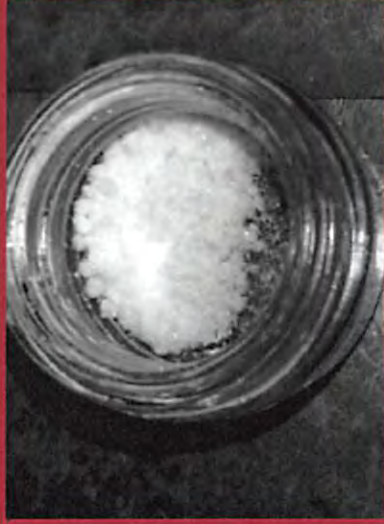
SOURCE: Colorado Department of Public Health and Environment (CDPHE), Colorado Violent Death Reporting System

BUSINESS COMPARISON 2017

Colorado Department of Revenue; Starbucks Coffee Company, Office Headquarters; McDonalds Corporation, Corporate Office; Washington State Liquor & Cannabis Board. Licensing. February information obtained from https://lcb.wa.gov/sites/default/files/s/Public_Records/2017/MarijuanaApplicants.xls; Oregon Liquor Commission http://www.oregon.gov/olcc/marijuana/Documents/Approved_Retail_Licenses.pdf



COMMERCIALIZATION: A GROWING CONCERN



The industry has prospered in selling marijuana-infused "edibles" that come in the form of cookies, candy, ice cream, sodas, and other sweet treats that are particularly appealing to children. These edibles comprise approximately 20 to 50% of the market in legalized states (where data is available), thereby increasing their availability to children and youth who are normally unaware of consumption serving sizes and consequences (Colorado Department of Revenue, 2015; O'Connor, Danelo, Fukano, Johnson, Law, & Shortt, 2016). The market for marijuana flower hybrids and concentrates continues to rise with the increase in demand for products with higher THC

potency levels. In Seattle, Washington, the average THC potency level far exceeds the national average at 21.24% for marijuana flowers and 72.76% for marijuana concentrates (NHIDTA, 2016). And mislabeling is not uncommon. According to Soldotna, Alaska, Police Chief Peter Mlynarik, testing of marijuana products revealed discrepancies "... of up to 77% difference in THC potency in the samples provided" (P. Mlynarik, personal communication, January 19, 2018). All legal states have had numerous recalls due to poor labeling.

AVERAGE THC POTENCY ACROSS REGIONS 2015



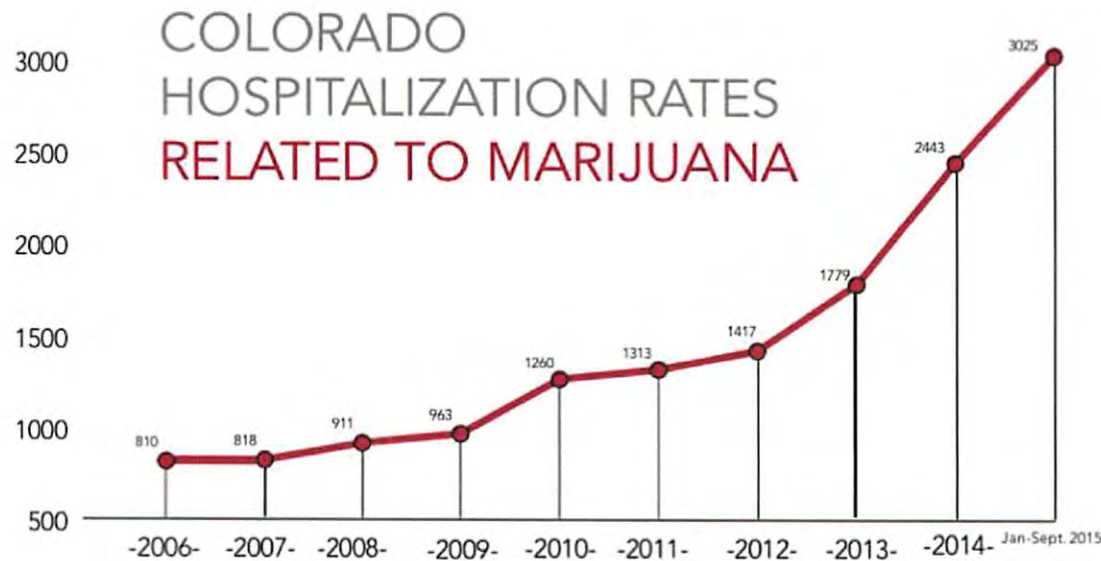
Marijuana-related emergency room visits have also surged since legalization. According to the Colorado Department of Public Health and Environment, the annual rate of marijuana-related emergency room visits increased 35% between the years 2011 and 2015 (CDPHE, 2016).

The burden on the emergency departments stemming from the type of patient care required and the resulting financial implications have been large for hospitals in Colorado (Finn, 2015).



Annual regional poison center human exposure calls related to marijuana from January 1, 2000 through December 31, 2015, divided by age groups. *Counts significantly increased from previous year with a p value <0.003. Unknown age includes calls with ages recorded as teens, 20s, unknown adult (≥ 20 yrs), unknown child (≤ 19 yrs), and unknown age. Human marijuana exposure calls to RPC were determined by the presence of the generic code Marijuana – 0083000 from the National Poison Data System or marijuana exposure mentioned in RPC case notes.

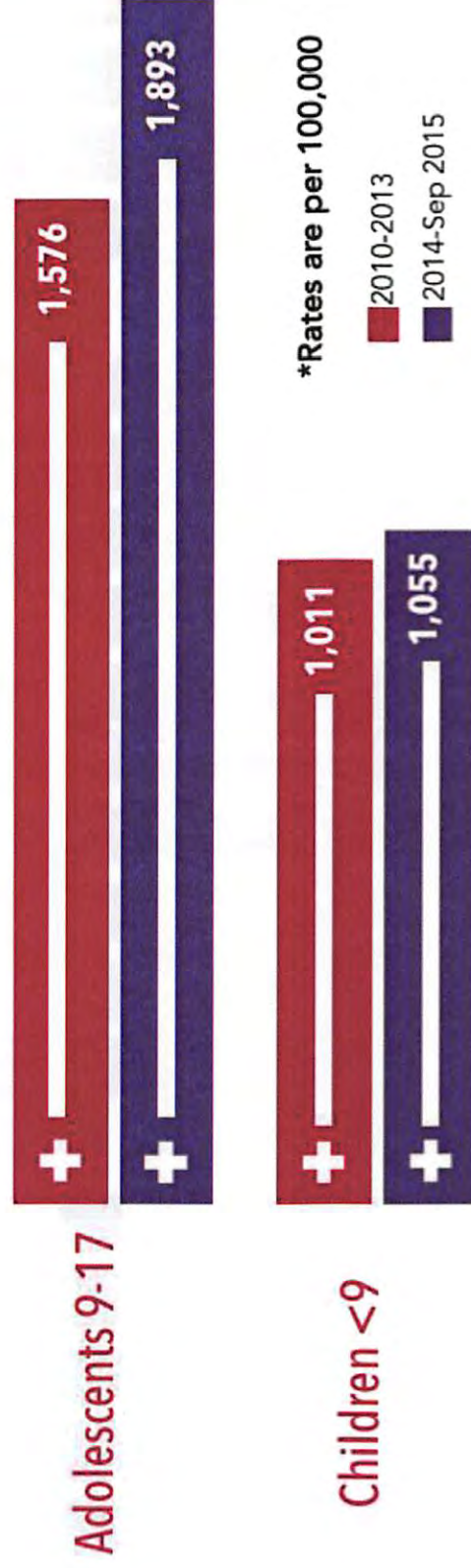
3500



Source: Colorado Department of Public Health and Environment, Monitoring Health Concerns Related to Marijuana in Colorado: 2016

MARIJUANA EMERGENCY ROOM VISITS HAVE ALSO INCREASED AMONG CHILDREN AND ADOLESCENTS (CHA, 2016).

MARIJUANA RELATED EMERGENCY ROOM VISITS IN CO BY AGE



Source: Colorado Hospital Association 2011-Sep 2015 as reported in Monitoring Health Concerns Related to Marijuana in Colorado: 2016, Per 100,000

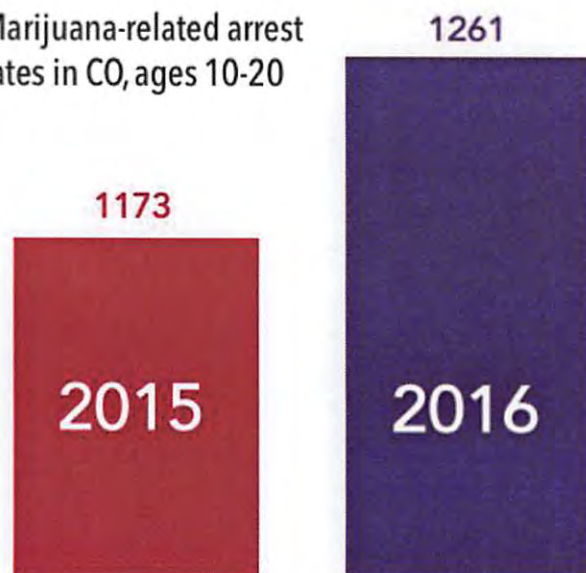
IMPACTS ON YOUTH AND YOUNG ADULTS

Since Colorado, Washington, Oregon, Alaska, and the District of Columbia allowed for marijuana, past-month use of the drug has continued to rise above the national average among youth aged 12–17 in all four states and Washington, DC.

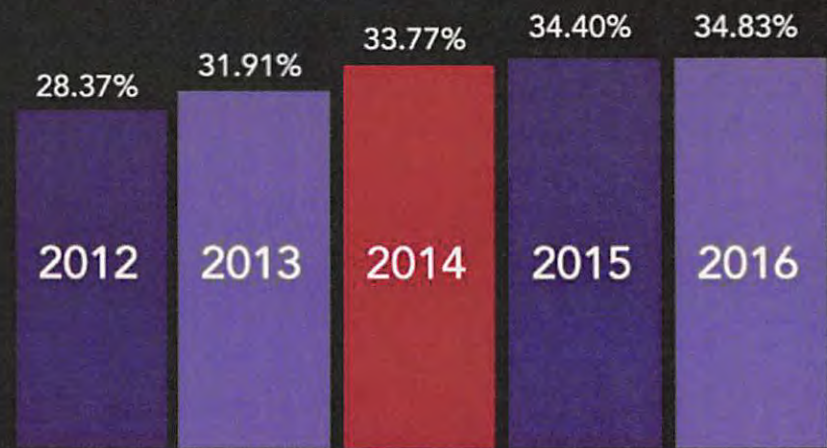
Legalized states are leading the nation in past-year marijuana use among youth aged 12–17 (NSDUH, 2006-2016). **#1** Colorado currently holds the top ranking for first-time marijuana use among youth, representing a 65% increase in the years since legalization.

(NSDUH, 2006-2016). The number of youth arrested for marijuana increased from 2015 to 2016 (CBI, 2017), and the percentage of youth on probation testing positive for marijuana in Colorado has also increased each year since legalization (DPS, 2017).

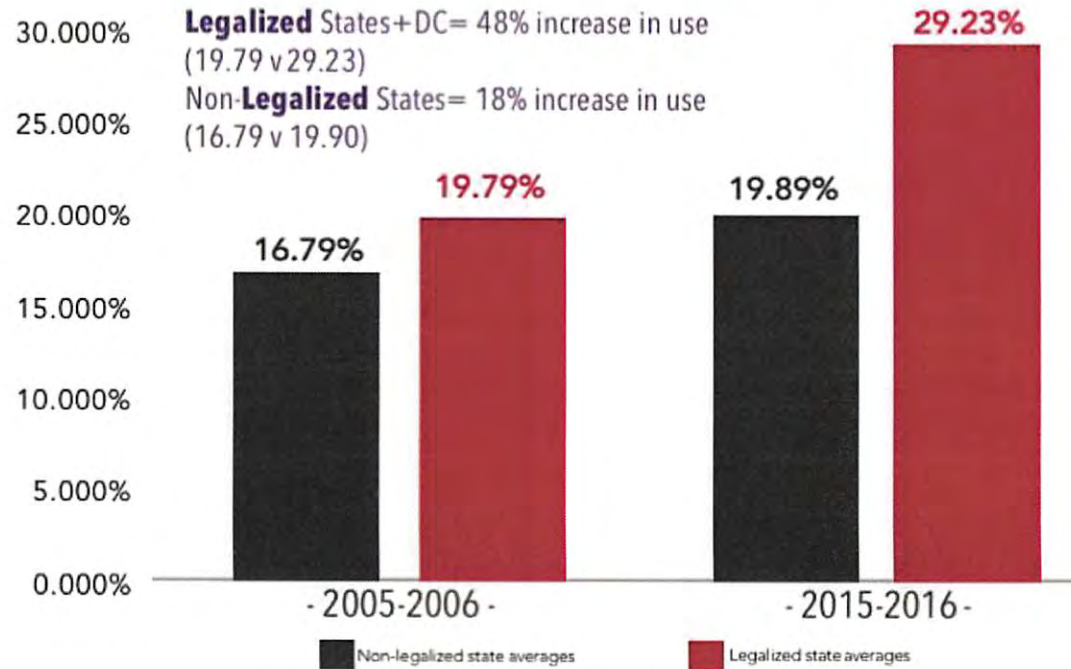
Marijuana-related arrest rates in CO, ages 10-20



% of youth ages 10-17 on probation testing positive for marijuana since legalization in CO

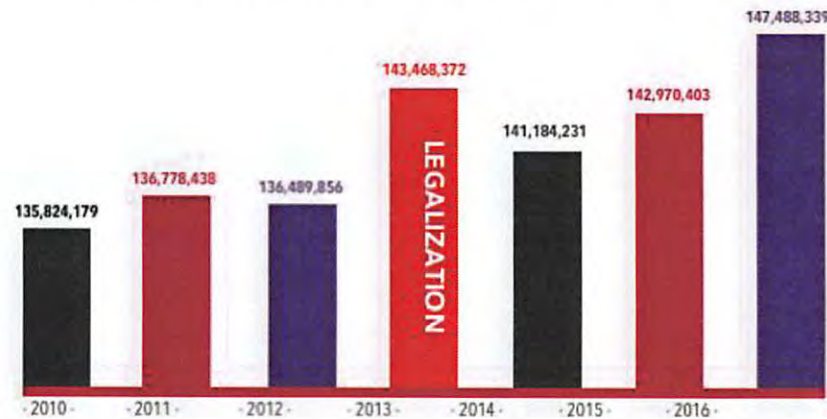


18-25 Year-Old Monthly Marijuana Use Legal vs. Non-Legal State Averages



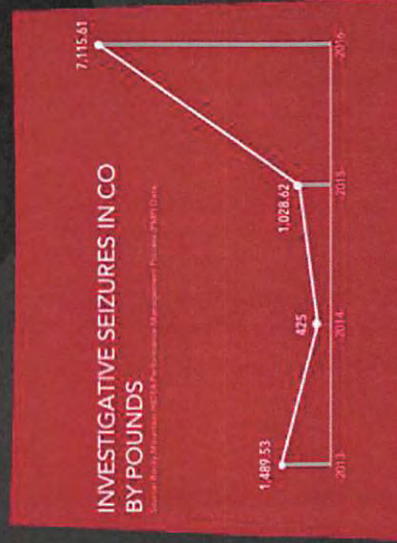
Source: NSDUH, 2017

GALLONS OF ALCOHOL CONSUMED IN CO, 2010-2016

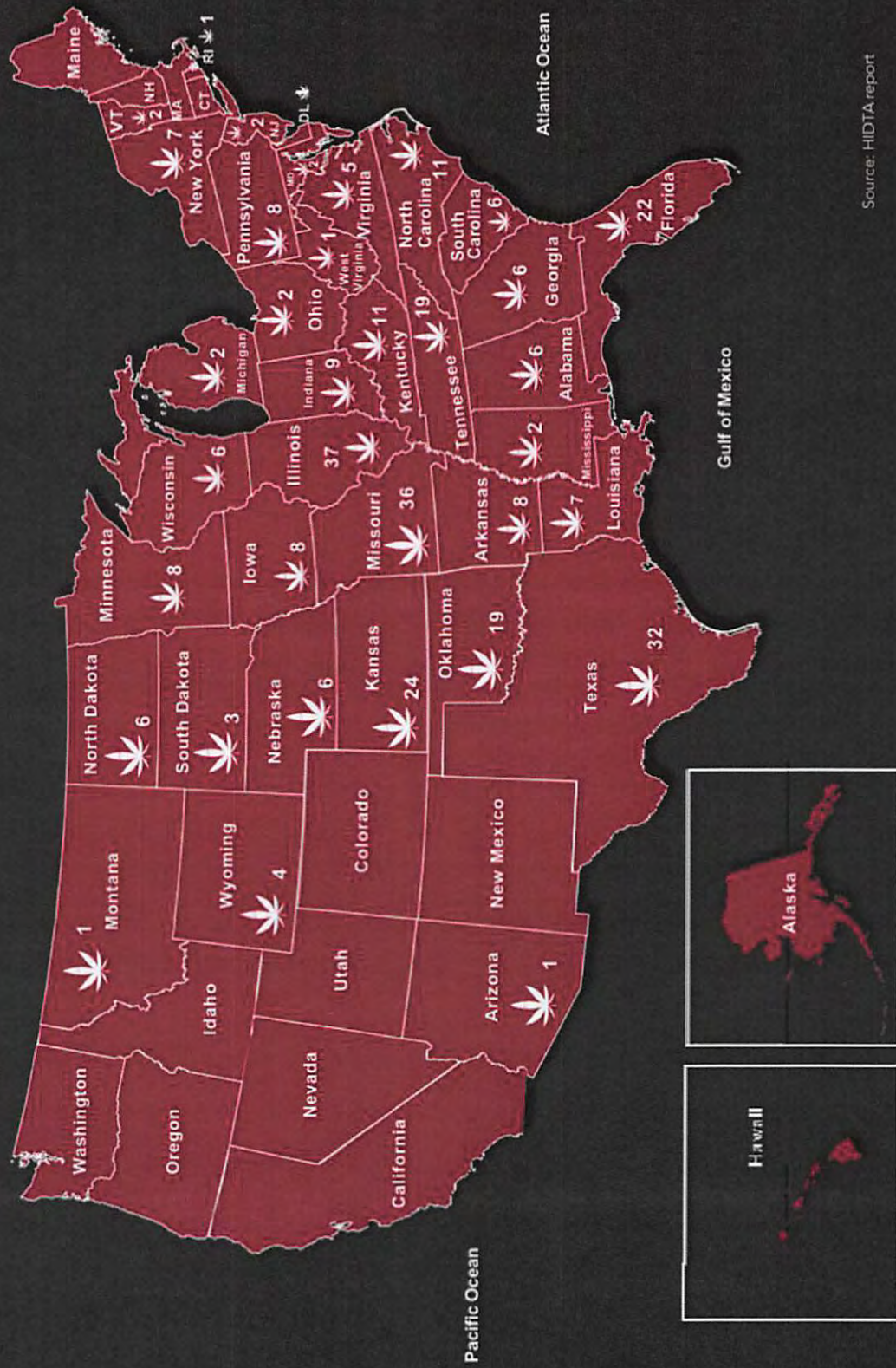


Source: Colorado Department of Revenue, Colorado Liquor Excise Tax

BLACK MARKET ACTIVITY SINCE LEGALIZATION



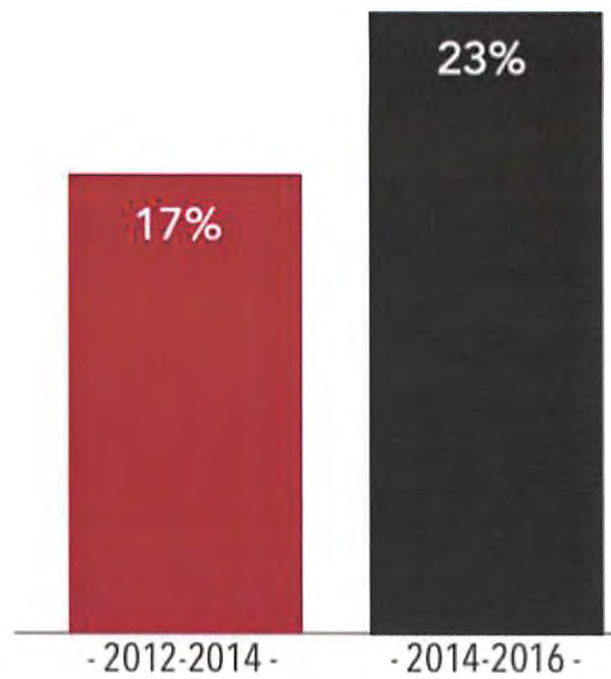
STATES TO WHICH COLORADO MARIJUANA WAS DESTINED, 2016 (TOTAL REPORTED INCIDENTS PER STATE)



Source: HIDTA report

% OF TOTAL STUDENT OFFENSES THAT ARE MARIJUANA-RELATED BY ACADEMIC YEAR IN CO

*Data encompasses all marijuana-related elementary, middle, and high school offenses occurring on school property or at school sponsored events.



Source: Munoz E, Flick P, Lucero L, English K. Summary of Law Enforcement and District Attorney Reports of Student Contacts: 2012-2014, 2014-2015, 2015-2016. Colorado Department of Public Safety.

MARIJUANA RELATED CRIME AND OFFENSES SINCE LEGALIZATION

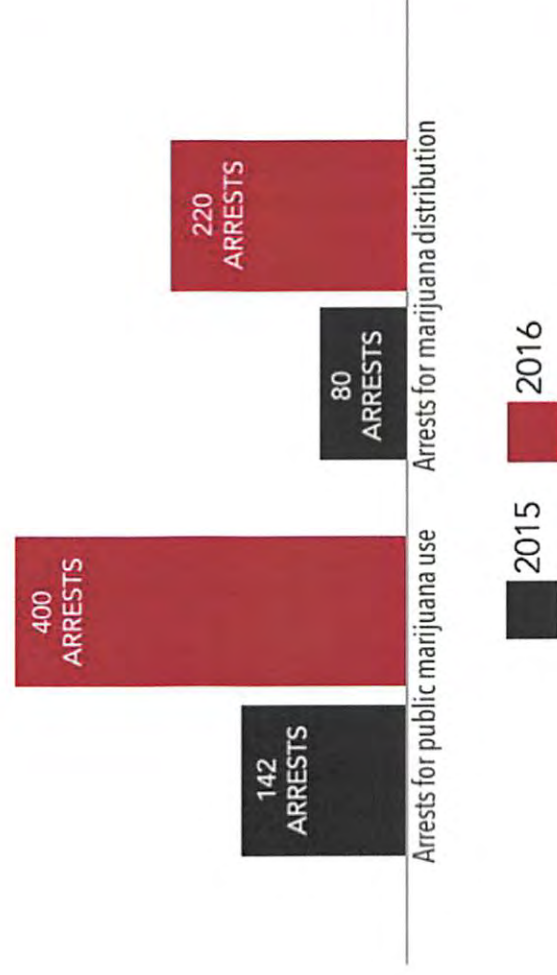
One hundred three (103) law enforcement agencies reported 6727 qualifying incidents in 554 public schools during the 2015-16 academic year, from August 1, 2015 through July 31, 2016.

CRIMES AND OFFENSES IN PUBLIC SCHOOLS, 2015-2016

OFFENSE	N	%	CUMULATIVE %
Marijuana (#1)	1561	23%	23%
Assault	834	12%	36%
Disorderly Conduct/ Fighting	814	12%	48%
Public Peace	666	10%	58%
Dangerous Drugs	420	6%	64%
Larceny/Theft	341	5%	69%
Liquor/Alcohol	297	4%	73%
Tresspass	260	4%	77%
Obstruct	206	3%	80%
Harassing Communication	203	3%	83%
Other/Unclear	194	3%	86%
Weapon Offense	141	2%	88%
Tobacco	127	2%	90%
Damage Property	120	2%	92%
Traffic Offense	91	1%	93%
Sexual Assault/Offense	76	1%	94%
Warrant	57	1%	95%
Criminal Mischief	47	1%	96%
Runaway/ Missing Person	41	1%	97%
Interference with Educ Inst	39	<1%	97%
Truancy	36	<1%	98%
Burgary	33	<1%	98%
Menacing	26	<1%	99%
Arson	25	<1%	99%
Robbery	20	<1%	99%
Curfew	16	<1%	100%
Family/Child Offense	12	<1%	100%
Vehicle Theft	8	<1%	100%
Fraud/Forgery	5	<1%	100%
Kidnapping	5	<1%	100%
Invasion of Privacy	2	<1%	100%
Total	6727	100%	100%

Source: Colorado Department of Public Safety, 2017

DISTRICT OF COLUMBIA ARRESTS FOR PUBLIC MARIJUANA USE & MARIJUANA DISTRIBUTION, 2015-2016



Source: Moyer JW. D.C. arrests for public use of marijuana nearly tripled last year. *The Washington Post*. July 11, 2017.

IMPACTS OF LEGALIZATION ON COMMUNITIES OF COLOR

As pro-marijuana lobbyists argue that marijuana legalization will increase social justice in legalized states, disparities among use and criminal offense rates continue among race, ethnicity, and income levels. The District of Columbia saw public consumption and distribution arrests nearly triple between the years 2015 and 2016, and a disproportionate number of those marijuana-related arrests occur among African-Americans (Moyer, 2017; DCMPD, 2016).

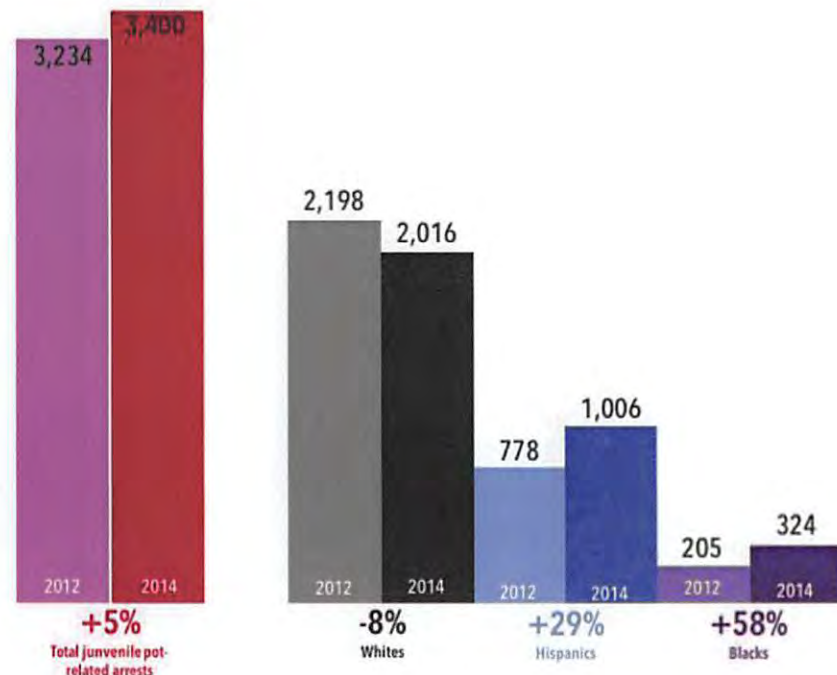
Colorado has seen a similar trend among its student population with the number of marijuana-related offenses in schools linked to the proportion of youth of color enrolled. Colorado schools that had 25% or fewer youth of color had 313 marijuana-related suspensions compared to 658 marijuana-related suspensions for schools comprised of populations with 76% or more youth of color (CDPS, 2016).

IMPACTS OF LEGALIZATION ON COMMUNITIES OF COLOR

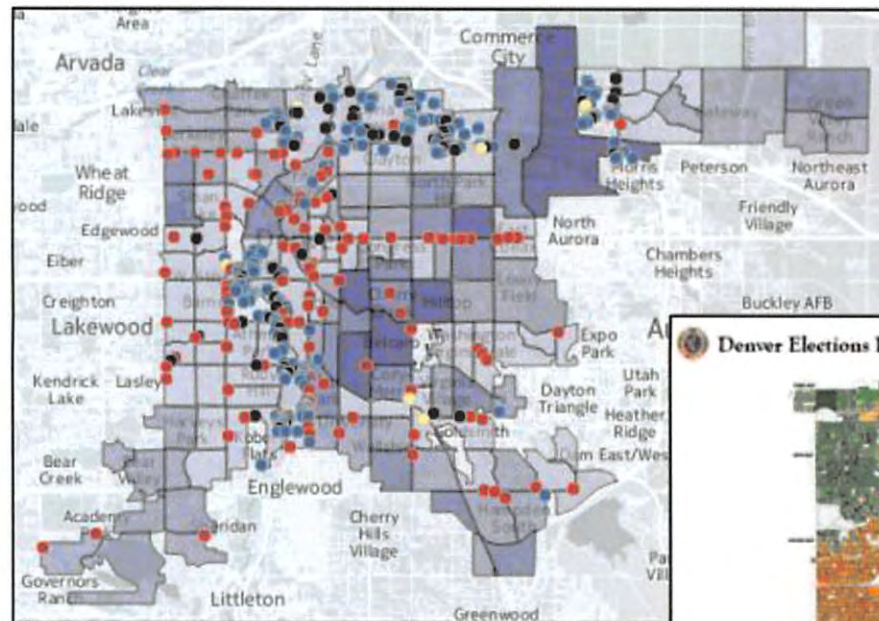
Furthermore, juvenile marijuana-related arrests have increased among African-American and Hispanic teens in Colorado after legalization. Between 2012 and 2014, the percentage of Hispanic and African-American arrests for teens under 18 years old increased 29% and 58%, respectively (CDPS, 2016). With the advent of legalization, communities of color are subject to disproportionate targeting by marijuana facilities. In Los Angeles, the majority of dispensaries have opened primarily in African-American communities (Thomas & Freisthler, 2017). An overlay of socioeconomic data with the geographic location of pot shops in Denver shows marijuana stores are located primarily in disadvantaged neighborhoods.

MARIJUANA-RELATED JUVENILE ARRESTS IN CO BY RACE/ETHNICITY, 2012-2014

Source: Colorado Department of Public Safety (March 2016)

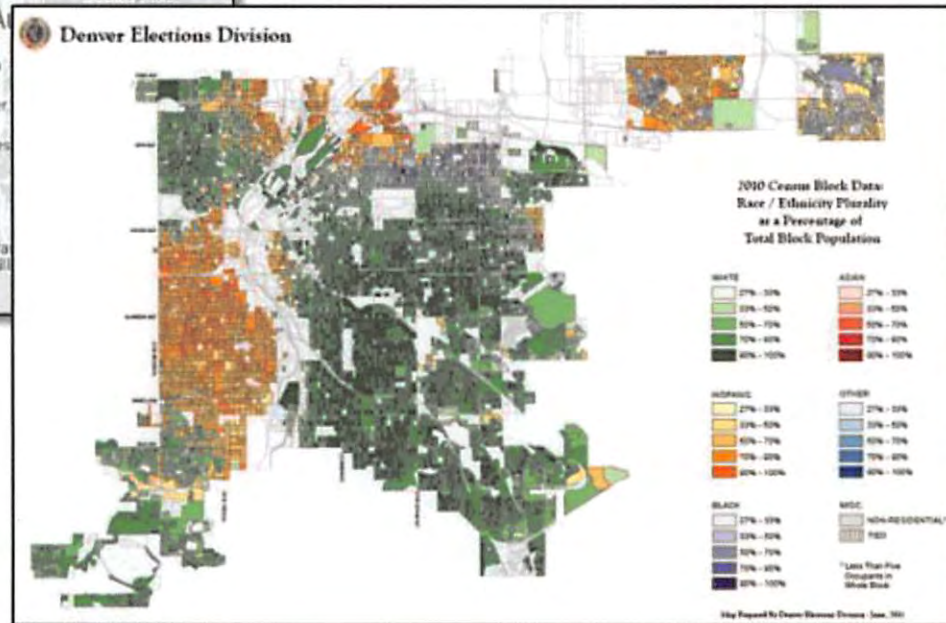


MARIJUANA BUSINESSES IN DENVER ARE CONCENTRATED IN NEIGHBORHOODS OF COLOR



Locations of pot businesses
(dots represent businesses;
neighborhoods shaded
by income; lighter =
lower-income)

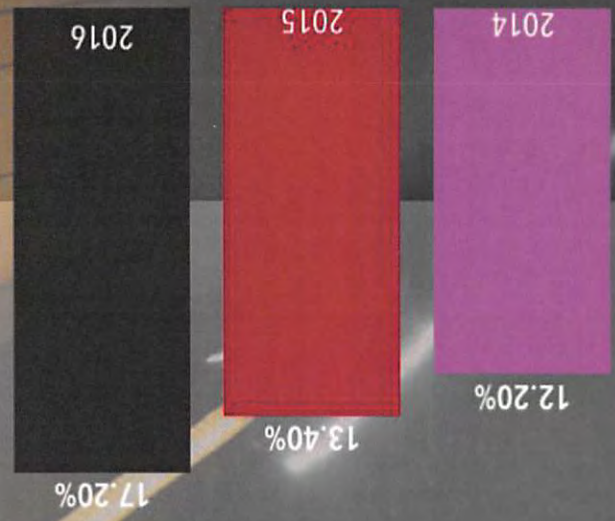
Denver neighborhoods
colored by race/ethnicity:
green = White; orange =
Latino; purple = Black;
red = Asian; blue = Other



DRUGGED DRIVING

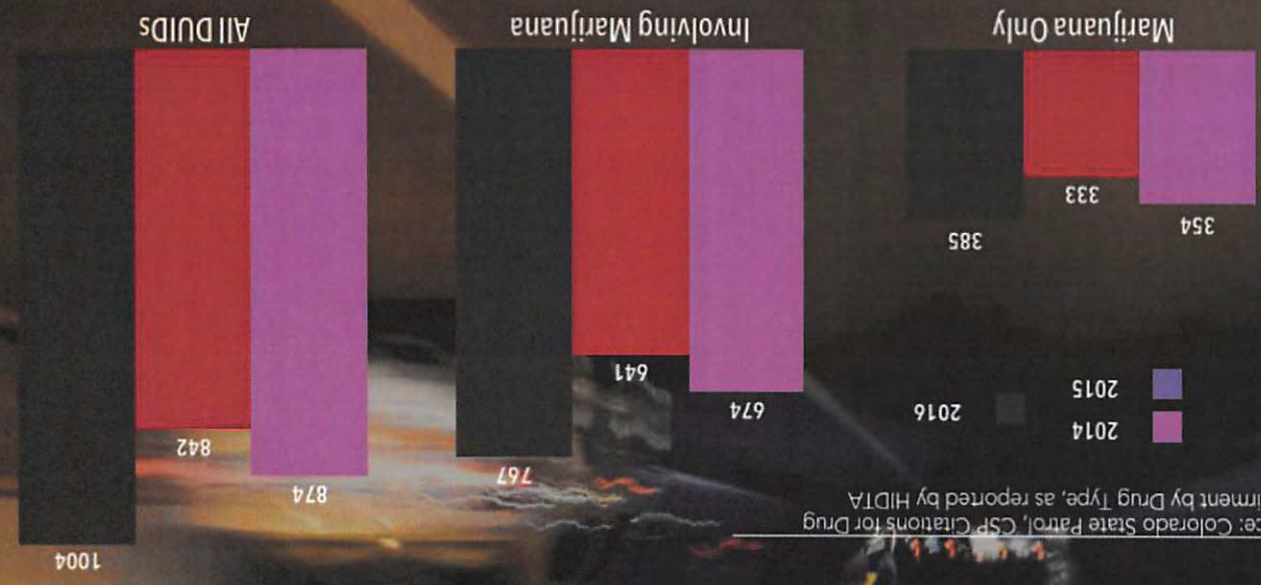
MARIJUANA AS A PERCENT OF ALL DUI AND DUIDS IN COLORADO

Source: Colorado State Patrol, CSP Citations for Drug Impairment by Drug Type, as reported by HIDA



COLORADO STATE PATROL NUMBER OF DRIVERS UNDER THE INFLUENCE OF DRUGS (DUIDS)

Source: Colorado State Patrol, CSP Citations for Drug Impairment by Drug Type, as reported by HIDA



IMPACT OF LEGALIZATION ON HOMELESSNESS

The easy availability of marijuana after legalization also appears to have a possible link to Colorado's growing homeless population. While overall U.S. homelessness decreased between 2013 and 2014 as the country moved out of the recession, Colorado was one of 17 states that saw homeless numbers increase during that time.

Perhaps not coincidentally, it was also when Colorado legalized "recreational-use" marijuana and allowed retail sales to begin. The U.S. Department of Housing and Urban Development reported a 13% increase in Colorado's homeless population from 2015 and 2016 (Acuna, 2017). That number may be low, as the rate of homelessness among Colorado children has increased 50% (Zubrzycki, 2016).

Business owners and officials in Durango, Colorado, testify that the resort town "suddenly became a haven for recreational pot users, drawing in transients, panhandlers, and a large number of homeless drug addicts" (Kolb, 2017).



IMPACT OF LEGALIZATION ON THE WORKFORCE

Marijuana legalization has had serious ramifications for businesses across legalized states. Increased marijuana availability and use has also increased the number of employees testing positive for marijuana in the workforce. In the 3-year period following legalization in Colorado and Washington (2013–2016), positive oral-fluid test results for marijuana use increased almost 75%, from 5.1 to 8.9 percent (Quest Diagnostics, 2016). Marijuana urine test results in Washington and Colorado are now double the national average (Quest Diagnostics, 2016).

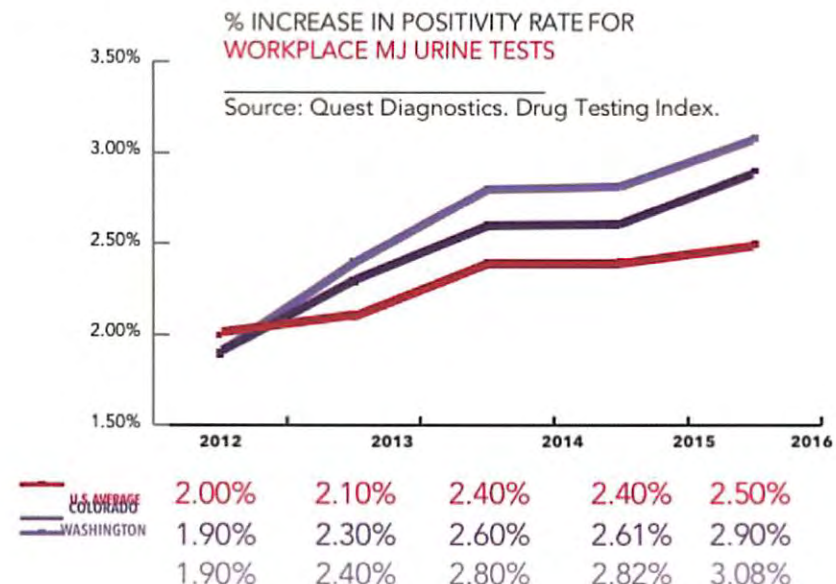
This growing demand for marijuana has made it difficult to find employees who can pass a preemployment drug test. Colorado construction company GE Johnson was forced to hire out-of-state construction workers because too many Coloradans were failing preemployment drug tests ("Drug use a problem," 2015).

A study conducted in Washington during 2011–2014 found that the percentage of work-related injuries and illnesses was significantly higher (8.9%) among marijuana users than non-users (Marcum, Chin, Anderson, & Bonauto, 2017).

Insurance claims have become a growing concern

among companies in legalized states because if marijuana use is allowed or drug testing ignored, employers are at risk of liability claims when a marijuana-related injury or illness occurs onsite (Hlavac et al., 2016).

The issue is further complicated by pro-marijuana advocates who are pushing to eliminate workplace drug testing policies—essentially stating that regardless of the outcome, employees should be permitted to use marijuana without the risk of professional consequences.



A final word from Volkow et al in the NEJM:

“Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements.

“However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties **but also by its availability and social acceptability.**

“In this respect, legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs *not because they are more dangerous than illegal drugs* but because their legal status allows for more widespread exposure.”

Crime around marijuana stores?

- Legal marijuana shops are linked to higher levels of property crime in nearby areas, according to a nearly three-year study in Denver.
- Adjacent areas saw about 84 more property crimes per year than neighborhoods without a nearby marijuana store.
- It is the number and density of outlets that is important, not whether they are medical or recreational
- “There are definitely negative public health consequences, including increased crime,” the study author concluded

Drug use is forcing CO employers to hire out-of-state employees instead of CO citizens



- “Jim Johnson [construction company GE Johnson’s CEO]...said his company has encountered **so many job candidates who have failed pre-employment drug tests** because of their THC use that **it is actively recruiting construction workers from other states.**”

As the marketing organization for the city, VISIT DENVER measures, records and reports hundreds of data points. The attached presentation highlights the safety trends and feedback we receive and closely track from convention and leisure visitors over the span of several years. VISIT DENVER realizes that homelessness is not a crime, and that it is just one component of the many issues having an impact on Denver and surrounding cities. However, it is important to note that visitors often do not recognize or distinguish the differences between panhandlers, travelers, homeless, and others but rather provide overall feedback based on personal safety and sense of security when visiting Denver.

There are several key takeaways from the information provided:

- The downtown environment is the #1 complaint from meeting planners, far surpassing any other categories. The severity of this issue has increased and as of 2014 nearly 50% of meeting planners negatively commented on homeless, youth, panhandling, safety, cleanliness, and drugs including public marijuana consumption.
- Denver ranks very high on walkability, affordability, facilities, and other factors. However, Denver as a “safe city” ranks significantly lower according to interviews with key convention planners conducted by an independent third-party.
- Denver is losing visitors and valuable convention business as a result of these overall safety (or perception of safety) issues. Unfortunately, word is beginning to spread among meeting planners about the safety challenges Denver is facing. As the marketing organization for the city, we fear not being able to brand Denver away from this growing reputation.

Tourism Suffering

“I’m sorry but I would never consider putting attendees in danger by holding a convention in your city” wrote one respondent in an Aug. 15, 2015, email quoted in the report.

“The homeless situation is very sad, and public streets reek of weed,” the comment added.

“The Denver police should be more alert to large groups of minors congregating on city streets attacking tourists ... I have felt much safer in downtown NYC, Philly, Seattle and Chicago.”

CBS/AP / December 24, 2014, 8:11 AM

Legal marijuana drawing homeless to Colorado



Ann Bell of Denver talks with business owners at CannaSearch, Colorado's first cannabis job fair, on March 13, 2014 in Denver, Colorado. / **DOUG PENSINGER, GETTY IMAGES**

NAS: Marijuana use is also associated with other physical and mental health issues

- **Respiratory problems**, including chronic bronchitis
- Injuries & deaths from **car accidents**
- **Overdose injuries** in children
- **Low birth weight** (where pregnant mother uses)
- Impaired learning, memory, and attention (including **permanent loss of IQ** in younger heavy users)
- **Suicide**

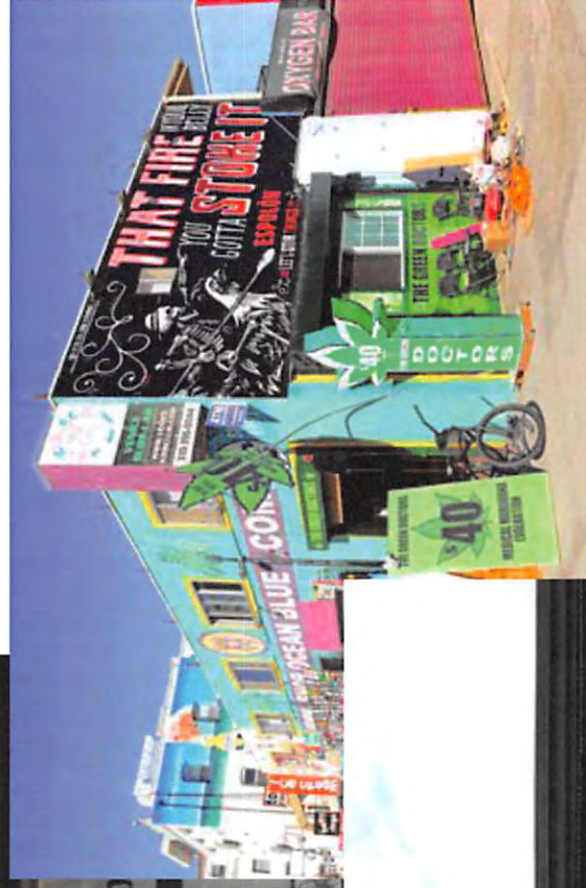
NAS: Marijuana use is also associated with other physical and mental health issues

There is limited evidence of a statistical association between cannabis use and:

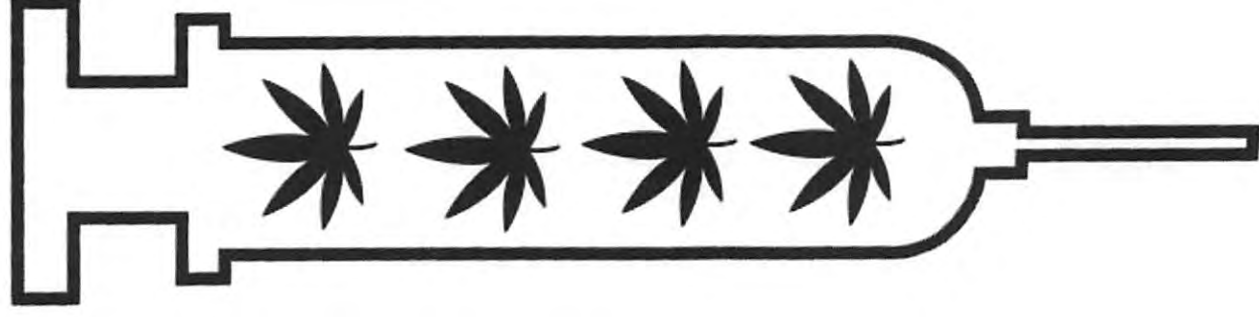
- An increase in positive symptoms of schizophrenia (e.g., hallucinations) among individuals with psychotic disorders(12-2b)
- The likelihood of developing bipolar disorder, particularly among regular or daily users (12-3)
- The development of any type of anxiety disorder, except social anxiety disorder (12-8a)
- Increased symptoms of anxiety (near daily cannabis use) (12-9)
- Increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder (12-11)

There is no evidence to support or refute a statistical association between cannabis use and:

- Changes in the course or symptoms of depressive disorders (12-6)
- The development of posttraumatic stress disorder (12-10)



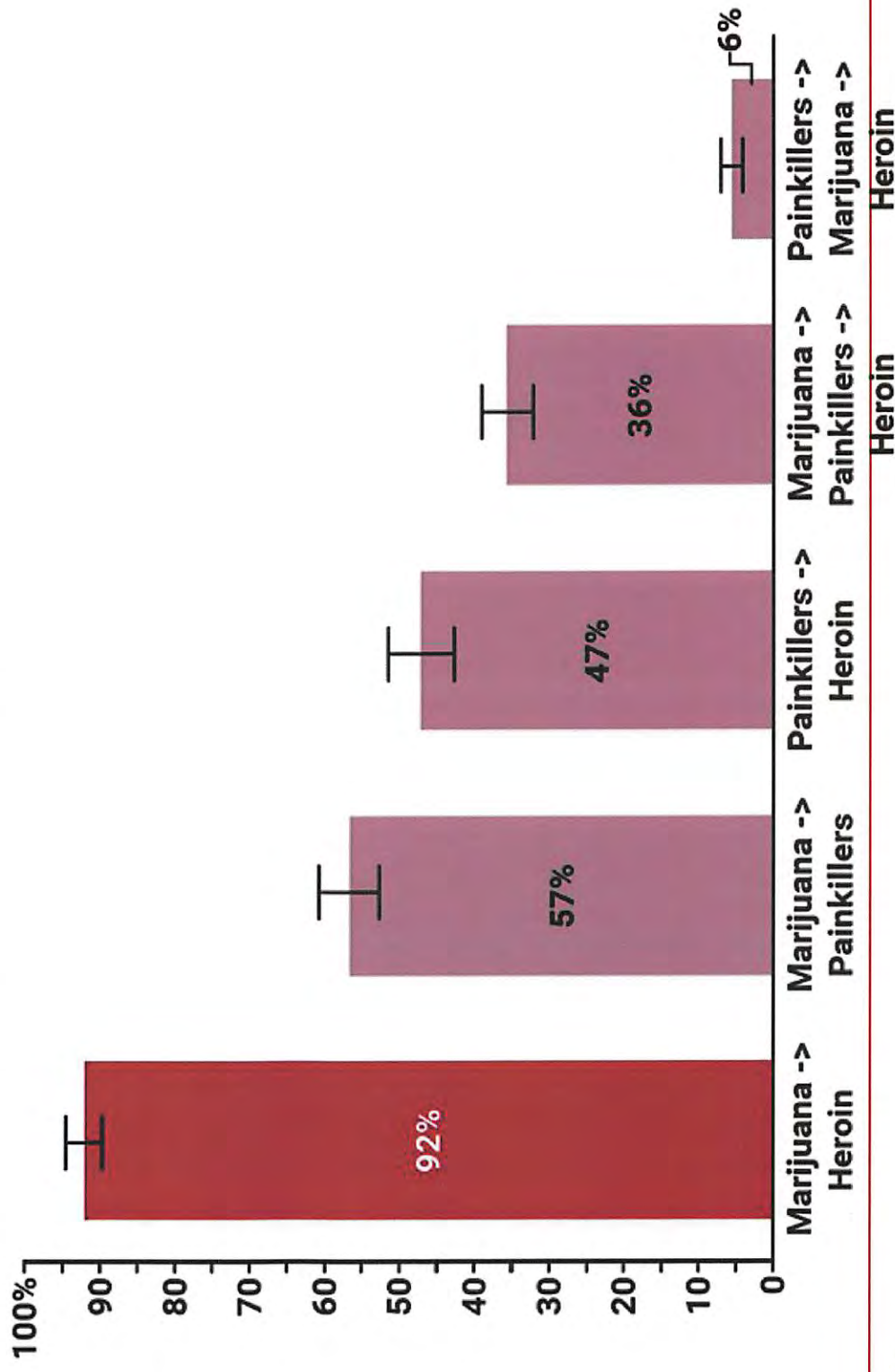
**Why talk
POT**



**During an
opiate
epidemic
?**

Source: 2013-2014 NSDUH

Percentage of heroin/prescription painkiller users who first used another addictive drug in previous years



Marijuana and Heroin (rodent study)

adolescents exposed
to THC

- Adults seek heroin more avidly

exposed to THC in
utero

- Adult offspring seek heroin more avidly
- Behavioral issues and brain impairment

Future parents
exposed to THC long
before pregnancy

- Adult offspring seek heroin more compulsively
- More heroin withdrawal, brain and behavioral changes

Scutoriz H, Dinieri JA, Sweet E, Egervari G, Michaelides M, Carter JM, Ren Y, Miller ML, Blitzer RD, Hurd YL. Parental THC Exposure Leads to Compulsive Heroin-Seeking and Altered Striatal Synaptic Plasticity in the Subsequent Generation. *Neuropsychopharmacology*. 2014 May;39(6):1315-23.

Adolescent Marijuana Use - Opioid Addiction...

Twin A started marijuana before age 17

Twin B after age 17: Twin A is 4x more at risk for opioid addiction



National Academy of Sciences report

EXPOSURE

Smoking cannabis during pregnancy is linked to lower birth weight in the offspring.

The relationship between smoking cannabis during pregnancy and other pregnancy and childhood outcomes is unclear.

PROBLEM CANNABIS USE

Greater frequency of cannabis use increases the likelihood of developing problem cannabis use.

Initiating cannabis use at a younger age increases the likelihood of developing problem cannabis use.

CANNABIS USE AND ABUSE OF OTHER SUBSTANCES

Cannabis use is likely to increase the risk for developing substance dependence (other than cannabis use disorder).

A limited number of studies suggest that there are impairments in cognitive domains of learning, memory, and attention in individuals who have stopped smoking cannabis.

Cannabis use during adolescence is related to impairments in subsequent academic achievement and education, employment and income, and social relationships and social roles.

MENTAL HEALTH

Cannabis use is likely to increase the risk of developing schizophrenia and other psychoses; the higher the use the greater the risk.

In individuals with schizophrenia and other psychoses, a history of cannabis use may be linked to better performance on learning and memory tasks.

Cannabis use does not appear to increase the likelihood of developing depression, anxiety, and posttraumatic stress disorder.

For individuals diagnosed with bipolar disorders, near daily cannabis use may be linked to greater symptoms of bipolar disorder than non-users.

Heavy cannabis users are more likely to report thoughts of suicide than non-users.

Regular cannabis use is likely to increase the risk for developing social anxiety disorder.

TO READ THE FULL REPORT AND VIEW
RELATED RESOURCES, PLEASE VISIT

**NATIONALACADEMIES.ORG/
CANNABISHEALTHEFFECTS**

Opioid Use and the Ecological Fallacy

The ecological fallacy has been widely committed when considering marijuana and opioid use. We show that, on an individual-level, medical MJ use is positively correlated with non-medical use of a variety of prescription drugs, including pain relievers, stimulants, and tranquilizers.

Positive or negative correlations at the population-level are not always mirrored at the individual-level. Indeed, positive correlations at the population-level can even exist when correlations at the individual-level are negative (or vice versa). While imposing individual-level correlations onto state-level data is enticing, especially when not much individual-level data exists, it is a well-understood logical flaw called the ecological fallacy.

A final word from Volkow et al in the NEJM:

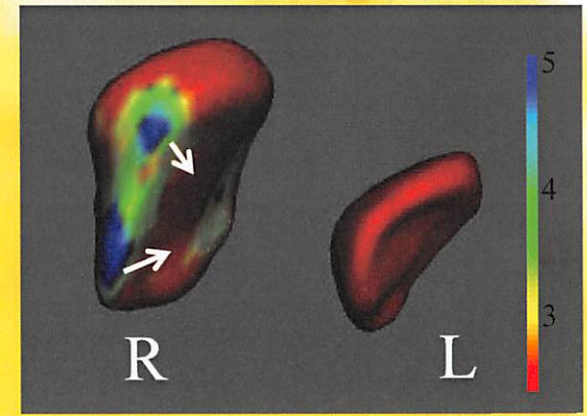
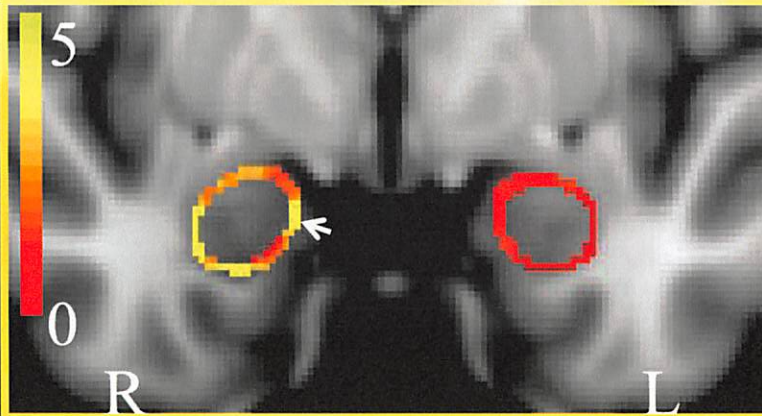
“Repeated marijuana use during adolescence may result in long-lasting changes in brain function that can jeopardize educational, professional, and social achievements.

“However, the effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties **but also by its availability and social acceptability.**

“In this respect, legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs *not because they are more dangerous than illegal drugs* but because their legal status allows for more widespread exposure.”



www.learnaboutsam.org
info@learnaboutsam.org



2

Impact of Retail Cannabis

Implications for Addiction, Teen Brain Development,
and Community and Roadway Safety

A. Eden Evins, MD, MPH

Founding Director, MGH Center for Addiction Medicine

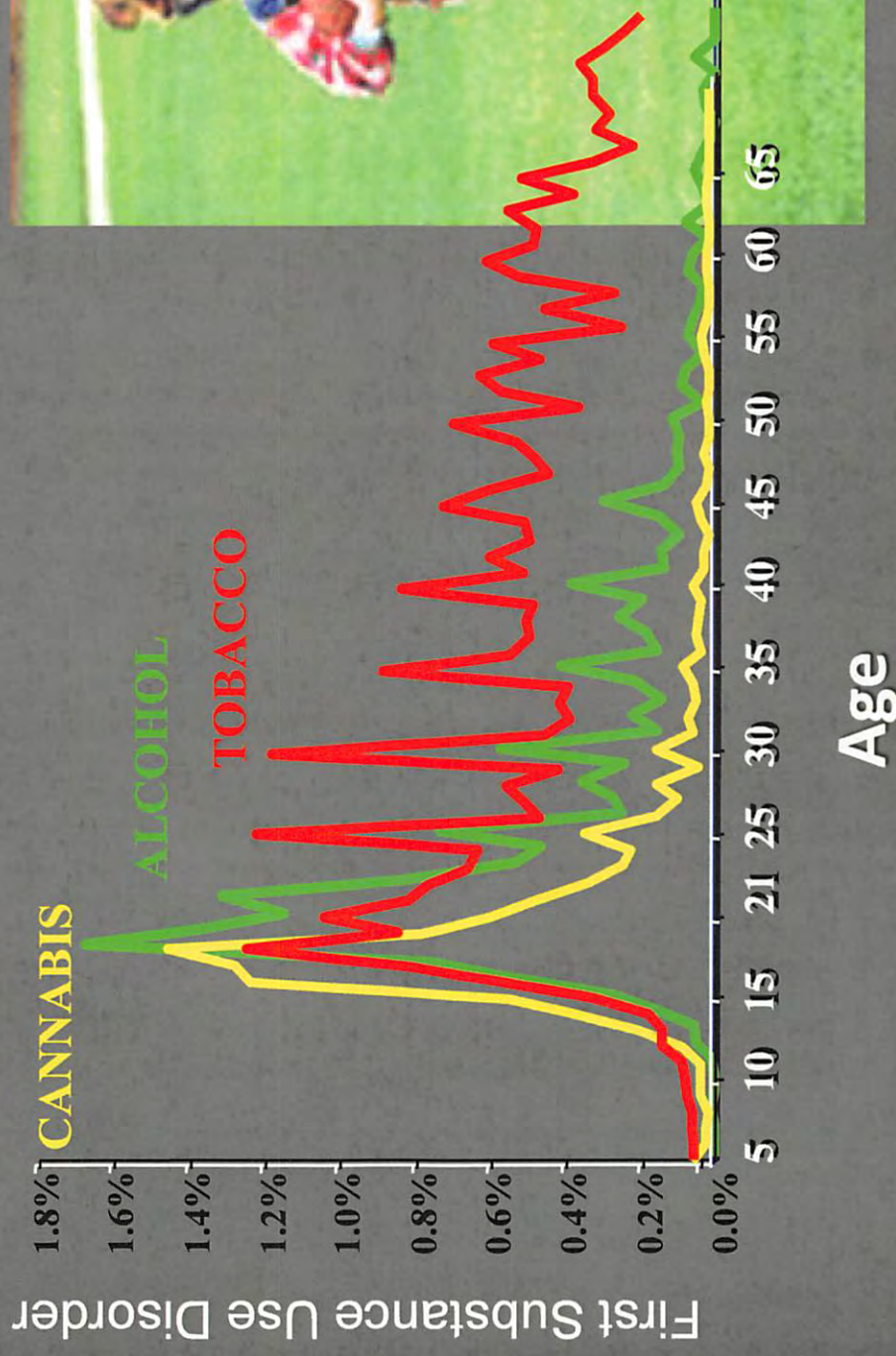
Cox Family Professor of Psychiatry

In the Field of Addiction Medicine, Harvard Medical School

Wayland Town Forum

June 5, 2018

Peak First Onset Cannabis, Nicotine, and Alcohol Use Disorder Is Age 16-19

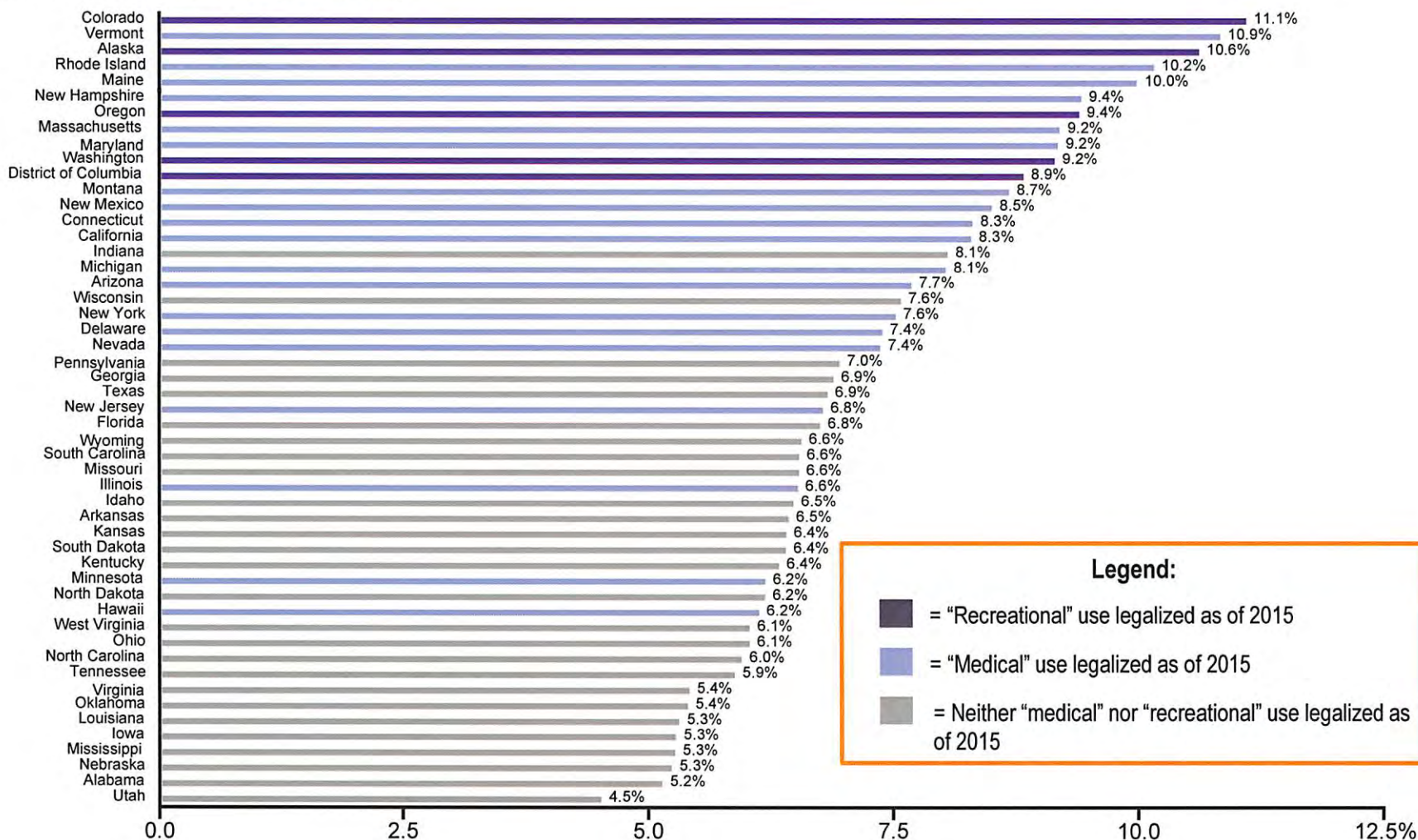


National Epidemiologic Survey on Alcohol and Related Conditions, 2003

NIDA

Youth use rates in states that have legalized marijuana outstrip those that have not

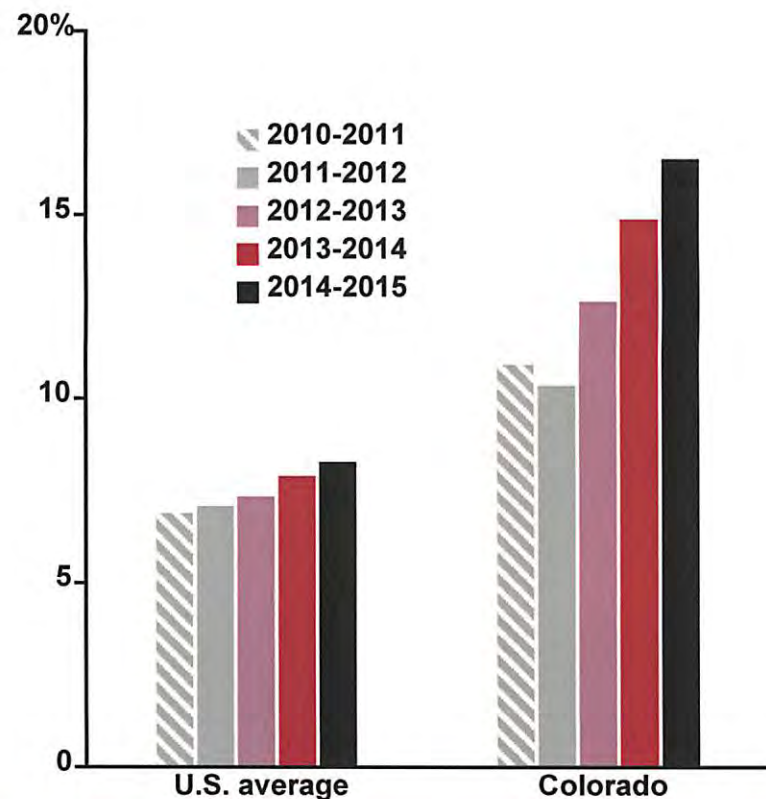
Last-month use, ages 12-17 (2014 - 2015)



• Source: NSDUH (2014-2015)

Since legalization, MJ use in kids and young adults in Colorado has climbed faster than the national average

Percentage of population ages 12 and up who used marijuana in the past month

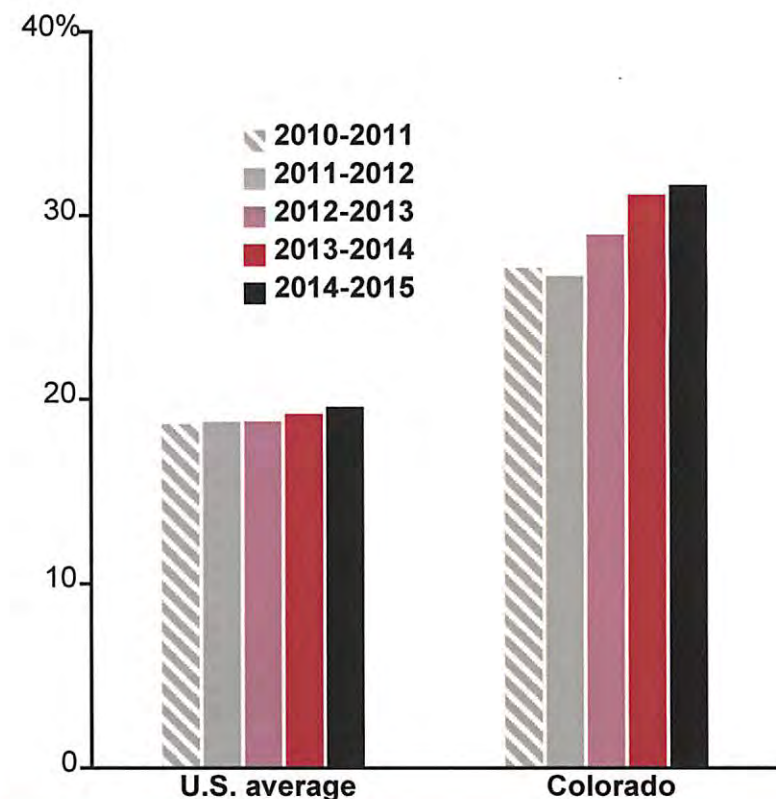


Avg.
change
per period

4.7%

10.8%

Percentage of population ages 18 to 25 who used marijuana in the past month



Avg.
change
per period

1.2%

3.9%

• Source: NSDUH state estimates

Marketing to kids... CAN YOU TELL THE DIFFERENCE?



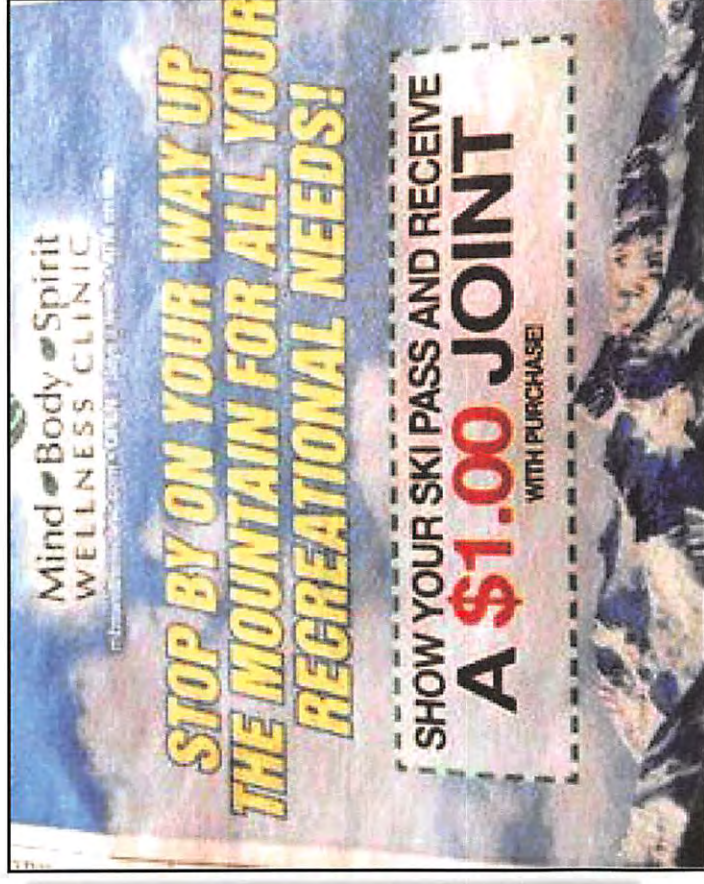
Jolly Ranchers

Jolly Gems

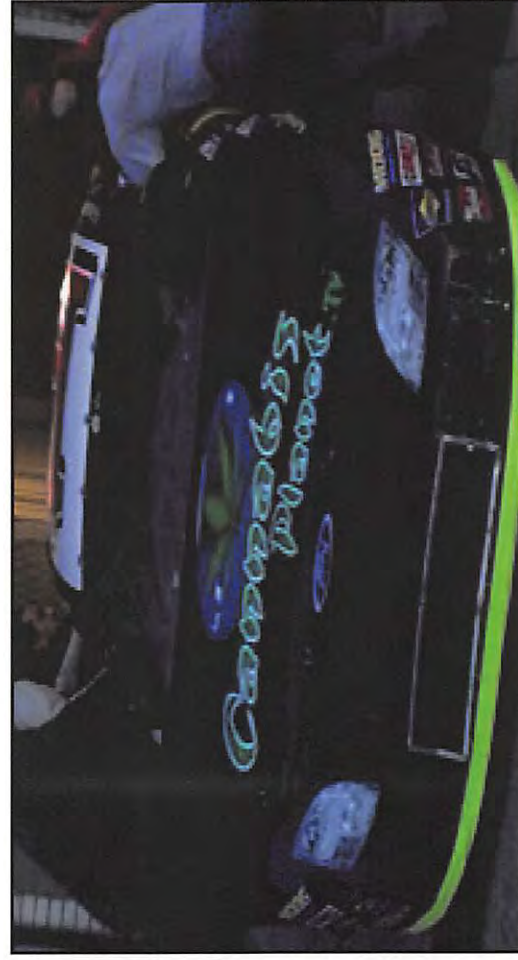
Billboards



Coupons



Event sponsorships



Marijuana Sodas



nugtella



High THC Potency Nutella Marketed to Kids

Nugtella is a chocolate hazelnut spread
with hash oil (320 mg THC per cup)

available in CA with a medical marijuana card *L.A. Times*

Retail Display of Marijuana Candies, Mints, Lollipops, Chocolates, Beers, Vodka, Etc



THC Potency Increased Over Ten-Fold

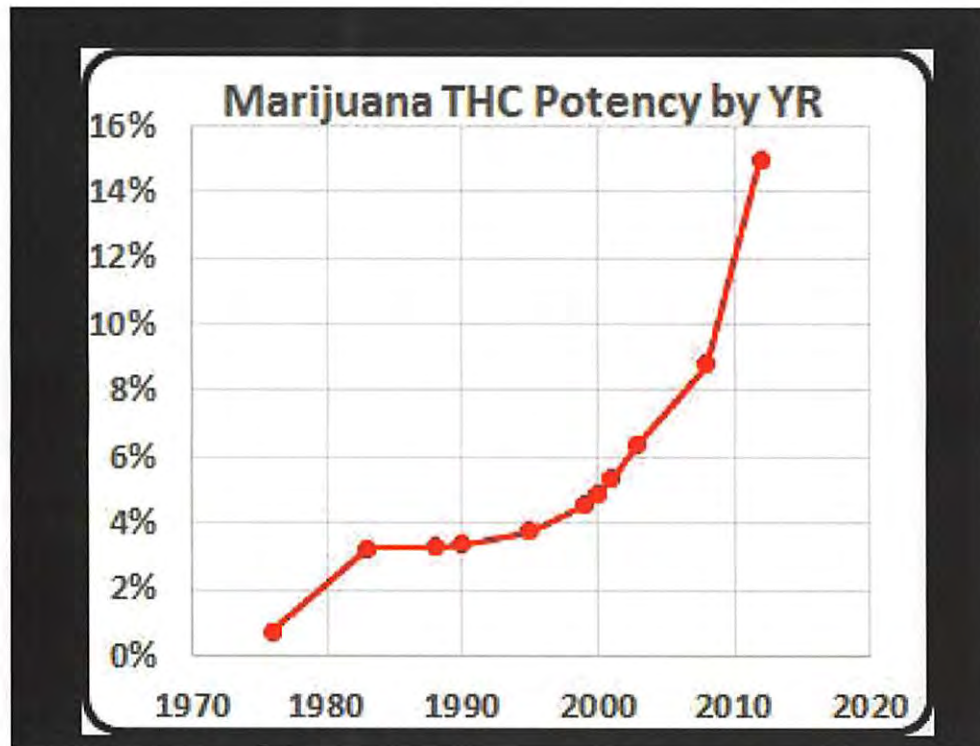
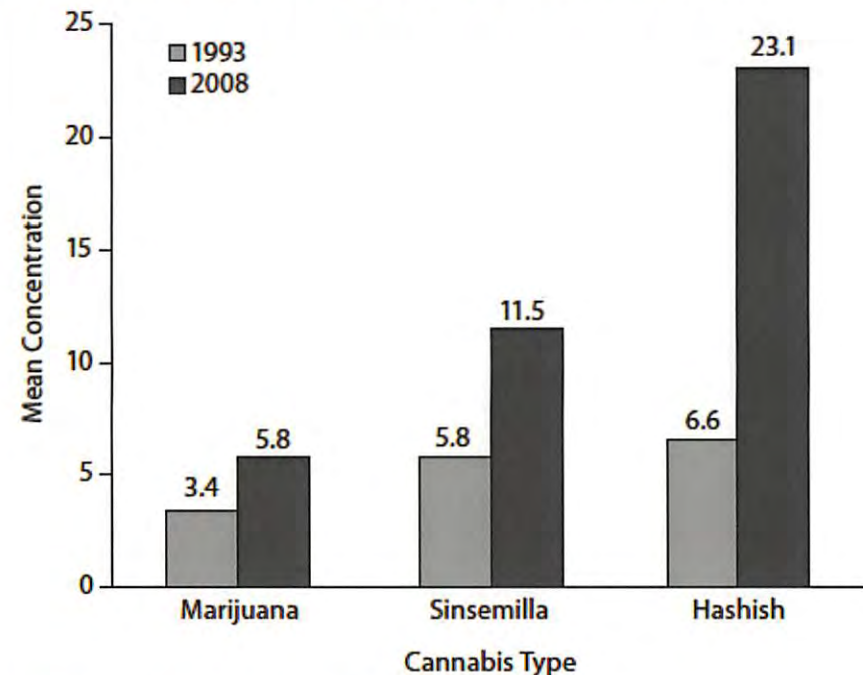


Figure 1. Mean Δ^9 -THC^b Potency by Cannabis Type^a



^aData from Mehmedic et al.³¹

^bAbbreviation: Δ^9 -THC = delta 9 tetrahydrocannabinol.

Biol Psychiatry. 2016 Apr 1;79(7):613-9. doi:
10.1016/j.biopsych.2016.01.004.

Dabs and Oils Contain Over 80% THC

Marijuana Available Where it is Legal is More Potent and, Well, More Available

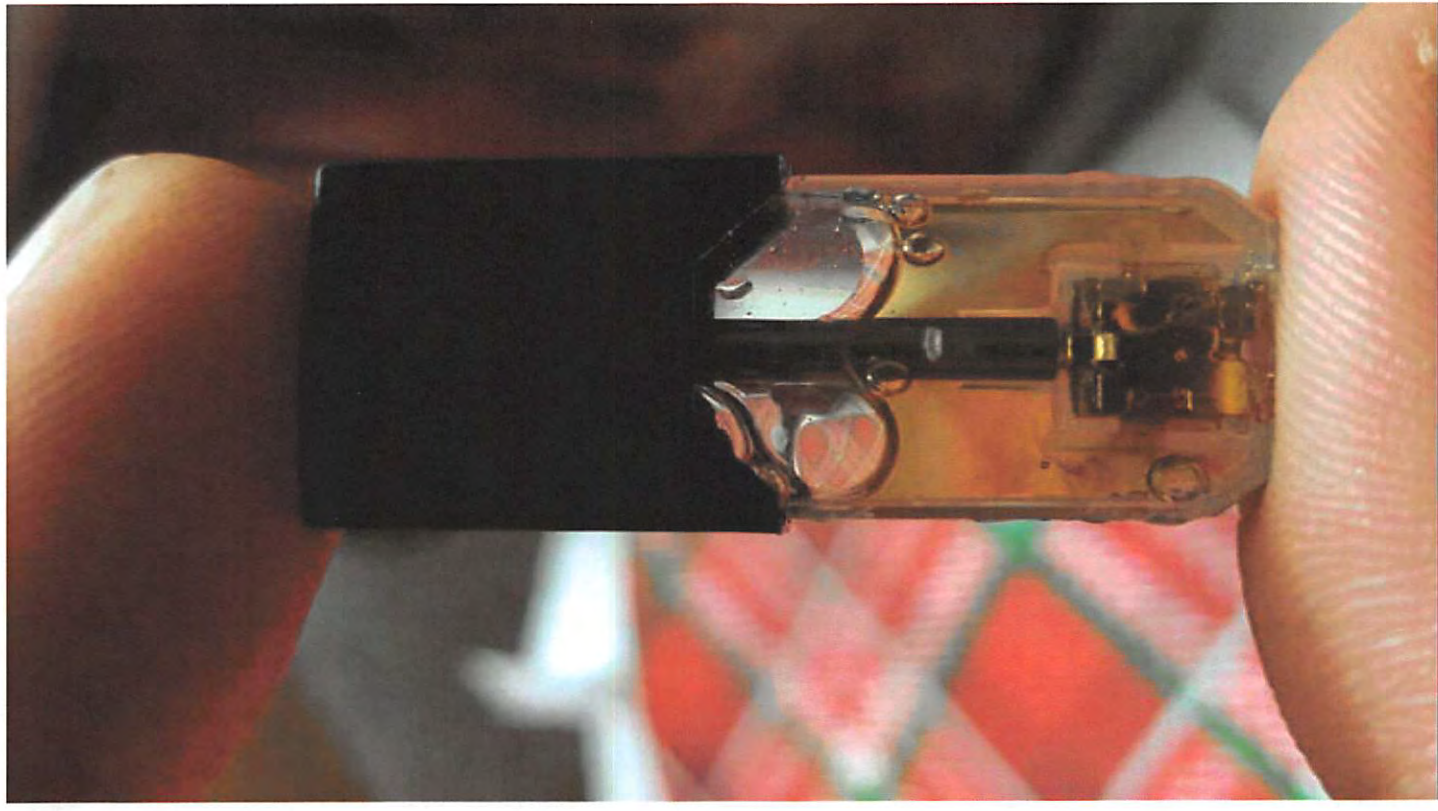
Average potency of Mexican 'brick marijuana' is 4%

Average potency of American indoor grown marijuana is 10-20%

Washington State: Avg potency is 15%



THC Oil in a JUUL Pod



JUUL: THE NEW CIGARETTE?



Marijuana is not “just a plant” anymore – derivatives contain up to 98% THC



“Green Crack”
wax



“Ear Wax”



Butane Hash Oil
(BHO)

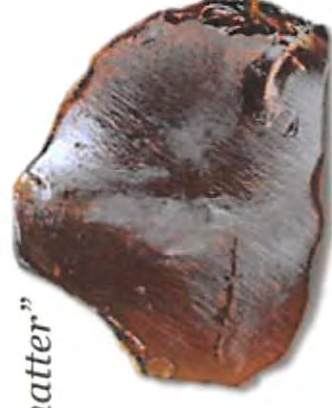


Hash Oil Capsules



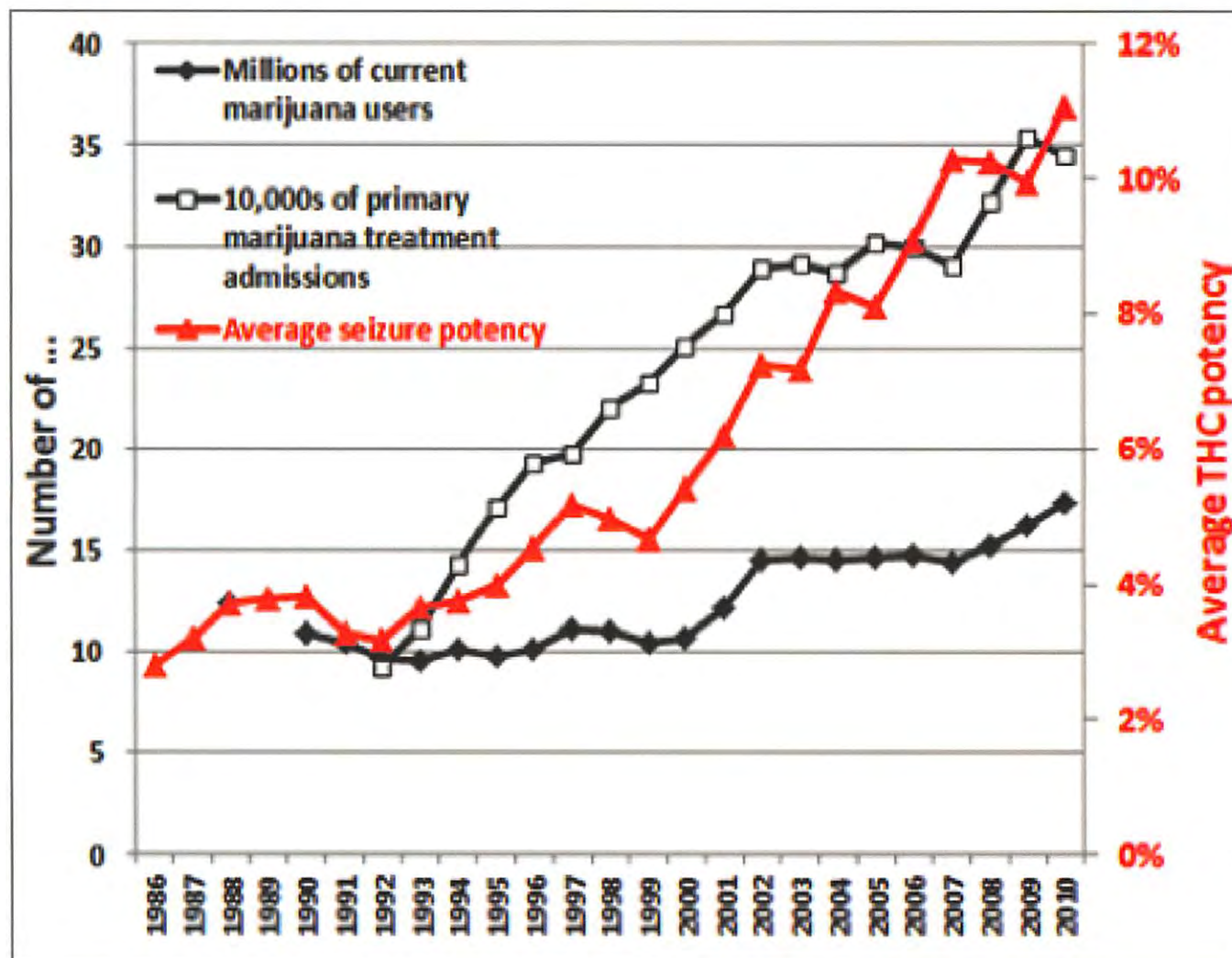
“Budder”

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is granted for reproduction.



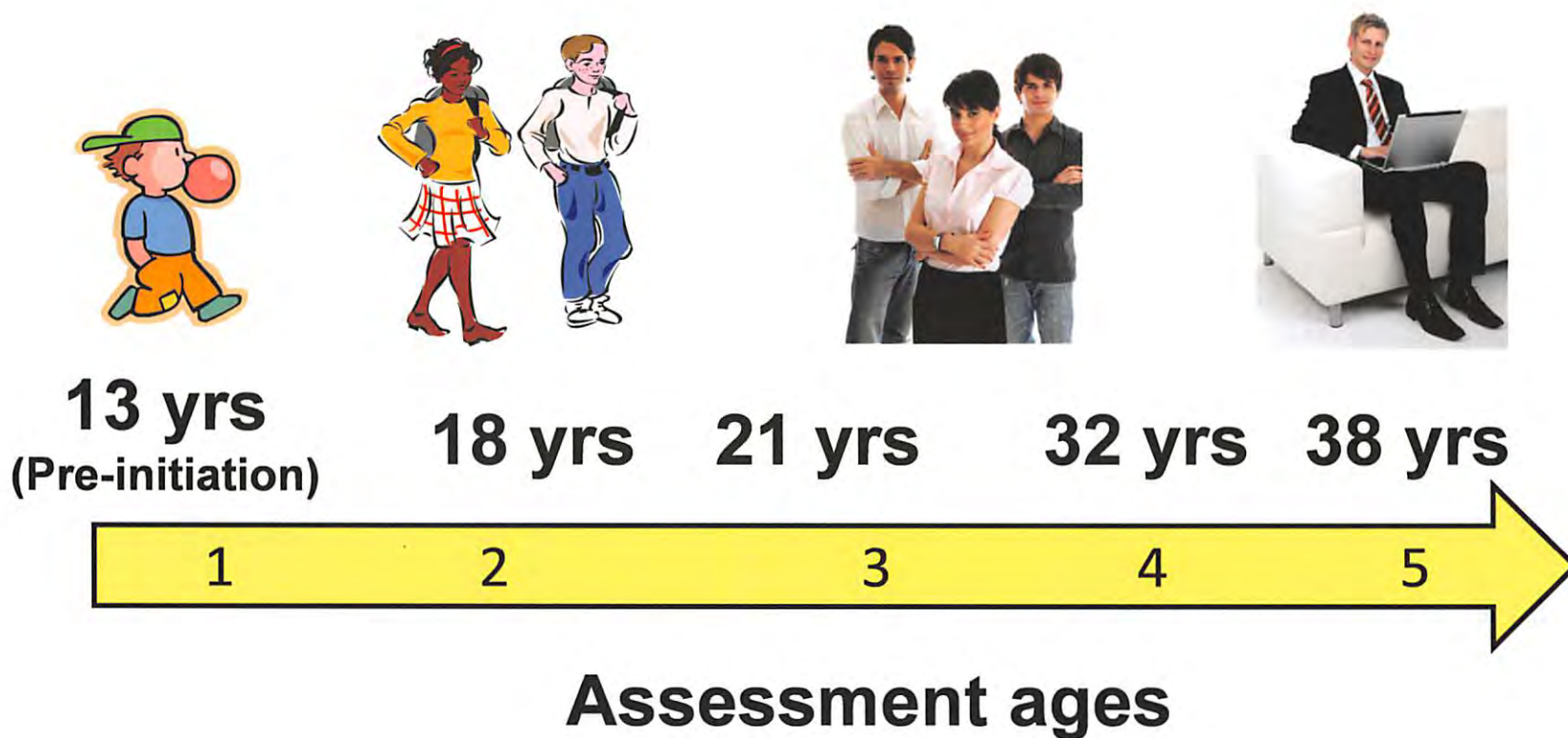
“Shatter”

MARIJUANA USERS, TREATMENT ADMISSIONS, AND AVERAGE POTENCY: 1986-2010



Sources: [NSDUH](#), [TEDS](#), National Seizure System

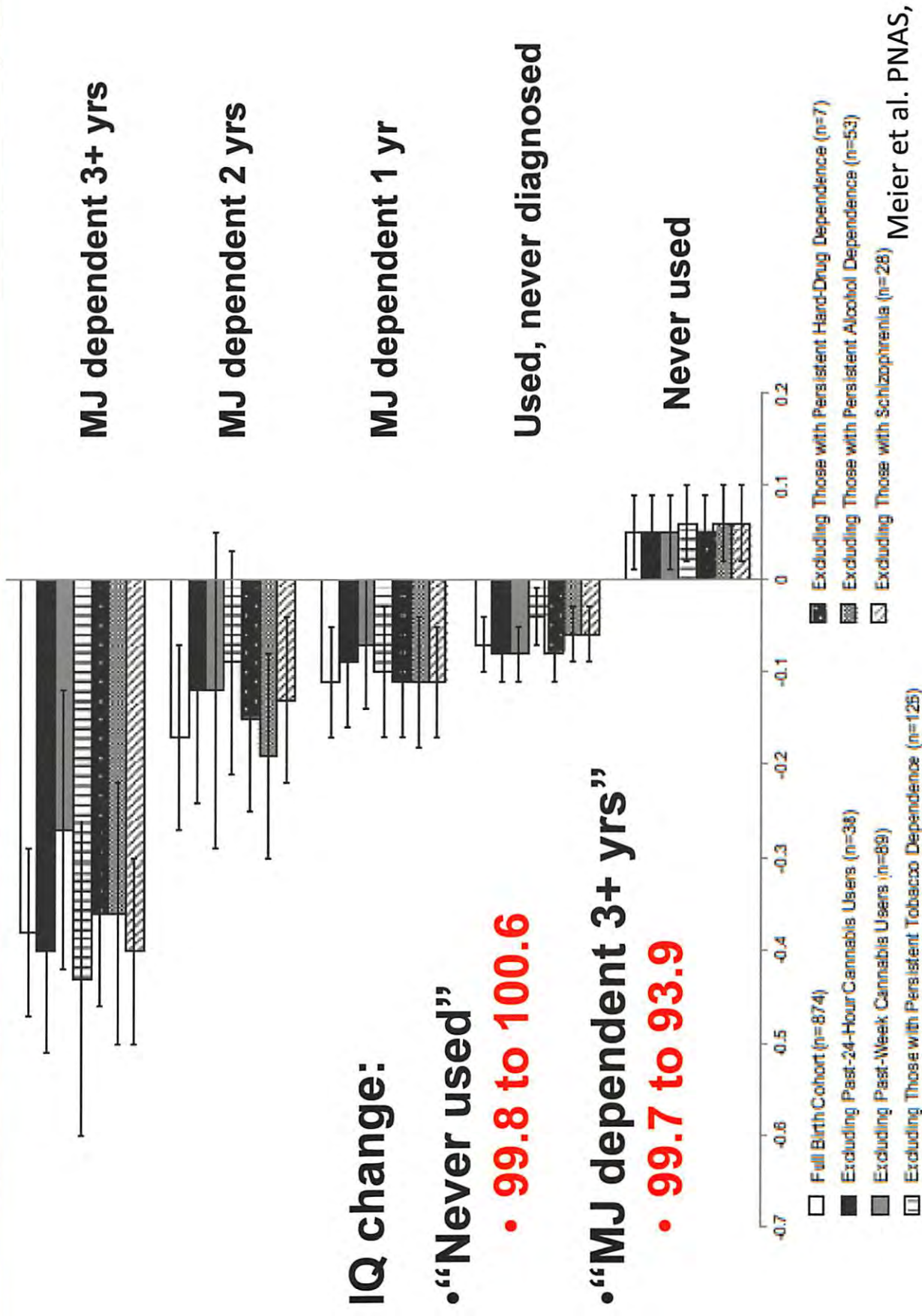
IQ: The Dunedin Study (New Zealand) (N=1,037)



Source: Meier et al. PNAS, 2012

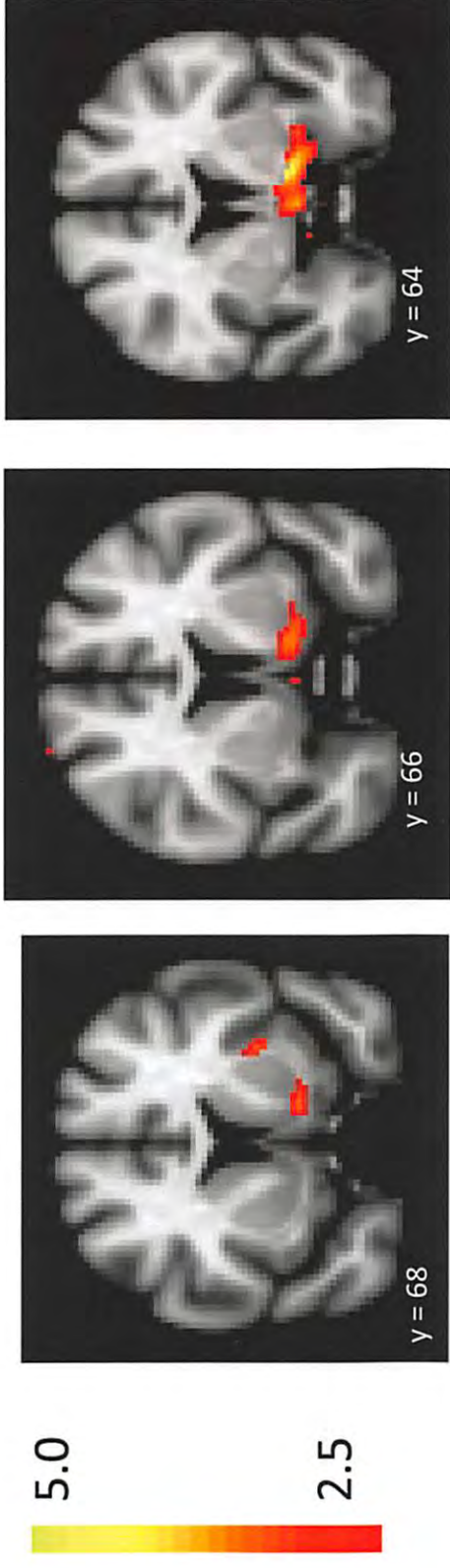
Slide courtesy of Sion Harris

Change in IQ from 13-38 yrs old

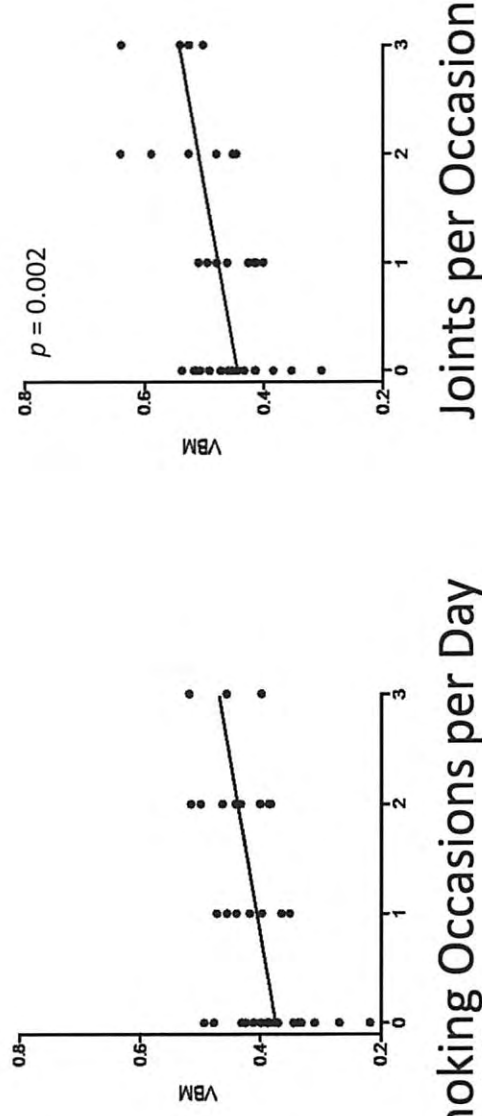


Dose-related Changes in Brain Structure Observed in Young Adults Who Use Marijuana

MJ > CON



Gray Matter Density in Nucleus Accumbens Increases Proportional to Marijuana Dose



Gilman, et al., J Neurosci 2014

Early Onset MJ Use Associated with Learning Deficits

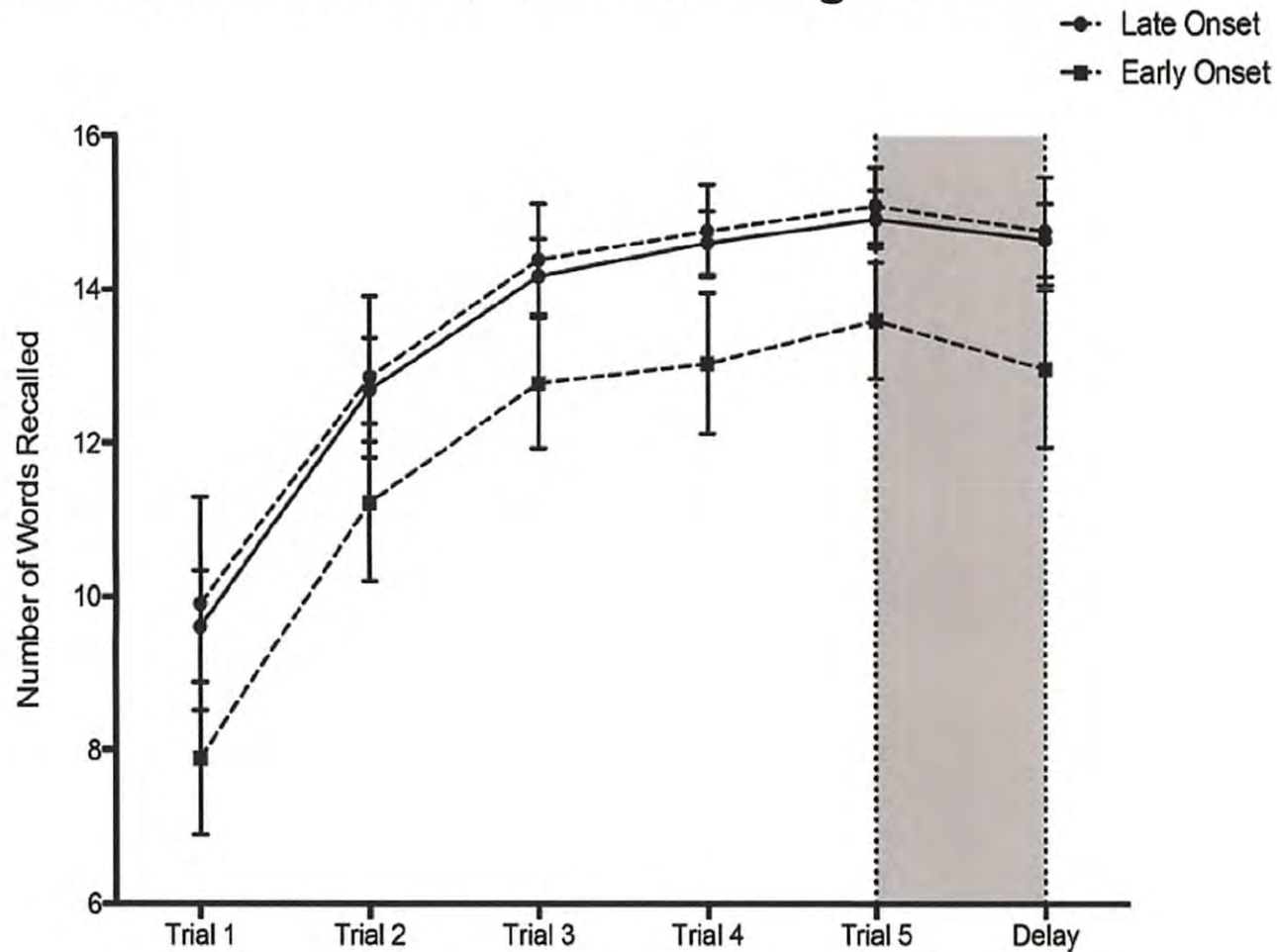
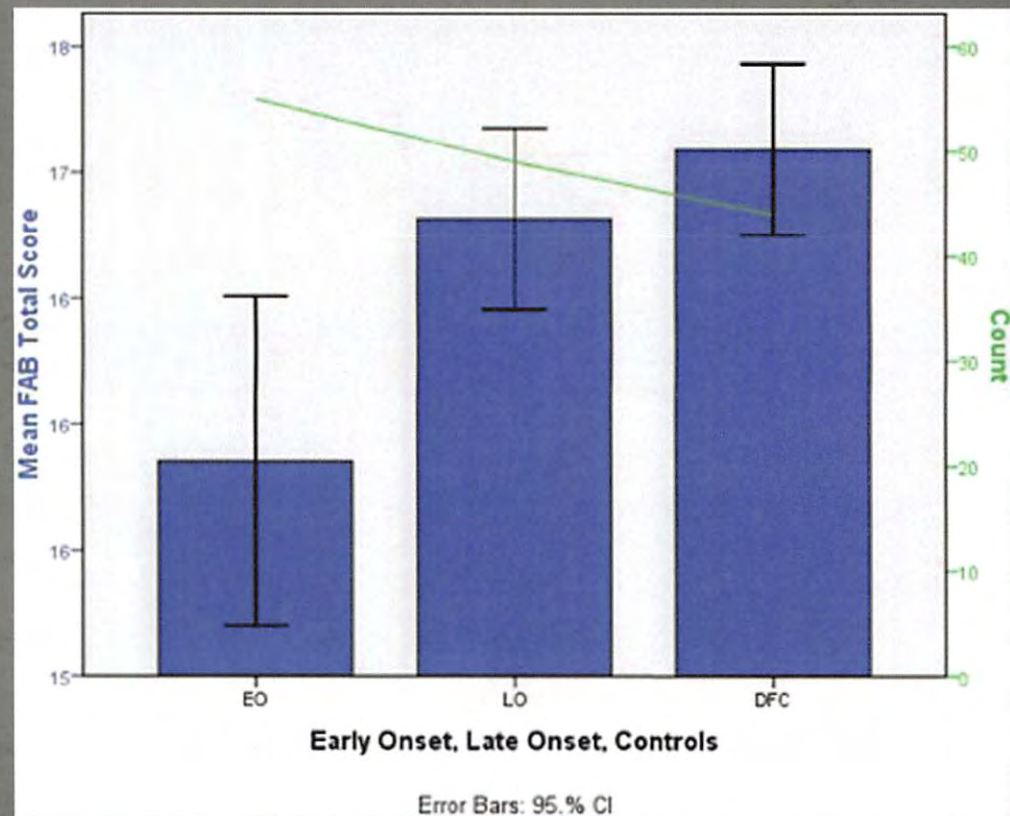


Figure 1. Differences in learning across five learning trials among controls, late onset marijuana users and early onset marijuana users. Groups were significantly different in overall learning (EMJ < LMJ, CON; LMJ = CON). Recall improved significantly and similarly over time across all groups. Groups were significantly different in delayed recall (EMJ < LMJ, CON; LMJ = CON), but similar in percent retention. CON = controls; LMJ = late onset marijuana users; EMJ = early onset marijuana users.

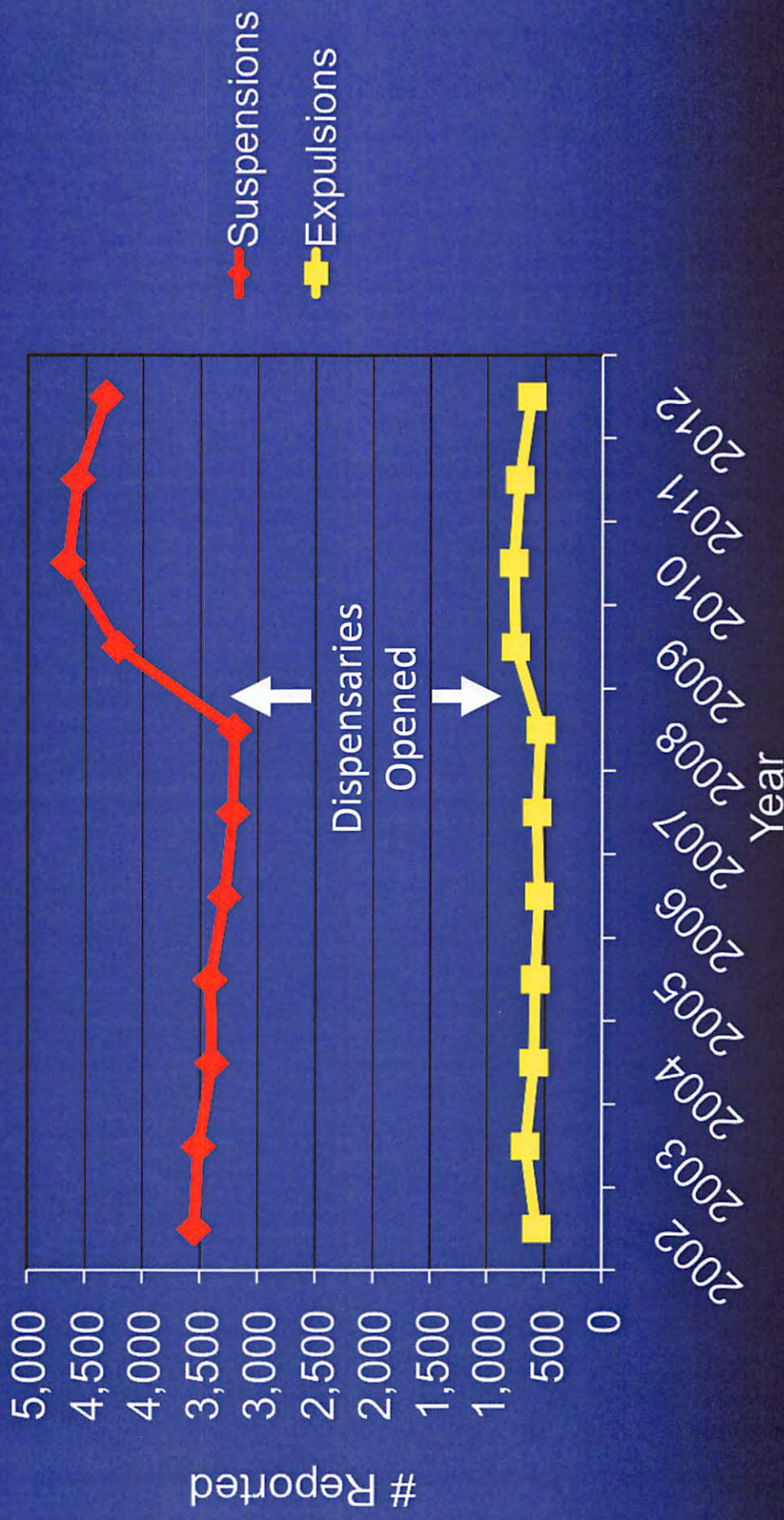
Cannabis use before age 15 and subsequent executive functioning

- Matched for IQ, years of daily use, current MJ use, lifetime consumption, and length of abstinence
- MJ users with use before age 15, had significantly poorer sustained attention, impulse control, and executive functioning
- Cross sectional



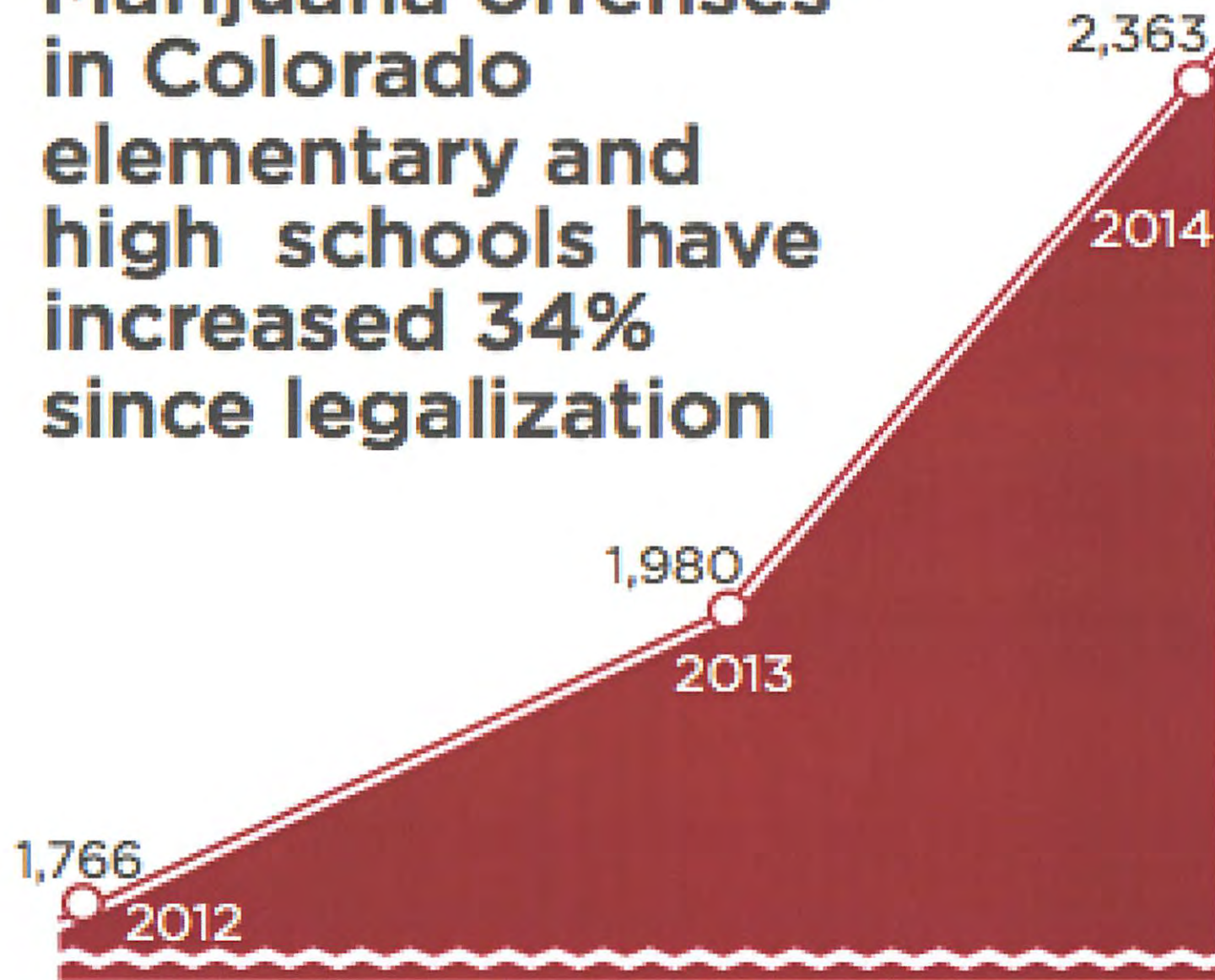
Early onset: n=49, Late onset: n=55, Controls: n= 44

Drug-Related School Suspensions/ Expulsions in Colorado, 2002-2012



Slide courtesy of Sharon Levy, MD MPH, Boston Children's Hospital and Harvard Medical School
Source: <http://www.cde.state.co.us/cdereval/rv2011sdiincidents.htm>

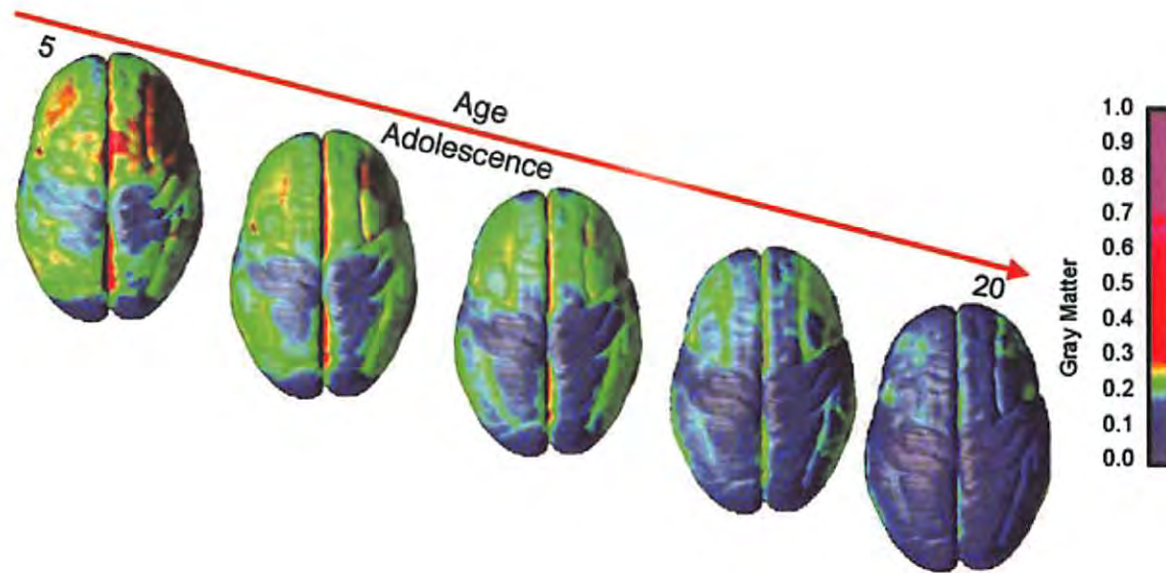
**Marijuana offenses
in Colorado
elementary and
high schools have
increased 34%
since legalization**



Source: Colorado Bureau of Investigation

Why is early MJ use worse?

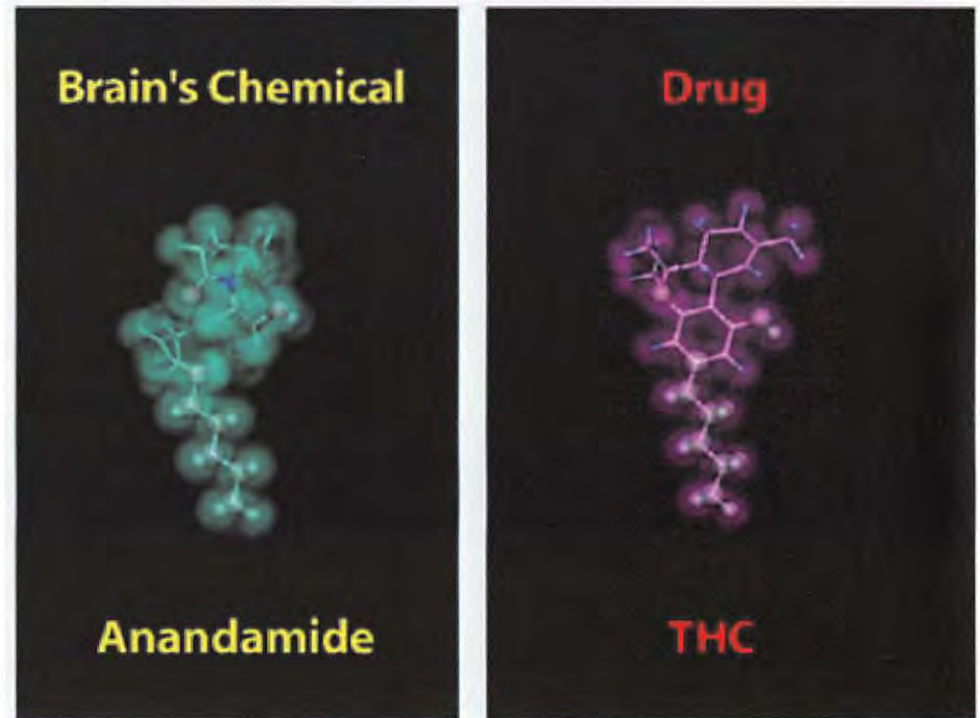
- Adolescence: a developmentally vulnerable period when the brain is undergoing global cortical development, strengthening circuits that are used, pruning those not used
- Myelination continues through age 25 - back to front pattern



MJ Impacts the Adolescent Brain in Particular



- Marijuana products deliver THC to the brain and body.
 - Rapidly when inhaled
 - Slowly in food or drink.
- THC acts on brain cannabinoid (CB1) receptors, normally activated by anandamide.
 - The CB1 receptor activation plays a critical role in normal adolescent brain development.
 - This may be why adolescents have particular vulnerability to cognitive and addictive effects of MJ.



THC's chemical structure is similar to the endocannabinoid neurotransmitter, anandamide.

THE ENDOCANNABINOID SYSTEM

Shapes adolescent brain development by...

- Guiding neurons to grow to the right places in the brain for correct function
- Controlling neuronal activity, thereby affecting brain wiring (“neurons that fire together, wire together”)
- Supporting myelin growth on neurons

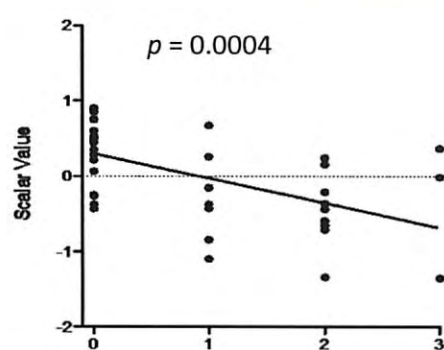
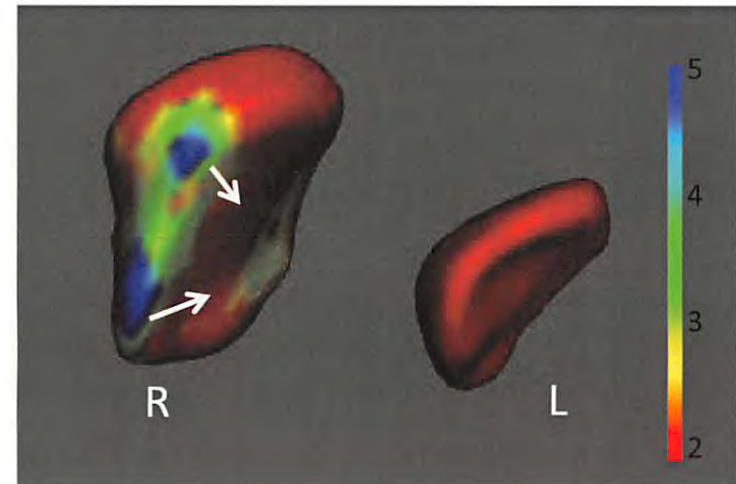
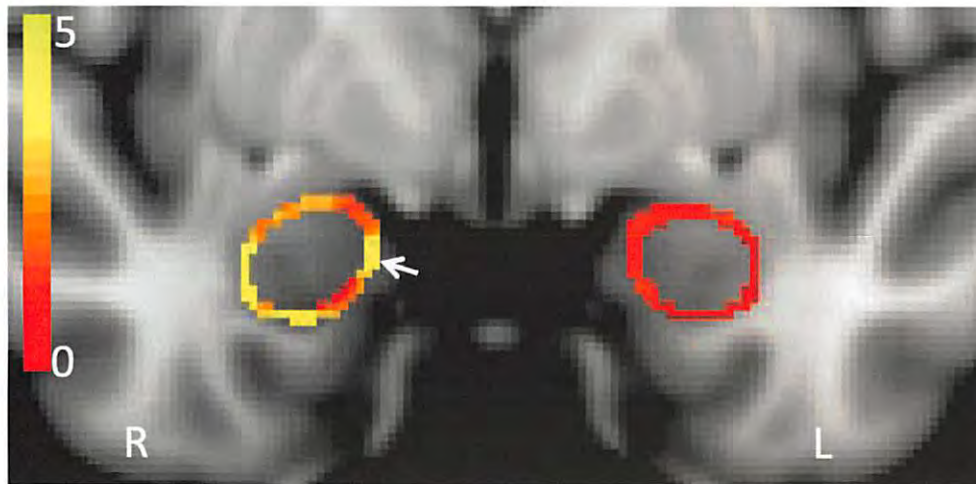
ANANDAMIDE VS. THC

THC binds brain CB1 receptors and has a STRONGER, LONGER effect than anandamide at CB1 receptors

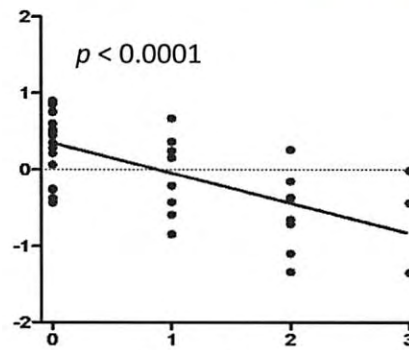
- Frequent exposure to high dose THC obscures anandamide selective signaling
 - Floods the system
 - Obscures selective anandamide signals needed to guide brain development
- In the presence of THC, anandamide can't do its job to protect and balance neuronal activity critical in development.

Galve-Roperh I, et al., Eur Arch Psychiatry Clin Neurosci. 2009;259:371-382.

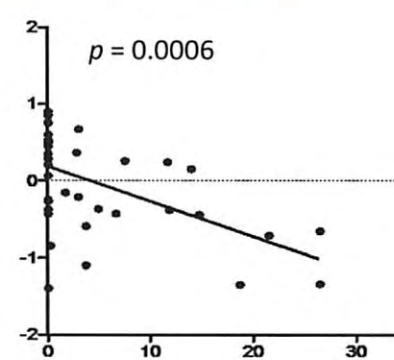
Amygdala is Deformed in Young MJ Users vs. Controls Associated with Frequency and Heaviness of Use



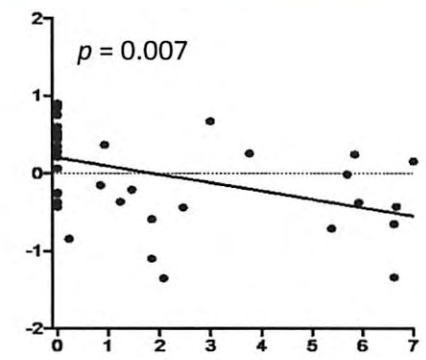
Smoking Occasions
per Day



Joints per
Occasion

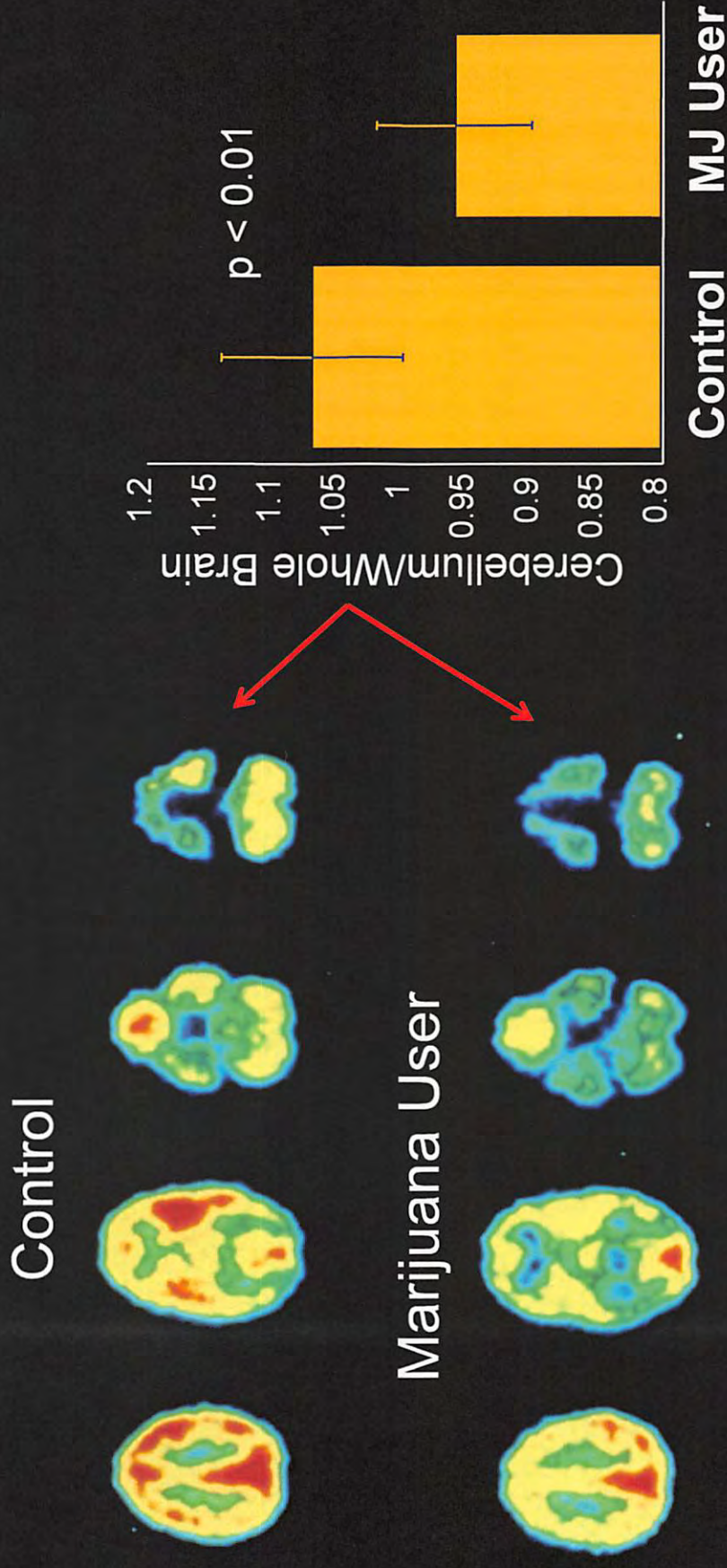


Joints per Week



Smoking Days
Per Week

Lower Baseline Cerebellar Glucose Metabolism in Marijuana Users May Result in Motor Deficits



Cannabis significantly affects driving

- 3-4X increase in overall risk of a crash
- Psychomotor impairment
- Impaired attention (lane weaving)
- Slow reaction times
- Reduced critical tracking

States with legalized recreational use are seeing increase in accidents, overdoses and hospital admissions

Sources: Hall, 2015; Ligouri, Gatto, and Jarrett, 2002; Messnis, Kypriandou, Malefaki, and Papathanasopoulos, 2006; Weinstein et al., 2008;

Anderson, Rizzo, Block, Pearlson, and O'Leary, 2010; Downey et al., 2013; Hartman and Huestis, 2013; Lenne et al., 2010

MJ intoxication
doubles the risk
of motor vehicle
accidents

More than
doubles the risk
of fatal motor
vehicle accidents

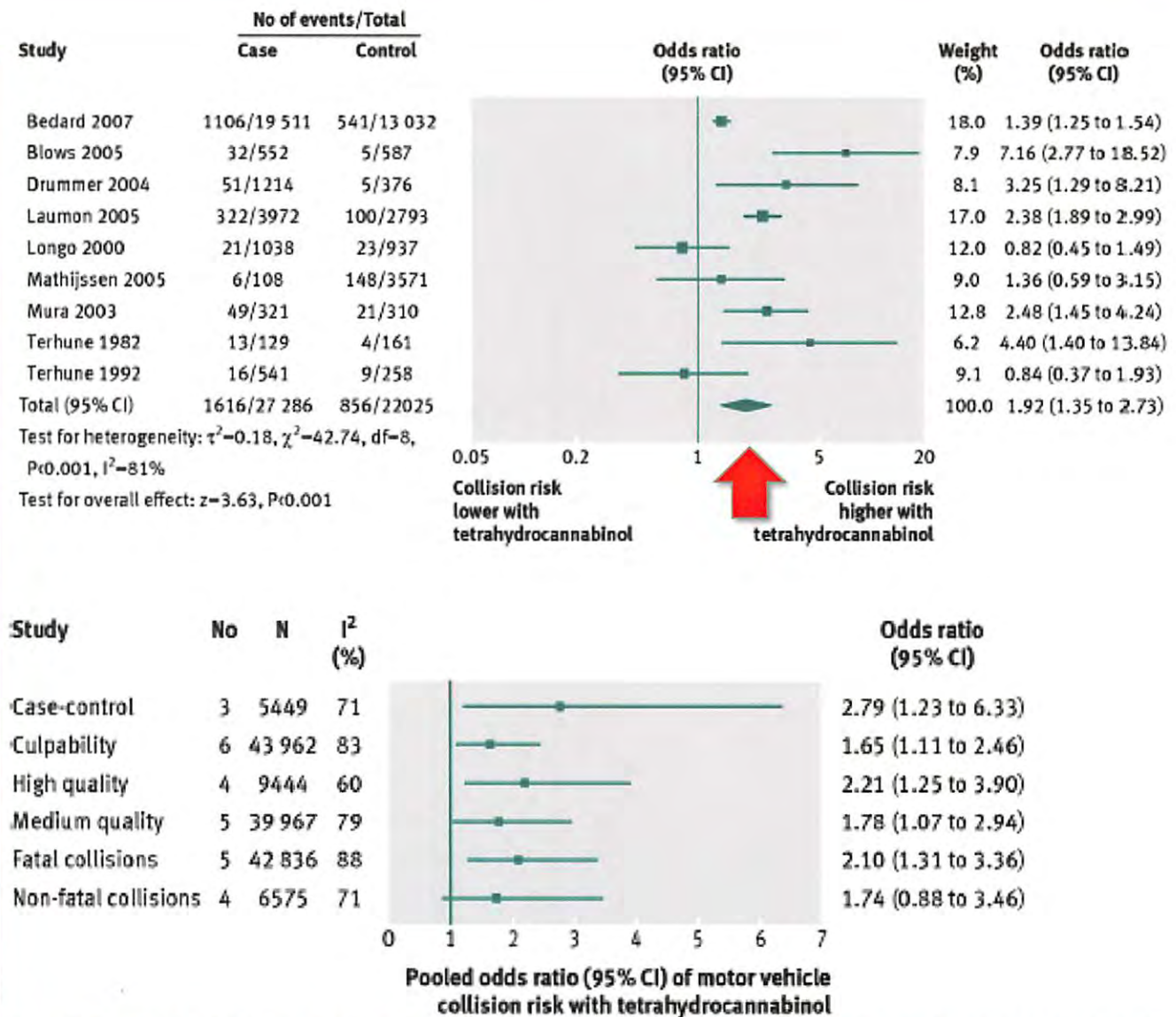


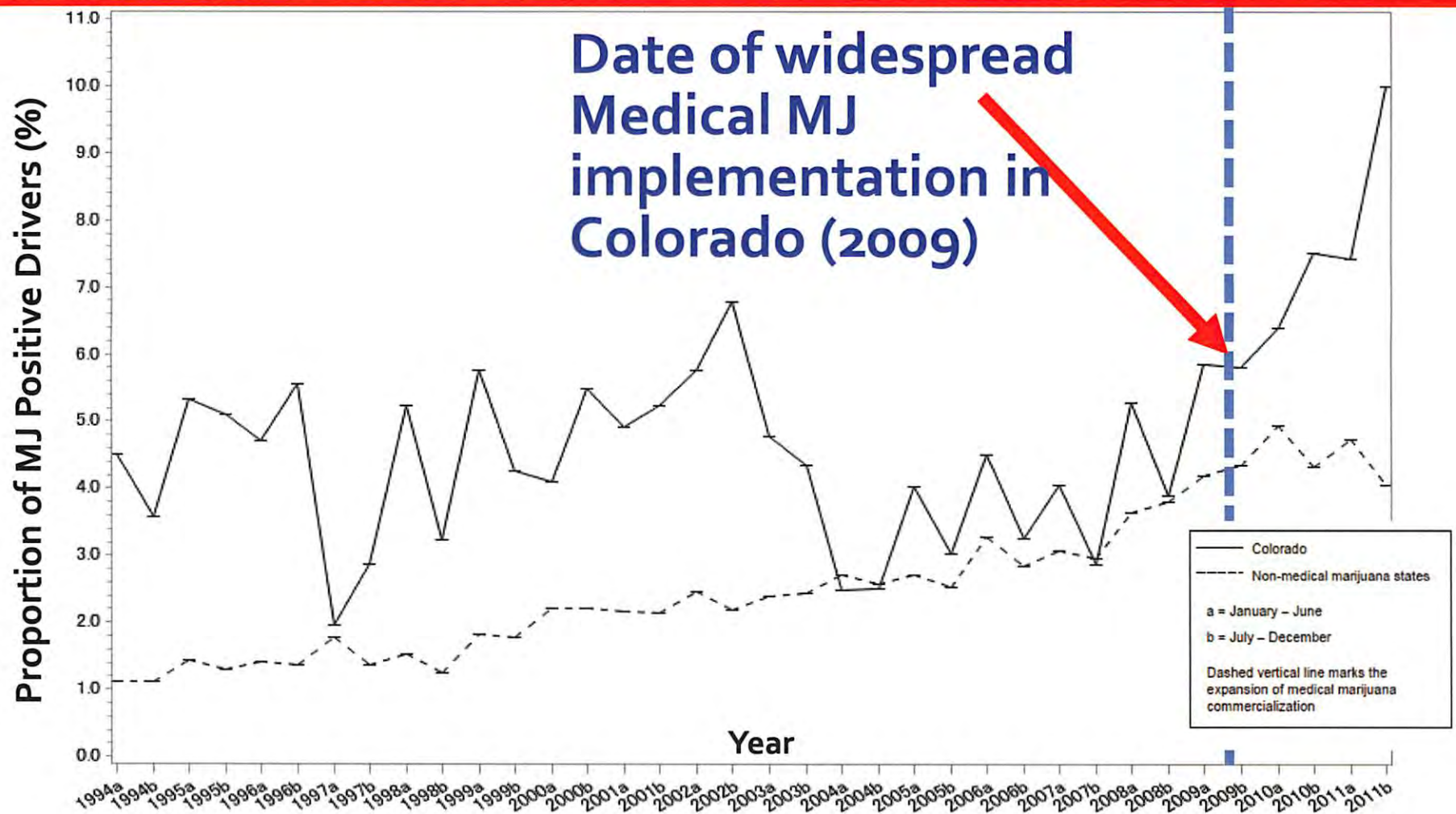
Fig 3 Pooled odds ratio (95% CI) of motor vehicle collision risk with tetrahydrocannabinol

Asbridge, et al., 2012. Acute cannabis consumption and motor vehicle collision risk: systematic review of observational studies and meta-analysis. *BMJ: British Medical Journal*.

Proportion of MJ-Positive Fatal Crash Drivers In Colorado

VS.

34 States Without Medical MJ, 1994-2011



MJ use forcing CO employers to hire out-of-state employees instead of CO citizens




- “Jim Johnson [construction company GE Johnson’s CEO]...said his company has encountered **so many job candidates who have failed pre-employment drug tests** because of their THC use that it is **actively recruiting construction workers from other states.**”


The Colorado Experience: Property crime around marijuana stores


- Legal marijuana shops are linked to higher levels of property crime in nearby areas, according to a nearly three-year study in Denver.
- Adjacent areas saw about 84 more property crimes per year than neighborhoods without a nearby marijuana store.
- It is the number and density of outlets that is important, not whether they are medical or recreational
- “There are definitely negative public health consequences, including increased crime,” the study author concluded


What Retail Marijuana Looks Like in the US Today



- 

1 Kid-friendly: comes in shapes & colors attractive to children, like candy and soda
- 2** **95%**
Potent: often made w/ concentrates of up to **95% pure THC** (joints are ~ 15% THC)
- 

3 Aggressive marketing: free samples, billboard advertising, and other **Big Tobacco** tactics
- 

4 Contaminants: In 2015, CO recalled 100s of thousands of edibles containing **banned pesticides**
- 

5 Fighting regulation: The pot industry has lobbied hard against regulation (e.g., warning labels, dosing rules, and bans on ads targeting kids)

Revenue streams already disappoint

≡ SECTIONS

🏠 HOME

🔍 SEARCH

The New York Times


TheUpshot

REVENUE DISAPPOINTMENT


Marijuana Taxes Won't Save State Budgets

APRIL 9, 2015

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Colorado's marijuana tax collections are not as high as expected.

In February 2014, Gov. John Hickenlooper's office projected Colorado would take in \$118 million in taxes on recreational marijuana in its first full year after legalization. With seven months of revenue data in, his office has cut that projection and believes it will collect just \$69 million through the end of the fiscal year in June, a miss of 42 percent.

That figure is consequential in two ways. First, it's a wide miss. Second, compared with Colorado's all-funds budget of \$27 billion, neither \$69 million nor \$118 million is a large number.

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OPINION > OPINION COLUMNISTS

Why pot taxes can't solve Colorado's budget problem

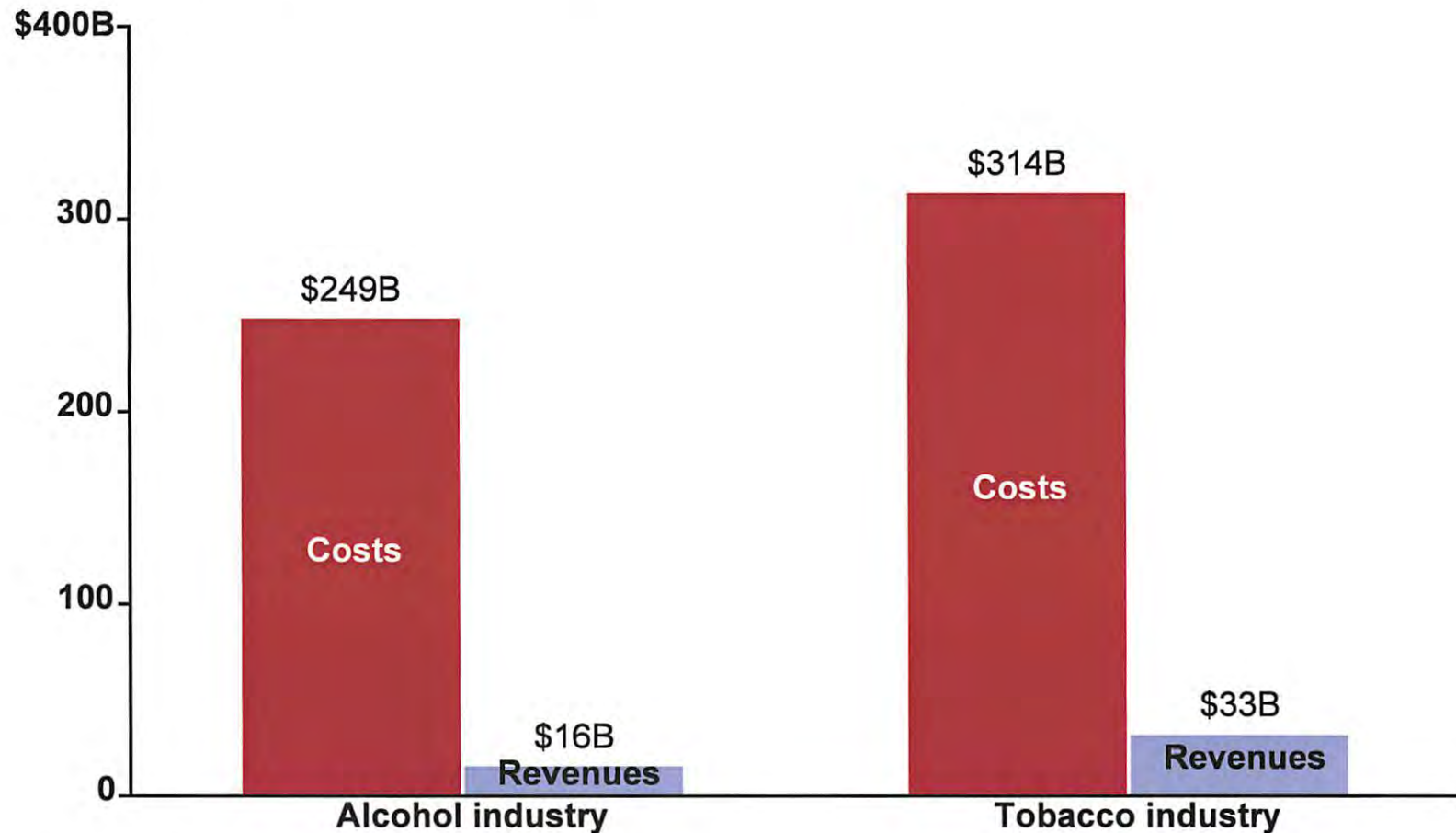


By CHRIS STIFFLER



Alcohol and tobacco are money-drainers, not money-makers

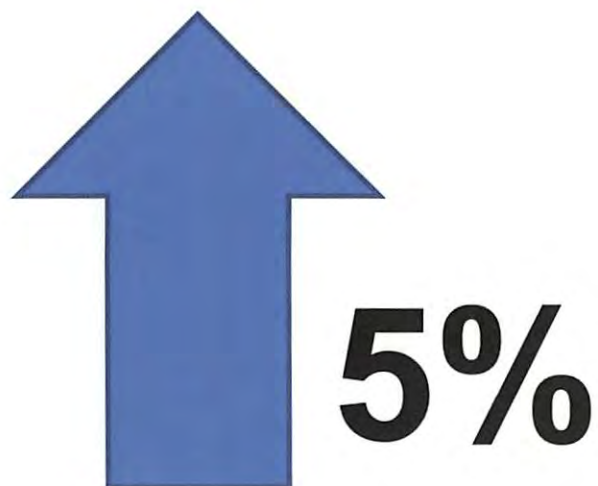
Billions of U.S. dollars (indexed to 2012 values)



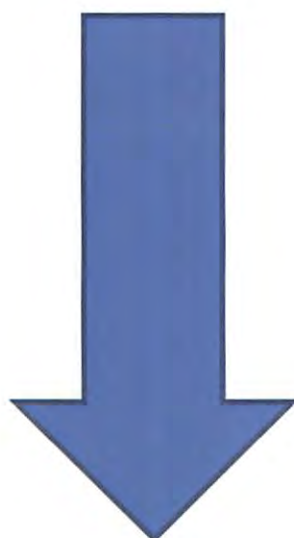
- Source: CDC, American Lung Association, Tax Policy Center
Note: Total revenues are state and federal combined from 2012. They are compared with costs that were adjusted for inflation and are stated in 2012 values.

Juvenile Arrest Rate Before and After Legalization: Colorado

Overall Juvenile Arrests



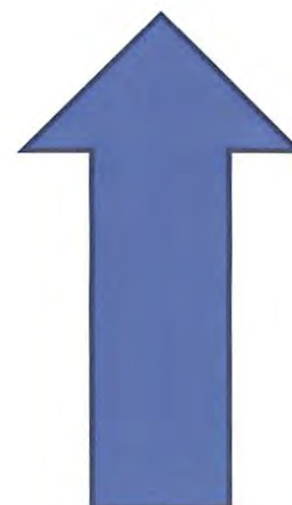
Whites



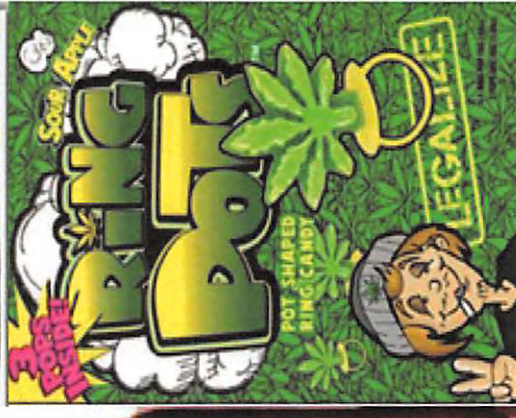
Hispanics



Blacks



- Source: Colorado Department of Public Safety (March 2016)



nugtella



**Hazelnut spread with
Medical Marijuana**

Valerie Swirczek

From: Verrees, James F <James.Verrees@bannerhealth.com>
Sent: Saturday, June 16, 2018 6:34 PM
To: Valerie Swirczek
Cc: Verrees, James F
Subject: ACOG- Original Research June 2018 - Colorado Experience- Please review
Attachments: Recommendations_From_Cannabis_Dispensaries_About.13.pdf

Good Evening Valerie Swirczek,

The attached June 2018 ACOG paper is for your review.

The data is disturbing.

Please review and distribute as you feel appropriate.

Thank you for your time.

Sincerely,
Jim Verrees
C: 910-581-4473

From: Valerie Swirczek [mailto:vswirczek@fallonnevada.gov]
Sent: Tuesday, June 05, 2018 3:14 PM
To: Verrees, James F <James.Verrees@bannerhealth.com>
Subject: RE: ACOG Committee Opinion regarding Marijuana use during Pregnancy and Lactation Oct2017

** STOP. THINK. External Email **
Good afternoon Dr. Verrees,

Thank you for the literature, I will distribute it accordingly.

The Fallon City Council meeting, which includes the public hearing, will take place on Tuesday, June 19 at 7:00pm in the Council Chambers at City Hall, 55 West Williams Avenue.

Draft Bill No. 780 is attached. This is the Bill that will be considered during the meeting.

Kindly,
Valerie Swirczek
Executive Secretary
City of Fallon
55 West Williams Avenue
Fallon, NV89406
775.423.3040
vswirczek@fallonnevada.gov

From: Verrees, James F <James.Verrees@bannerhealth.com>
Sent: Tuesday, June 5, 2018 8:18 AM
To: Valerie Swirczek <vswirczek@fallonnevada.gov>

Cc: Verrees, James F <James.Verrees@bannerhealth.com>

Subject: ACOG Committee Opinion regarding Marijuana use during Pregnancy and Lactation Oct2017

Good Morning Valerie Swirczek,

Thank you for your time on the phone this morning.

Attached is the American College of Ob/Gyn Committee Opinion on Marijuana use during pregnancy and lactation released in October 2017 for your review.

I do not know of any data that shows that marijuana use in pregnancy has a positive effect on subsequent offspring performance.

I advise **against** any marijuana use in pregnancy as I believe that marijuana has a harmful effect not only on the mother but on the child.

If possible, I would like to be able to talk at the upcoming City Council Meeting.

Can you please let me know the time and date?

Thank you again for your time and your consideration.

Sincerely,

Jim

C: 910-581-4473

James F. Verrees, M.D.
Banner Medical Group
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Fallon, NV 89406

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F: 775-423-2707

Recommendations From Cannabis Dispensaries About First-Trimester Cannabis Use

Betsy Dickson, MD, Chanel Mansfield, MPH, Maryam Guiahi, MD, MSc, Amanda A. Allshouse, MS, Laura M. Borgelt, PharmD, Jeanelle Sheeder, PhD, Robert M. Silver, MD, and Torri D. Metz, MD, MS

OBJECTIVE: To characterize recommendations given to pregnant women by Colorado cannabis dispensaries regarding use of cannabis products for nausea during the first trimester of pregnancy.

METHODS: This was a statewide cross-sectional study in which advice about cannabis product use was requested using a mystery caller approach. The caller stated she was 8 weeks pregnant and experiencing morning sickness. Dispensaries were randomly selected from the Colorado Department of Revenue Enforcement Division website. The primary outcome was the proportion of marijuana dispensaries that recommended a cannabis product for use during pregnancy. We hypothesized that 50% of dispensaries would recommend use. A sample size of 400 was targeted to yield a two-sided 95% CI width of 10%. Secondary out-

comes included the proportion endorsing cannabis use as safe during pregnancy, specific product recommendations, and encouraging discussion with a health care provider. Recommendations were compared by licensure type (medical, retail, or both) and location (rural vs urban).

RESULTS: Of the 400 dispensaries contacted, 37% were licensed for medical sale ($n=148$), 28% for retail ($n=111$), and 35% for both ($n=141$). The majority, 69% (277/400), recommended treatment of morning sickness with cannabis products (95% CI 64–74%). Frequency of recommendations differed by license type (medical 83.1%, retail 60.4%, both 61.7%, $P<.001$). Recommendations for use were similar for dispensary location (urban 71% vs nonurban 63%, $P=.18$). The majority (65%) based their recommendation for use in pregnancy on personal opinion and 36% stated cannabis use is safe in pregnancy. Ultimately, 81.5% of dispensaries recommended discussion with a health care provider; however, only 31.8% made this recommendation without prompting.

CONCLUSION: Nearly 70% of Colorado cannabis dispensaries contacted recommended cannabis products to treat nausea in the first trimester. Few dispensaries encouraged discussion with a health care provider without prompting. As cannabis legalization expands, policy and education efforts should involve dispensaries. (*Obstet Gynecol* 2018;131:1031–8)

DOI: 10.1097/AOG.0000000000002619

From the University of Colorado School of Medicine and the Colorado School of Public Health, Aurora, Colorado; the University of Utah Health, Salt Lake City, Utah; and Denver Health and Hospital Authority, Denver, Colorado.

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Presented as a poster at the Society for Maternal-Fetal Medicine's 38th Annual Pregnancy Meeting, January 29–February 3, 2018, Dallas, Texas.

Each author has indicated that he or she has met the journal's requirements for authorship.

Corresponding author: Torri D. Metz, MD, MS, 777 Bannock Street, MC 0660, Denver, CO 80204; email: torri.metz@dhha.org.

Financial Disclosure

Dr. Borgelt received grant funding from the Colorado Department of Public Health and Environment (CDPHE) for a study evaluating the use of cannabidiol for the treatment of refractory pediatric epilepsy. Additionally, she has served on seven different working groups for the Colorado Department of Revenue and CDPHE regarding use of cannabis and patient safety. The other authors did not report any potential conflicts of interest.

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Marijuana use in pregnancy may have adverse effects on the fetus, including fetal growth restriction and long-term neurologic consequences.^{1,2} The American College of Obstetricians and Gynecologists states, “obstetrician-gynecologists should be discouraged from prescribing or suggesting the use of marijuana for medicinal purposes during pre-conception, pregnancy, and lactation.”²

Expanding legalization may increase use among pregnant women and may be accompanied by



increased perception of safety without data to assure safety.³ A cross-sectional study of women who are clients of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the state of Colorado found that 48% of women who reported current marijuana use also reported marijuana use during their prior pregnancy “to help with nausea or vomiting.”⁴

Pregnant women who are interested in using marijuana may refrain from seeking safety information from health care providers as a result of fear of legal repercussions and instead seek advice from cannabis retailers. The primary objective of this study was to estimate the proportion of cannabis dispensaries that recommended cannabis products to a caller posing as pregnant and experiencing nausea in the first trimester of pregnancy. Secondary objectives were to characterize recommendations given to pregnant women by Colorado cannabis dispensaries regarding use of cannabis products. It was hypothesized that 50% of dispensaries would recommend a cannabis product and that recommendations would differ by dispensary type (medical, retail, or both) and geographic location (urban vs rural).

MATERIALS AND METHODS

This cross-sectional study of cannabis dispensaries in Colorado used a mystery caller approach. The study was approved by the Colorado Multiple Institutional Review Board (number 17-0637). Minor deception (eg, posing as a pregnant caller) was deemed necessary to obtain an accurate assessment of how cannabis dispensaries advise pregnant women. Recommendations, advice, and comments included in this study are limited to the individual dispensary employee who responded to the questions and may or may not reflect the policies or recommendations of the actual dispensary. However, the term “dispensary” is used to reflect the individual employee who answered the phone. All registered dispensaries in Colorado will be informed of the results when published.

The target population consisted of all cannabis dispensaries in Colorado. The sampling frame was a list of licensed dispensaries on the Colorado Department of Revenue’s Enforcement Division website (accessed December 1, 2016).⁵ There were 982 licenses among 724 individual dispensaries with three mutually exclusive license types: 270 (37%) medical only, 258 (36%) both (medical and retail), and 196 (27%) retail only. In Colorado, medical dispensaries are licensed pursuant to the medical code to operate a business and sell medical marijuana to registered patients and to primary caregivers.⁶ Retail

dispensaries are entities licensed to purchase retail marijuana and retail marijuana concentrate from a retail marijuana cultivation facility or manufacturing facility and to transfer these products to consumers.⁷ A dispensary can operate as both a medical and retail dispensary if they obtain both licenses and also confirm that there will be no sales of medical marijuana to individuals younger than age 21 years at the combined-use location.⁷

Sampling occurred proportionally by dispensary type. Because some municipalities allow only certain license types, sampling was further stratified by municipality within license type. For medical dispensaries, municipal regions were Colorado Springs (50%), Denver (23%), and elsewhere (27%); for both medical and retail license types, regions were municipal Denver (58%) and elsewhere; and for retail-only licenses, municipal regions were Denver and Aurora (24%) and elsewhere (76%). Within each strata, dispensaries were selected randomly without replacement using SAS SURVEYSELECT with a frequency to proportionately represent each strata in a full sample. To replace unavailable dispensaries to achieve the targeted sample size, alternative dispensaries were selected randomly without replacement within the appropriate strata among previously unselected dispensaries again using SAS SURVEYSELECT.

The Colorado Department of Revenue Enforcement Division website provided the following information in a publically available Microsoft Excel spreadsheet: license name, business name, license number, address, city, and zip code. Phone numbers were obtained through an online search of the dispensary name and then crosschecked against the corresponding address in the registry.

Two investigators (B.D. and C.M.) contacted selected dispensaries using a phone script to inquire about cannabis use for nausea in pregnancy (Box 1). The phone script was developed by the investigators and piloted with 15 dispensaries in Alaska, Oregon, and Washington. Each caller stated they were 8 weeks pregnant, feeling really nauseated, and asked, “Are there any products that are recommended for morning sickness?” The remainder of the conversation utilized the telephone script to obtain responses (Box 1).

If any cannabis products were recommended at any point during the phone call, the response of the dispensary was considered as affirmative for cannabis recommendation. If the dispensary employee noted that it was against policy to make a recommendation or claimed to not be able to make a recommendation, but then went on to recommend cannabis, this was



Box 1. Phone Script

"Hi, I'm 8 weeks pregnant and feeling really nauseated. Are there any products that are recommended for morning sickness?"

Prompts in response to no recommendation:

1. What if I have a medical card? (If asked why you have a card, state it is for chronic pain from a car accident.)
2. Why not?

Prompts in response to recommendation:

1. What product?
 - a. Why?
2. How often should I use it?
3. Is it safe to take during pregnancy?
 - a. If only maternal risks are addressed, ask: Is it also safe for my baby?
 - b. If only fetal risks are addressed, ask: Is it also safe for me?

Before closing call:

Should I talk to my doctor about this (if no recommendation previously made to discuss with health care provider)?

also recorded as an affirmative response. If the dispensary employee asked the caller to come into the business in person for advice, the response was recorded as "no recommendation made."

If cannabis products were not initially recommended, the caller asked whether a recommendation could be made if she had a medical marijuana card. The caller stated she had a medical marijuana card for chronic pain after a car accident. In addition, dispensaries were asked whether the caller should discuss cannabis use with a health care provider. Dispensaries were documented as recommending this before being prompted, after being prompted, or not recommending even after prompting. To qualify for a medical marijuana card in the state of Colorado, an adult has to be a Colorado resident 18 years or older, and have a qualifying medical condition (cancer, glaucoma, human immunodeficiency virus or acquired immunodeficiency syndrome, cachexia, persistent muscle spasms, seizures, severe nausea, severe pain, post-traumatic stress disorder) as determined by a licensed Colorado physician.

Recommendation for use was categorized as personal opinion, referenced research, referenced dispensary policy, deferred to health care provider, or did not specify. Recommendations were classified as personal opinion if the dispensary employee stated "in my opinion" or used anecdotes.

For analysis, dispensaries were categorized as urban and rural according to guidelines published

by the Colorado Rural Health Center and utilized by the Colorado Department of Public Health and Environment.⁸ This resource classifies all zip codes in Colorado as urban, rural, or frontier. Given the small number of dispensaries in the frontier area, frontier and rural dispensaries were grouped together as rural for analysis.

All calls were digitally recorded, which is legally permissible in Colorado. Answers to each branching point were documented on a paper data sheet to avoid interruptions and for future reference if the digital audio recording was unavailable. The audio recordings and paper data sheets then were used to add responses to Research Electronic Data Capture.⁹ To avoid dispensary identification, study identification numbers for each dispensary were used. The paper data sheets were shredded and the audio recordings deleted at the conclusion of data analysis.

Three attempts were made to contact each dispensary within listed business hours. If all three attempts were unsuccessful, the dispensary was recorded as "unavailable." The dispensary was also considered "unavailable" if no phone number was identified for the location or if the location never opened or had yet to open. Unavailable dispensaries were replaced with another randomly selected dispensary within the same stratum as noted previously. The caller did not request any identifying information about the dispensary employee.

The primary outcome was the proportion of cannabis dispensaries that recommended cannabis use to a pregnant caller reporting nausea in the first trimester. Secondary outcomes included mention of maternal or fetal risks, stated benefits of cannabis use during pregnancy, specific product recommendations including dosing and frequency of use, warning of possible legal consequences, further discussion with a health care provider, length of the phone call, rationale for the product recommended, and reported source of information on which recommendations were based.

It was hypothesized that 50% of dispensaries would recommend cannabis use to a pregnant caller (the primary outcome). A sample size of 400 was targeted to yield a two-sided 95% CI with width of 10%. The proportions of the primary and secondary endpoints were summarized as percentage and exact 95% CI overall, by three-category dispensary type, and two-category population density (urban vs rural). Method of delivery (ie, inhalation, topical, edible) was compared across type of product recommended. Differences in endpoints by dispensary type and population density were tested using an exact Pearson



χ^2 test. Skewed continuous variables (ie, call duration) were summarized with geometric mean and 95% CIs. Representative quotations from retailers about the nature of the advice were selected to add context to reported quantitative data.

RESULTS

Calls were completed in June and July 2017. Investigators contacted 465 dispensaries. Valid calls were achieved in 76% of calls to retail dispensaries, 75% of medical dispensaries, and 89% of both license type dispensaries ($P=.001$). This resulted in 400 valid calls and achieved the target sample size ($n=400$) of responses (Fig. 1). The average length of phone call was 2.4 minutes (95% CI 2.3–2.6 minutes). Of the 400 dispensaries included, 37% were licensed as medical ($n=148$), 35% were licensed as both medical and retail ($n=141$), and 28% as retail only ($n=111$). Additionally, 80.0% were urban and 20.0% were rural.

The majority, 69% (277/400), recommended cannabis products for “morning sickness” (95% CI 64–74%). Frequency of recommendation differed by license type (medical 83.1%, retail 60.4%, both 61.7%, $P<.001$) with medical dispensaries recommending most frequently. Recommendations for use were similar by population density (urban 71% vs rural 63%, $P=.18$). Of the 277 dispensaries that recommended a product, 65% based their recommendation for use in pregnancy on personal opinion, 30% did not spec-

ify a reason, and 36% stated cannabis use is safe in pregnancy (Table 1). Recommendations based on personal opinion differed by dispensary type with medical dispensaries most frequently basing their recommendation on personal opinion (medical 85%, retail 57%, both 45%, $P<.001$). Some dispensary employees (9% [36/400]) initially stated they could not recommend any products, but then proceeded to give a recommendation, which occurred similarly by dispensary type (8.8% medical, 7.2% retail, 10.6% both, $P=.65$). Recommendations for use and basis for recommendations did not differ based on population density (Table 2).

Overall, 35.7% ($n=99$) endorsed safety of cannabis products during pregnancy. The proportion of dispensaries that endorsed safety did not differ by dispensary type (medical 40.7%, retail 28.4%, and both 34.5%, $P=.24$). Only 4.7% reported a risk of fetal harm and 1.8% reported a risk of both maternal and fetal harm. The proportion endorsing risk did not differ by dispensary type (Table 1) or by population density (Table 2). One dispensary employee stated, “After 8 weeks everything should be good with consuming like alcohol and weed and stuff, but I would wait an extra week.”

Of the 277 dispensaries that recommended cannabis use, 99% ($n=275$) recommended a specific cannabis type. All products were recommended at similar rates by dispensary type; 26% recommended use of

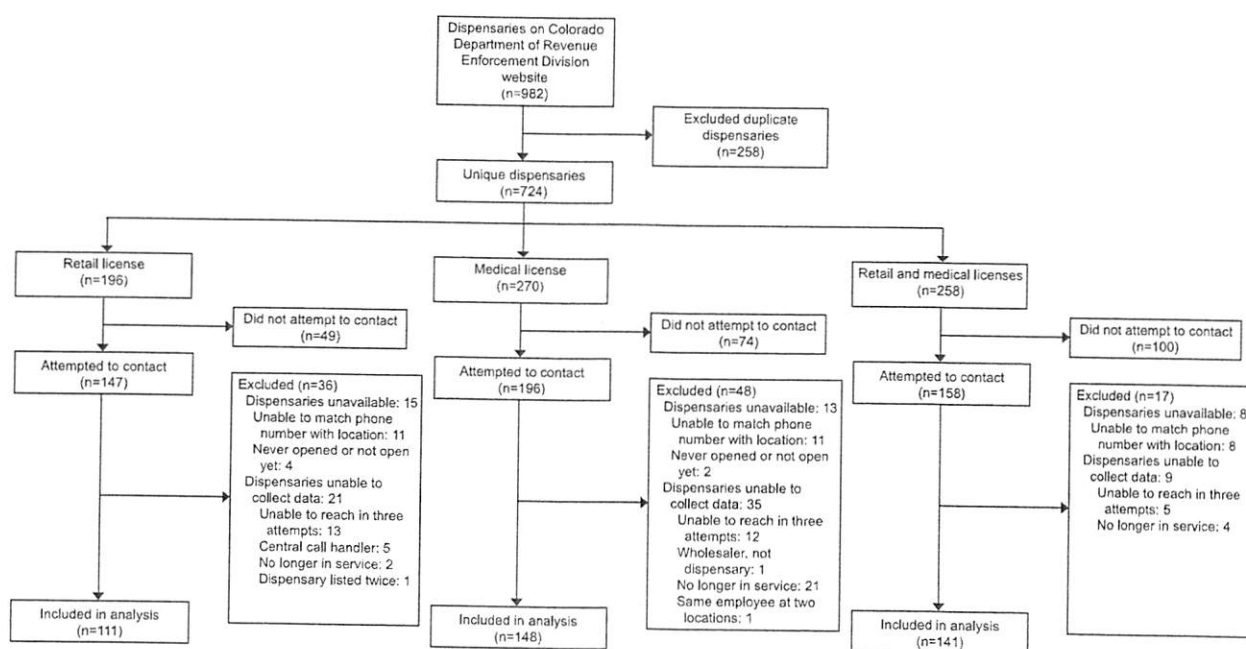


Fig. 1. Study population flow diagram.

Dickson. Cannabis Dispensary Recommendations. *Obstet Gynecol* 2018.



Table 1. Cannabis Use Guidance Among Medical, Retail, and Both Dispensaries That Recommended Products for Nausea in Pregnancy

Response From Dispensary to "Pregnant" Caller	Overall	Medical License	Retail License	Medical and Retail License	P*
Primary outcome	n=400	n=148	n=111	n=141	
Recommended cannabis [†]	69 (64–74)	83 (76–89)	60 (51–70)	62 (53–70)	<.001
Secondary outcomes	n=277	n=123	n=67	n=87	
Report of recommendation for use based on					
Personal opinion	65 (59–71)	85 (77–90)	57 (44–69)	45 (34–56)	<.001
Referenced research	6 (3–9)	7 (3–14)	3 (0–10)	6 (2–13)	.46
Referenced dispensary policy	1 (0–3)	1 (0–5)	0 (0–5)	1 (0–6)	>.99
Deferred to health care provider	3 (1–6)	2 (0–6)	0 (0–5)	7 (3–15)	.014
Did not specify	30 (24–35)	9 (5–16)	40 (28–53)	50 (39–61)	<.001
Reported safety of cannabis use					
Stated cannabis use safe	36 (30–42)	41 (32–50)	28 (18–41)	34 (25–45)	.24
Potential for fetal harm	5 (3–8)	4 (1–9)	1 (0–8)	8 (3–16)	.15
Potential for both fetal and maternal harm	2 (1–4)	2 (0–6)	4 (1–13)	0 (0–4)	.11
Unsure or depends on certain criteria	53 (47–59)	53 (44–62)	55 (43–67)	53 (42–64)	.95
Deferred to health care provider	15 (11–20)	15 (9–22)	15 (7–26)	15 (8–24)	>.99

Data are % (exact 95% CI). Responses are not mutually exclusive.

* P values for 3×2 comparisons using a Pearson exact χ^2 .

[†] Provides denominator for percentages in remainder of rows.

cannabidiol-only products, 17% tetrahydrocannabinol-only products, and the remaining (56%) recommended products with both cannabidiol and tetrahydrocannabinol ($P=.40$).

Not all dispensaries recommended a specific method of delivery (ie, inhalation, edible) and some recommended more than one method. Of the 277 that recommended marijuana, 90% (248/277) recommended a method of use; the most frequently recommended methods were edibles (50.5%), inhalation (37.9%), and tinctures (32.1%) followed by topical, including salve, spray, and lotion (18.1%), pills (16.6%), drinks (11.6%), and concentrate (5.8%).

Among all dispensaries, in response to whether the caller should discuss cannabis use with a health care provider, 13.5% of dispensaries stated they were unsure or equivocal; this differed by dispensary type (medical 16.9%, retail 16.2%, and both 7.8%, $P=.046$). Overall, 81.5% of dispensaries recommended discussion of cannabis use with a health care provider (medical 79.7%, retail 80.2%, and both 84.4%, $P=.55$). However, only 31.8% of all dispensaries made the recommendation to talk to a health care provider (medical 33.8%, retail 24.3%, and both 35.5%, $P=.02$) without prompting with retail-only dispensaries being least likely to make this recommendation. One dispensary employee stated, "Highly, highly recommend talking to your doctor. Always tell your doctor everything you're putting in your body."

Although the majority of dispensaries encouraged discussion with a health care provider, approximately one fourth (24.6%) of dispensaries recommended the caller obtain more information by doing online research, and this was not significantly different by dispensary type (medical 23.3%, retail 32.4%, and both 19.9%, $P=.06$). Rural dispensaries were more likely to recommend use of the internet to research cannabis use in pregnancy (urban 22.9% vs rural 31.7%, $P=.11$). No other comparisons by urban vs rural yielded significant differences (data not shown). Callers were warned of possible drug testing during pregnancy (14.1%); this differed by license type (medical 22.1%, retail 7.2%, and both 11.4%, $P=.002$) with medical dispensaries most frequently endorsing this warning.

Of the 123 dispensaries that did not initially recommend using a cannabis product, only one dispensary (0.8%) proceeded to give a recommendation when the caller disclosed she had a medical marijuana card ($P>.99$). In all other cases, there was still no recommendation made when the caller disclosed she had a medical marijuana card.

Box 2 includes additional representative quotes from dispensary employees in response to the open-ended standardized phone script questions. The response may not necessarily be directly associated with the specific question as a result of the open-ended nature of the questions.



Table 2. Cannabis Use Guidance Among Urban and Rural Dispensaries That Recommended Products for Nausea in Pregnancy

Response From Dispensary to "Pregnant" Caller	Urban	Rural	<i>p</i> *
Primary outcome	n=320	n=80	
Recommended cannabis [†]	71 (66–76)	63 (51–73)	.18
Secondary outcomes	n=227	n=50	
Report of recommendation for use based on			
Personal opinion	67 (61–73)	56 (41–70)	.14
Referenced research	5 (2–9)	10 (3–22)	.18
Referenced dispensary policy	1 (0–3)	0 (0–7)	>.99
Deferred to health care provider	3 (1–6)	4 (0–14)	.64
Did not specify	28 (22–35)	36 (23–51)	.31
Reported safety of cannabis use			
Stated cannabis use safe	35 (29–42)	38 (25–53)	.75
Potential for fetal harm	5 (2–9)	4 (0–14)	>.99
Potential for both fetal and maternal harm	1 (0–4)	4 (0–14)	.22
Unsure or depends on certain criteria	54 (47–60)	52 (37–66)	.88
Deferred to health care provider	16 (12–22)	8 (2–19)	.19

Data are % (exact 95% CI). Responses are not mutually exclusive.

* *P* values for 2×2 comparisons using a Pearson exact χ^2 .

[†] Provides denominator for percentages in remainder of rows.

DISCUSSION

The majority of cannabis dispensaries in Colorado recommended cannabis products for morning sickness and their recommendation for use was based predominantly on personal opinion. Medical dispensaries were more likely than retail or both license type dispensaries to recommend cannabis products. The type of cannabis product most frequently endorsed was combined tetrahydrocannabinol and cannabidiol and the most frequently recommended method of use was edibles. Although 80% of dispensary respondents ultimately recommended discussion with a health care provider, the majority needed prompting before making this recommendation.

Given the concern for potential adverse effects on the fetus with maternal cannabis use, the American College of Obstetricians and Gynecologists recommends against the use of cannabis products in women who are pregnant.^{1,2} Public health efforts in Colorado, the first state to legalize marijuana for recreational use, have similarly focused on discouraging cannabis use during pregnancy and lactation.¹⁰ According to the Code of Colorado Regulations, all cannabis products in the state of Colorado are required to have the following statement on every container: "There may be additional health risks associated with the consumption of this product for women who are pregnant, breastfeeding, or planning on becoming pregnant."^{6,7} Despite this warning, Colorado and other states that have legalized marijuana have refrained from prohibiting marijuana use during pregnancy.^{11–13} There are currently no regulations about recommendations or

advice that cannabis dispensaries can provide to customers in Colorado.^{6,7}

Our findings are consistent with other studies in that the majority of advice given by cannabis dispensary employees appears to be based on personal opinion. A study by Haug et al¹⁴ found that only 20% of cannabis dispensary employees received formal medical or scientific training. Furthermore, 71% of these employees reported giving recommendations about cannabis products based on personal experience. In another study, in which 56% of dispensary employees had received formal training, only 47% thought that medical decision-making was important when recommending cannabis products. Also, most preferred a patient-centered philosophy (77%) compared with that of a dispensary staff-centered philosophy (23%).¹⁵

The majority of the limitations of this study were related to appropriate identification of operating dispensaries. The Colorado Marijuana Enforcement Division has an accurate list of all state licenses that have been issued, but this list does not necessarily correspond to stores that are currently open. Therefore, some dispensaries did not have a valid phone number, which may have resulted in selection bias. In addition, all dispensaries routing calls to a "call center" were excluded. Despite this, it is possible that there were "chains" of marijuana dispensaries with similar policies but unique addresses and phone numbers that could have influenced our results. However, the mystery caller design reflects "real-world" situations and allows for description of the advice pregnant women receive when calling operating, licensed



Box 2. Representative Quotes From Cannabis Dispensary Employees in Response to Phone Script Questions*

"I'm calling because I'm 8 weeks pregnant and nauseated. Are there any products that are recommended for morning sickness?"

- "Let me call my daughter, she just had a baby, call me back in 5 minutes."
- "On the package it says do not consume while pregnant— 'there may be health risks associated with this product if you are pregnant, breastfeeding, or planning on becoming pregnant.' You are welcome to come to the shop to see if we can find something, but I think most of the labels are going to be like that."
- "Have you talked to your doctor? I do not want to recommend anything you know. I know what would help with nausea, but I do not think I could legally recommend anything for someone that is pregnant, but I could recommend something for nausea do they still let you purchase while you are pregnant?"
- "I cannot give medical advice; look it up and then call me and I'll see if I have the product, but we do have CBD and weed in stock."

Why is the product recommended or not recommended?

- "All the products say it is not recommended for pregnant women use; they just do not know what it could do to the fetus there is not enough studies out there. It is a drug, so probably not the best thing for you when you are pregnant."
- "Technically with you being pregnant, I do not think you are supposed to be consuming that, but if I were to suggest something, I suggest something high in THC."
- "Legally cannot provide a recommendation."
- "Need a doctor's recommendation first."
- "Edibles would not hurt the child; they would be going through your digestional [digestive] tract."
- "They have been doing studies; as long as you are not heavily harshly smoking like the smoke I think that is the only way it could physically damage the baby, cause you are inhaling smoke."

Recommendations on frequency

- "In the context of edibles, start with a low dose and see how it works out for you because those types of things would, um, not cross the blood-brain barrier so even if you have got the CBDs and the other good parts of the plants would get in your baby's blood system but the psychotropic properties, the THC molecule, would not get near your baby, so basically would not be getting your baby stoned."
- "Before your first trimester. Second trimester you do not want to overconsume. When I was pregnant and started to feel a little nausea coming on, I did not smoke more than two times a day."
- "I am not sure, I do not really know, I am not really too familiar with this, cause I do not want to give you the wrong information and find out it can be harmful to your baby, so I do not want to tell you the wrong thing; just one of my coworkers, she was pregnant and she was using flower and vaping."

Responses regarding speaking with a health care provider

- "I think that would be a smart choice. Try for someone that is liberal or procannabis. The others are not fully educated on the benefits of cannabis and will tell you to stay away, but always check with a medical professional."
- "I do think you should talk to your doctor at your discretion about it. I know there are some doctors that might be really uncomfortable with that. I do think that it is a medical professional's responsibility to be open to talking with their patient..."
- "The doctor will probably just tell you that 'marijuana is bad for kids and will just try pushing pills on you.' Maybe you have a progressive doctor that will not lie to you. All the studies done back in the day were just propaganda."
- "Google it first. Then if you feel apprehensive about it, you could ask."
- "Most of them out here tell them not to smoke weed. Even the cancer doctors. It is so messed up. I do not know how the baby doctors work, if they are chill or not. Just do not go stoned when you talk to them."
- "No, because they will test you when the baby is born and can get child protective services involved; that is just the unfortunate honest truth."
- "In the state of Colorado you are protected, so it is not something you have to bring to their attention...they are not gonna call CPS like they would have 10 years ago if you have MJ in your system."

Is cannabis safe to take during pregnancy?

- "Different people opinions, kind of like alcohol; I used to be a bartender and it is legal to serve someone who is pregnant because it is up to them so you know. I am not here to tell you you should or should not use, does that make sense. I do know a lot of people that do use cannabis during their pregnancy though and for what they have found, there has not been side effects that they can see."
- "I know a lot of doctors are recommending marijuana nowadays."
- "We have a girl that comes in and she is probably 6 months pregnant and she smokes bud but she does not smoke it as much as she did but she still does...she said her doctor said it was ok...she said the doctor said that but I am not a doctor...I know aspirin is ok for babies and that is pretty much what you are getting is an aspirin that is probably better."

CBD, cannabidiol; THC, tetrahydrocannabinol; CPS, child protective services; MJ, slang for marijuana.

*The response may not be directly associated with the direct question as a result of the open-ended nature of the question.



dispensaries. Finally, our sample size was calculated for our primary outcome and may have been inadequate for some of the secondary outcomes; therefore, nonsignificant results should not be interpreted as equivalent.

We recognize that recommendations from cannabis dispensary employees may vary depending on who took the call at a given time and may not be representative of all employees at the dispensary. It is possible that some dispensaries have a policy in place for cannabis use in pregnancy that individual employees did not follow based on personal views. Although the phone script was piloted in dispensaries outside of Colorado, no dispensaries outside of Colorado were included and, thus, these findings may not be generalizable to other states with legalized cannabis. Also, the level of education and medical background of the dispensary representative were unknown.

This study has several strengths. The random selection of cannabis dispensaries was stratified to ensure distribution across the state and across different license types, and selection was from the list of all licensed dispensaries, which strengthens generalizability of results to all dispensaries in Colorado. Furthermore, this study was conducted in Colorado, which was one of the first states to legalize cannabis products. Thus, it is likely that some dispensary respondents have prior experience with pregnant customers requesting advice about cannabis use.

This study prompts many questions about laws and regulations pertaining to cannabis dispensaries. As cannabis legalization becomes more common, women should be cautioned that advice from dispensary employees might not necessarily be informed by medical evidence. Future studies should focus on the effects of maternal cannabis use on maternal and neonatal outcomes in hopes of being able to provide guidelines to care for pregnant women. Public health initiatives should consider collaborating with dispensary owners and other valuable stakeholders in conversations about standards for advice provided to pregnant women.

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Valerie Swirczek

From: Andrea Zeller <director@churchillcoalition.com>
Sent: Friday, June 15, 2018 3:53 PM
To: Valerie Swirczek
Subject: New information from Colorado

Hello,

Can you share this with council as well? I just found this.

I am sharing this information it is the most recent story from Pueblo on Colorado marijuana experience. From The Weekly Standard.

<http://www.weeklystandard.com/tony-mecia/reefer-madness>

Best regards,

Andrea Zeller
Executive Director

Churchill Community Coalition
775-423-7433

www.churchillcoalition.com

<https://www.facebook.com/ChurchillCoalitionFallon>

TONY MECIA @TONYMECIA



Pueblo, Colo.

Nowhere are the results of this experiment being felt more than in Pueblo, a small city of 108,000 about two hours south of Denver. Pueblo is an old working-class steel town largely left out of the prosperity of Denver and the state's famous ski resorts. With nearly 200 legal marijuana farms, Pueblo is at the forefront of the state's rapidly expanding pot industry. Marijuana has become big business. It is creating jobs, harnessing the energies of young entrepreneurs, raising millions in new tax revenues, attracting visitors to town, and giving residents more personal freedom.

<https://www.weeklystandard.com/tony-mecia/reefer-madness>

But that's not the end of the story. Some residents here believe these achievements are coming at too high a cost. Legalization, they say, has attracted vagrants and cartels from out-of-state, contributed to spikes in crime, and endangered the health of a generation of kids raised to believe the drug is harmless. A new study from Colorado State University-Pueblo's Institute of Cannabis Research portrays the effects of legalization as mixed at best—far from the unqualified success that marijuana boosters like to project.



Get to know your Budtender

It's a frantic Thursday morning at The 404, a rock-'n'-roll-themed marijuana store located a few blocks north of downtown. Pueblo has eight such "dispensaries," and everyone is preparing for the following day, April 20, or "4/20" as it is known to marijuana enthusiasts. It is the high holy day for marijuana users. The 404's manager, Will Swift, says it is "a combination of Black Friday and the Super Bowl."

Swift is talking about the challenges of running a marijuana business—chiefly, keeping inventory on the shelves—but he keeps getting interrupted as suppliers and customers stream in. Karina, a short-haired young woman, is dropping off a cardboard box filled with "caviar." But it's not fish eggs. Rather, caviar here is a highly potent and expensive marijuana delicacy consisting of plant buds soaked in hash oil and dusted with kief, or marijuana-flower resin. Swift excuses himself to "go take care of Shaggy," an employee's husband who has just walked in and needs assistance, and leaves one of his experienced sales clerks, Nicole Lucier, to explain how the business runs.



Lucier, 35, says she got her start selling marijuana in 2014 when her children's father was a security guard at another dispensary in town. She's what is known as a "budtender," and as she explains the different strains of marijuana and the dozens upon dozens of cannabis-infused products for sale, it becomes clear that if you believe pot is just pot, you've greatly underestimated the ingenuity of American capitalism. Marijuana has come a long way since the days of Cheech & Chong.

The 404 sells about 40 different strains of marijuana buds, or "flower." The cheapest sell for \$6 a gram. Top-shelf buds cost double. With names like Acapulco Gold, Blue Dream, and Critical Skunk, each has a different smell and potency. They fall into three categories: sativas, viewed as better for cerebral daytime highs; indicas, preferable for evening relaxation; and hybrids that combine qualities of both. In recent decades, pot has become stronger, thanks largely to improved growing methods. Studies have shown that the average level of tetrahydrocannabinol (THC), the active chemical in marijuana responsible for getting users intoxicated, rose in federally seized cannabis from 4 percent in 1995 to 12 percent in 2014. Dispensaries like The 404 sell buds with THC levels of 20 percent or more.

Customers buy the weed, grind it at home, and roll it into joints or smoke it in a pipe. A gram can usually make three joints. (Colorado law limits purchases to 1 ounce, or about 28 grams, per day.) If grinding and rolling sounds like too much work, stores also sell "pre-rolls." But that's not all.

The 404 carries a wide range of other marijuana products, Lucier explains.

There are cannabis-laced chocolate bars, granola bars, turtle brownies, hard candies, red-velvet cookies, waffle cones, fruit punch, and root beer.

There's cannabis-infused honey and sugar, plus artificial sweeteners for diabetics—all suitable, she says, for putting in coffee or tea. She opens a box of hand-painted cannabis-chocolate truffles. "Aren't they gorgeous?"

Lucier shows off some multicolored marijuana gummy candies: "These are fun. They're cool because it's Americana. They're shaped like little leaves, and they are red, white, and blue." The dispensary also sells all manner of topical creams, lotions, and body oils, as well as high-potency oils and extracts that can be smoked. They also sell tinctures, liquid extracts placed directly under the tongue. Some extract products, known as "dabs" or "shatter," have THC concentrations of more than 80 percent.



Most customers come in for buds. Some swear by marijuana's curative effects, like those listed alongside a Vitruvian-like "Cannabis Man" poster that hangs on The 404's wall: "promotes bone growth," "reduces inflammation," and "inhibits cell growth in tumors and cancer cells." Other patrons, like Otello Ganni, 59, are just looking for a high. He shows his ID to the security guard in the store's entry hall and walks up to Lucier, who greets him enthusiastically.

"I'd just like some of your good stuff," he says.

Since it's the middle of the day, she recommends a sativa—so as not to make Ganni sleepy—and brings over two foot-high glass jars filled with buds: Pink Sherbet and Lost Coast OG. He puts his nose to the top of each jar and inhales. He settles on Lost Coast OG, which clocks in at 26.18 percent THC.



"It's gonna get you uplifted and energized!" Lucier tells him, as she takes his two \$5 bills and puts four buds into a vial. She adds that she has logged his purchase into The 404's loyalty rewards program.

Ganni, who moved to Pueblo from California two years ago to live closer to his grandchildren, has a full-time job as a cook, but also cuts stones and makes jewelry. Sativas, he says, "really get me going."

The 404 is a "recreational" marijuana dispensary. Colorado licenses and regulates medical marijuana separately from recreational marijuana. Medical marijuana has been available in the state since 2001, and sales have been flat in recent years, even dropping in 2017. The recreational side, though, has boomed. Recreational dispensaries sold \$1.1 billion of marijuana in 2017, more than triple the amount sold in 2014. Some Colorado cities don't allow dispensaries, and others, including Pueblo, cap their numbers. Despite those restrictions, there are now 533 recreational dispensaries in Colorado—about as many as Starbucks and McDonald's locations combined. Residents also have the option to grow their own marijuana, up to a maximum of 12 plants per household.

Lucier thinks her customers enjoy the camaraderie of the dispensary. They build relationships with her just as they might with a bartender or a hairdresser. "It's amazing to see all the changes in life that come through here," she says. "You hear people's joys in life as well as their sorrows. I had a guy in here who still had the bracelet on his wrist from the hospital, who came in and said, 'My baby was just born!' It's amazing."



DOUGAL BROWNLIE, FOR THE WEEKLY STANDARD

In the greenhouses at Los Sueños Farms, marijuana plants are cloned for planting outside when the frosts pass. Los Sueños, the largest outdoor marijuana farm in the country, expects to produce 20 tons of the drug in 2018.

Scromiting at the ER

Brad Roberts won't soon forget a 24-hour stretch in late 2017 at Parkview Medical Center, Pueblo's main hospital. An emergency room physician, he's used to seeing crazy things. But three patients he saw then reinforced in his mind the dangers of Colorado's marijuana laws.

The first patient, a woman in her 30s, came in on a stretcher wearing only a bathrobe. Medics had picked her up at the Loaf 'N Jug, a nearby convenience store, with blood on her face and head. She had severed three of the toes on her left foot and had a gash on her hand. She had been to the Parkview ER before—police had found her throwing furniture off an overpass—and tested positive then only for cannabis. On this visit, she tested positive for both cannabis and meth. She wouldn't reply to Roberts's questions and just kept repeating the Lord's Prayer.

The second patient was a teenager brought in by the police. He had cut himself more than 100 times between his right elbow and wrist and required nearly 50 stitches. He stared blankly ahead, never acknowledging Roberts. His urine tested positive only for cannabis.

The third patient, a man in his late 40s or early 50s, came to the ER and said he had smoked pure cannabis oil. He told Roberts he had an out-of-body experience in which he knew the rapture had taken place. He had met the Antichrist, heard the trumpets of Revelation, and believed it was his job to warn everybody, he said.

"I saw them back to back to back," Roberts recalls. "I said, 'Holy cow! These are horrible cuts, and you severed off your toes, and you aren't even responding to me! You're psychotic!'"

Most people know that marijuana has at least some documented medical benefits—such as reducing eye pressure in glaucoma patients, stimulating the appetites of people suffering from AIDS, combatting seizures, and reducing nerve pain. But far less publicized is that marijuana is increasingly being found to have side effects, too. In 2016, when Pueblo voted on whether to allow dispensaries, 237 local physicians signed a statement of opposition.

One of the most dangerous effects, doctors say, is psychosis. Of course, not everybody who uses weed experiences psychotic episodes. But studies suggest that the risk is especially acute among adolescents, whose brains are still developing. Regular marijuana use while young has been linked to schizophrenia.

In 2017, after reviewing the scientific literature, the American Academy of Pediatrics (AAP) concluded that "teens who use marijuana regularly may develop serious mental health disorders, including addiction, depression, and psychosis." Also upending conventional wisdom, the country's leading organization of pediatricians found that "evidence clearly shows that marijuana is an addictive substance," with 9 percent of those trying the drug developing an addiction. The consequences of marijuana use, the AAP statement

concluded, include “impaired short-term memory and decreased concentration, attention span, and problem-solving skills . . . alterations in motor control, coordination, judgment, reaction time, and tracking ability.” Those effects can contribute to poor and dangerous decisions.

More people under the influence of marijuana are certainly streaming into Colorado’s emergency rooms. An analysis of five years of hospital drug-screening data by a nursing professor at CSU-Pueblo found “unmistakable evidence” of an increase of positive drug tests in ER patients. Similar results were found in a study in Denver of ER visits by adolescents and young adults since 2014.

Marijuana can also be a gateway to other, harder drugs, says Libby Stuyt, a board-certified addiction psychiatrist in Pueblo. In the last few years, she has seen more patients whose primary addiction is to marijuana—though many of them also use meth, cocaine, alcohol, or opiates. With marijuana widely available, she says, it’s harder for clients to complete her 90-day inpatient drug rehab program.

“I have many arguments with patients,” Stuyt says. “I tell them they will have to stay away from everything when they leave here. They say, ‘No, there’s nothing wrong with marijuana. It’s green. It’s natural.’ They really believe there’s nothing wrong with this drug.”

Doctors are also seeing more pregnant women using marijuana, perhaps because they believe it helps with morning sickness and sciatica. The percentage of newborns at Pueblo’s Parkview Hospital testing positive for marijuana has surged since 2014, to nearly 6 percent of all births last year. So has the share of expectant mothers testing positive for marijuana; last year they accounted for nearly 4 percent of Pueblo’s maternity patients. Those increases seem to be aided by the dispensaries, too: A study published last month by the University of Colorado School of Medicine found that nearly 70 percent of 400 Colorado dispensaries surveyed recommended cannabis use for first-trimester morning sickness. The American College of Obstetricians and Gynecologists recommends that all pregnant women, women contemplating pregnancy, and breastfeeding mothers avoid marijuana. Use during pregnancy has been linked to low birth weights and an increased risk of stillbirths, the organization says.


There are other effects, too. On Colorado’s roads, marijuana-related traffic fatalities have doubled since legalization. The American Lung Association warns that smoking marijuana can lead to bronchitis. Other studies have linked it to depression and suicide.

Doctors in Colorado are also reporting a newer affliction, called cannabinoid hyperemesis syndrome; it is known colloquially as “scromiting,” because its symptoms consist of simultaneous screaming and vomiting. The condition is little understood but seems to be most prevalent among long-term marijuana users. Roberts estimates he sees a case of it in Pueblo every week.

Proponents of legalization say there’s no irrefutable proof of marijuana’s negative effects, which they say are merely “anecdotal” and more likely linked to other causes. Federal prohibitions on marijuana have restricted the number of scientific studies gauging its benefits and consequences. And, with some justification, proponents note that any effects in Colorado might seem amplified because the state did a poor job of collecting data prior to legalization—a point that even Colorado’s governor acknowledges.

To Roberts and other doctors in Pueblo, though, a lack of scientific certainty should have led Colorado to adopt a more careful approach. Instead, the state implemented regulations and adjusts them as problems arise.

"We've taken something that probably has some medical benefit, and instead of doing like we've done with any other medicine, we have this free-for-all where now you can have a dispensary on every corner giving medical advice," Roberts says. "We are building the plane while flying it. We're just throwing it out there and figuring out after the fact what's going on."

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DOUGAL BROWNLIE, FOR THE WEEKLY STANDARD

Aubree Adams and pictures of her two sons, now in their teens. She sees legalized marijuana as America's Trojan horse.

A Mother and a Son

Aubree Adams moved to Pueblo 15 years ago. She figured it would be her forever home. Now, she's planning to get out. She's tired of the drug dealers and the drifters. The effects of the pervasive marijuana presence have taken a toll on her historic North Side neighborhood—and on her own family.

On a driving tour of the area around her house, she turns onto 19th Street. She points to a small house that she says grew marijuana and sold it out back: "There were people coming in and out of here all night long. They had to gut the whole thing because the smell was so bad."

Pulling into a nearby alley, she drives past a nicely maintained yard owned by a couple with three young children. Their misfortune is to live across an alleyway from a popular gathering spot for marijuana users: "All the smoke comes into the backyard, and they have to go inside."

Turning onto 23rd Street, she drives by the spot of a 2016 marijuana deal where a 46-year-old Pueblo man was shot on a Friday morning: "He lay dead right here, right in the driveway right there."

Driving around Pueblo with Adams, you hear a range of emotions. Sometimes she's matter-of-fact, pointing out the Sam's Club where the marijuana smell wafts across the street from a legal greenhouse. Sometimes she's angry, blaming marijuana-industry profiteers, irresponsible media, and shortsighted politicians. And sometimes, she sounds frustrated that her message of marijuana's dangers is falling on deaf ears. She has heard legalization called the Trojan horse that's going to implode America, and she agrees.

Adams, 44, acknowledges some people view her as a scold plucked straight out of *Reefer Madness*, the overwrought 1936 film that warned of marijuana's dangers. Pueblo's local theater troupe presented a staged version of the film in April in part to poke fun at activists like her.

She's a regular at public meetings, proselytizing about marijuana's dangers. She cheerfully records interviews with community leaders and drug users for her YouTube channel. Trying to get people to sign an anti-marijuana petition, she says, she's had hecklers blow pot smoke in her face.

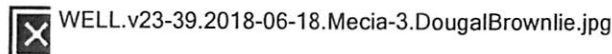
If she sounds like a busybody who is ruining marijuana's good vibes, it's because she has experienced the fear and anguish of marijuana's effects up close.

She and her husband moved to Pueblo with their two young sons in 2005. She took a job as an assistant to a physical therapist. The family's troubles began in 2014, just after Colorado legalized marijuana, when her older son was in eighth grade.

He started getting in fights at school and skipping class. He'd cut himself. Adams later learned he was experimenting with edibles, marijuana-laced food products that were newly legal for adults. He moved on to more potent forms of marijuana—the concentrates known as “dabs.” Adams calls these “crack weed.” He became increasingly irrational, paranoid, inconsolable, and angry.

One morning in February 2015, Adams walked by his room and smelled vomit. She found her son passed out. He had taken 250 ibuprofen tablets in a suicide attempt. It marked the start of a painful period in which he was in and out of hospitals, drug treatment, and counseling. Nothing worked. He started taking meth and heroin. He disappeared for days at a time, and Adams would drive around town looking for him. Passing the Loaf 'N Jug a few blocks from the hospital, she says, her voice cracking: “I came down here one time. He was begging for food and water, right here. He was standing there with homeless people.”

It is a tragic story, one that is familiar to too many American families. Teen drug addiction has been with us for years, long before Colorado legalized weed, and teens struggle with addiction in all the states where marijuana is still banned. Why blame legalization?



"He wouldn't have had access to this high-potency crack weed that we have just completely made accessible all throughout our community," she says. "He wouldn't have been exposed to all this normalization, glorification, commercialization. . . . I know people don't give a crap about my kid. It's all my fault, they say. I'm like, 'You have no idea how our children are being preyed upon and how impressionable they are.' "

The data on teen drug use in Colorado is open to interpretation. A Healthy Kids Colorado survey shows that the number of teens saying they had used marijuana in the last 30 days increased to 21.2 percent in 2015 from 19.7 percent in 2013. Colorado media and state government officials say that's an increase of 1.5 percentage points, which they characterize as "flat" and "not statistically significant." Opponents say it is an increase of nearly 8 percent, which might be understated because the survey did not include three of the largest school districts in the state. Both interpretations are valid. And asking teens to self-report their illegal drug use, even anonymously, might be a poor way to track actual behavior changes. In Pueblo, 30 percent of students said they had used marijuana in the last month, the highest rate in the state.

People who work with teens in Pueblo say drug use seems to be up and attitudes more accepting. A 2017 survey of Colorado school-resource officers found that 86 percent believe legalization led to increases in marijuana-related incidents, as did 68 percent of school counselors in a 2015 survey.

"They see it like, 'If my parents do it and it's legal, why can't I?' " says police officer Heather Smith, who worked as a resource officer at a Pueblo middle school from 2014 to 2017. "It's viewed as acceptable now. They feel like there is not harm that could happen to their brain and brain development. . . . It's hard to tell a kid it's bad for them when they see their parents doing it." Most students whom she busted for marijuana at her school had joints or pipes they had taken from their parents, she says. The youngest she caught with the drug was in fourth grade.

Pueblo police discontinued D.A.R.E., the drug education program, in city schools in 2012 to be able to put more officers on the streets. Today, there is little attempt to teach kids about the dangers of drugs, police say. A school spokesman said he had no information about any anti-drug education in Pueblo.

Adams plans to keep talking about marijuana to anyone who will listen. She has traveled to Maryland, Georgia, and Vermont at the invitation of activists working to defeat legalization in their states. “People are like, ‘Oh, you need to keep out of my business.’ I’m not here to tell you what to do, but your personal use is affecting us all,” she says. “Yeah, there will be some kids who experiment and get through it. But what about those who don’t? Those are the ones I stand up for.”



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DOUGAL BROWNLIE, FOR THE WEEKLY STANDARD

Aubree Adams and pictures of her two sons, now in their teens. She sees legalized marijuana as America's Trojan horse.

The Marijuana Agri-Boom

Walking through a greenhouse filled with dozens of six-foot-tall marijuana plants, Jarrod Mason says he has always enjoyed trying new things. That’s how he wound up here, at Los Sueños Farms, 15 minutes east of Pueblo. Running the farm, believed to be the nation’s largest legal outdoor marijuana-growing operation, is a daunting task: There’s no instruction manual on how to cultivate marijuana on this scale. The site is licensed for 36,000 plants on nearly 40 acres.

“Every day is a learning experience, trying to figure out how you can grow cannabis in a field this size,” Mason, 27, says. The farm has 50 workers, with 25 to 40 more added seasonally. It doesn’t test them for drugs, but has a strict policy banning drug use at work.

Los Sueños (Spanish for *dreams*) resembles most any farming operation you might see, with acres of loose dirt, John Deere tractors, and agribusiness magazines in the office lobby—except for the barbed wire. Los Sueños is surrounded by a barbed-wire fence that encircles a taller chain-link fence. It also has some 300 surveillance cameras.

Mason’s connection to marijuana has a personal element. His older brother was a heroin addict. Mason started taking neuroscience courses at CSU-Pueblo to understand addiction. He worked with the professors who were launching CSU-Pueblo’s Institute for Cannabis Studies. After graduating in 2016, Mason landed a job here and rose quickly through the ranks. Today, he is Los Sueños’s director of sales and business development. He’s wearing a blue blazer at work.

Because the last frost hasn't passed, the plants are inside a series of greenhouses kept between 69 and 80 degrees. This greenhouse is known as the "mother bay," where the farm grows the original marijuana plants and then clones them for planting outside when the weather turns warmer.

In the far corner of the mother bay are five workers, dressed in T-shirts, caps, and sunglasses. They are talking and laughing as they clip branches of a mother plant, dip the end of each stem in a hormone compound, and place it in soil in a tray. The farm plans to grow 35 strains of marijuana this season, and the one this group is working on is known as Queen Mother Goji. Los Sueños is working deliberately to increase plant yields and make the crop more durable. It recently hired a Ph.D. in molecular biochemistry.

Before the plants can be harvested in September, though, the farm will have to overcome the pests. Two years ago, it brought in more than a million ladybugs to eat aphids and mites. Then it added 8,000 praying mantises as reinforcements. Last year, the farm deployed 100 chickens to combat grasshoppers—"public enemy number one," Mason says—who like to munch on cannabis leaves. But only about 20 of the chickens survived the season. Hawks grabbed the rest. "It's nature at work," he says. This year, Los Sueños is contemplating doubling the number of chickens.

Even if the pests are held at bay, Mason says the marijuana business remains a hassle because of burdensome state regulation. Colorado requires growers to meticulously track each plant and keep detailed records subject to inspection. They must have security cameras rolling 24 hours a day and store the video footage for 45 days. The list goes on and on, with every regulation adding to costs and cutting into profits.

Lauren Davis, a Denver lawyer who specializes in business formation and legal compliance for the cannabis industry, says companies must follow 222 pages of state regulations on top of any local ordinances. She says some, like the security procedures, make sense, but others, like the packaging and labeling rules, are excessive. "The regulations are pretty overwhelming," she says. And there's no way Colorado bureaucrats can keep up with the paperwork they're requiring cannabis companies to generate. "Even the question of who's an owner and what it means to be an owner would make your head spin," Davis says.

The marijuana business is further complicated by legal uncertainty. Under federal law, growing and selling marijuana are felonies. The federal government does not generally prosecute cases in which state law permits those activities. But the law grows murkier when it involves federal regulatory agencies and courts. On the one hand, the Federal Trade Commission and the Food and Drug Administration are not policing the advertisements and medical claims made by Colorado's marijuana businesses. On the other, companies can't trademark their cannabis products, file for bankruptcy protection, or use most banks because of federal prohibitions. Federal tax rules also prohibit marijuana companies from claiming many business deductions, which drives up their taxes.

One local couple, Phillis and Michael Reilly, even sued a Pueblo marijuana farm under federal racketeering laws, which permit private lawsuits against criminal enterprises. According to the suit, the couple owns 105 acres of rolling pastures with a view of Pike's Peak and uses the land for riding horses and hiking. But a marijuana company called Rocky Mountain Organics, which operates two dispensaries west of Denver, started building a marijuana farm to grow 600 plants on an adjacent lot. "Marijuana plants are highly odorous, and their offensive smell travels long distances," the complaint says. The suit is making its way through the federal courts.

"The cost of doing business is too unpredictable to make money," says Bob DeGabrielle, Los Sueños's managing partner. "I've never been in an industry where the rules change every two-and-a-half days."



Dougal Brownlie

Marijuana wax can have THC concentrations of over 80 percent.

Los Sueños is one of 190 licensed marijuana cultivation facilities in Pueblo County, about a quarter of the state's total. The area is popular among growers because land is cheap, the weather is favorable, and it is one of the few counties in Colorado that allows outdoor commercial marijuana cultivation. Local leaders have embraced the industry, citing its economic benefits. Driving around Pueblo County, marijuana-growing operations are easy to spot. Just look for a greenhouse or metal building in the middle of an open field surrounded by a tall barbed-wire fence.

An economic-impact study by CSU-Pueblo found that the cannabis industry boosted the local economy by \$36 million in 2016—a figure expected to double this year. The benefits have trickled down, especially to construction businesses. Statewide, the marijuana industry remains small but fast-growing. It employs an estimated 18,000 people, or less than 1 percent of the Colorado's total employment, according to the Federal Reserve Bank of Kansas City. It is also creating niche jobs in fields including law, accounting, consulting, media, and advertising, to say nothing of the people in associated fields who create custom glass pipes, design marijuana jewelry, and run shops selling T-shirts with puns ("Rocky Mountain High" and the "Mile High Club" are popular).

State and local governments share in the tax revenues, which are used for a variety of purposes. In 2018, Pueblo County plans to spend \$6 million of marijuana tax money on 20 community projects, including college scholarships, road work, and replacing the golf carts at a public course west of town.

Los Sueños is profitable, says DeGabrielle, 69. But he didn't get into the business just to make money. He was a retired real-estate developer enjoying the good life in North Carolina. He had houses in Florida, Virginia, and the Outer Banks, and he'd go fishing in Costa Rica with buddies every few weeks. After a couple of friends were diagnosed with cancer and told him marijuana helped with their symptoms, he started researching the drug and how it interacts with the human body. His "whole attitude changed," and he moved to Colorado as

legalization was taking off. He built a dispensary in Vail, but then saw the chance to grow marijuana in Pueblo. Los Sueños opened in 2015. Its first harvest yielded 7 tons of marijuana. This year, the farm is hoping for 20 tons.

DeGabrielle believes Pueblo County has a shot to become to marijuana what Napa Valley is to wine and Silicon Valley is to technology. While the arguments of marijuana opponents are “based in fear,” DeGabrielle says Los Sueños offers hope. With his Southern drawl, he can sound like an evangelist for marijuana’s therapeutic benefits: He says it can help with cancer, post-traumatic stress disorder, Parkinson’s disease, Crohn’s disease, Tourette syndrome, and many other ailments. A review of medical research last year by the National Academies of Sciences, Engineering, and Medicine found that cannabis can be modestly beneficial in treating chronic pain and seizures and helping reduce nausea and vomiting associated with chemotherapy but concluded more research is needed on other health effects.



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DOUGAL BROWNLIE, FOR THE WEEKLY STANDARD

Some of the new arrivals for Pueblo’s ‘Pot Rush’ have ended up homeless in shantytowns.

The Pot Rush

Anne Stattelman has seen the scene play out time and again in recent years: People from other states in loaded-up cars, sometimes with mattresses on top, arriving in Pueblo looking for a new life. They’ll stay at a campground or a by-the-week motel while looking for housing and a job. When they don’t find either one and burn through their meager savings, they wind up in her office seeking help.

“You remember the Gold Rush? We call it the Pot Rush,” says Stattelman, the director of Posada, a nonprofit that provides housing assistance to Pueblo’s homeless. “Not only do people think they’ll be able to smoke marijuana, but people think they can get jobs working in the marijuana fields.”

Those green dreams rarely materialize. Rents are rising as people move to town, and a lot of the new arrivals are unable to pass employer background checks or drug tests. Many wind up in shantytowns filled with tents, tires, and garbage along Fountain Creek, a tributary of the Arkansas River that cuts through the middle of town.

In 2013, Posada helped about 2,400 homeless people with housing and other services. In 2016, the number more than tripled, to 7,800. Other Pueblo nonprofits, like the city's soup kitchen, have experienced similar surges. Last year, Posada changed its approach. It placed a notice on its website discouraging people of limited means from moving to town and adopted a philosophy of helping Pueblo residents first, ahead of newcomers. Posada still steers the most desperate toward help, but it won't assist out-of-towners in applying for government benefits. Because of that approach, in 2017, the number of those receiving services fell back to pre-legalization numbers.



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DOUGAL BROWNLIE, FOR THE WEEKLY STANDARD

Stattelman doesn't know precisely how many come here because of marijuana, but she estimates from interviews that it's about one-third. "Can you smell that?" she asks, as homeless people start filing into Posada's downtown case-management center. "I have a nose for it."

The new crop of homeless is rougher than Statteman and her case manager, LaTanya Yarbrough, are used to. Statteman founded Posada 31 years ago. Yarbrough has been there for 20.

"These new people, they'll fight you," Yarbrough says. Posada employees have been harassed, shoved, hit, and kicked. Yarbrough, who is black, has been called racist. She reminisces about some of the more bizarre encounters they've had in recent years.

"What about the girl who came in with no pants on?" Yarbrough asks.

"Hmm. Memories," Statteman replies. She is retiring at the end of June.

Everybody in town acknowledges that the number of homeless has increased. But there is fierce debate, playing out on the letters page of the local newspaper, about whether marijuana is the lure. Skeptics say cities outside Colorado are seeing more homeless, too. The state has also expanded Medicaid benefits, unlike its neighbors to the east. But people who work with the homeless say the connection is clear. "We are observing from talking to people that many people who are homeless came here so that they could get marijuana legally," Pueblo's police chief told the local paper. A CSU-Pueblo study, based on interviews with 20 local police officers, found that most believed "the pull of legal marijuana has brought in a new population to the state who then commit property crimes to get money to buy drugs."

Any link between legalized marijuana and crime is harder to establish. The subject has barely been studied in Colorado or anywhere else. But in Pueblo, violent crime is up about 20 percent since 2013. Property crime overall is about the same as it was before marijuana legalization, though vehicle thefts have more than doubled. Throughout Colorado, the crime rate has also risen since 2013, even as crime has fallen nationally. State officials are reluctant to link that increase to legalized marijuana and say more study is needed.

One of the goals of marijuana legalization is to eliminate the black market for weed by regulating it and bringing it under government control. In Pueblo, police say that has not happened. People are moving to the area, growing marijuana, and either shipping it out of state or selling it on the street locally for less than the price at dispensaries. In the murder a few blocks from Adams's house, police arrested three men from Oklahoma City who they say had come to Pueblo to buy marijuana. Their purchase turned into a robbery, and Pueblo native Brad Fowler was shot and killed. The three suspects are awaiting trial.

Pueblo police last year investigated 95 code-enforcement cases involving marijuana violations. About 80 percent of those involved people who were growing marijuana outdoors for personal use, in violation of city codes that require personal grows to be indoors. But there were also some examples of outsiders converting existing structures into illegal grow houses. In one case described by police, a group of Cubans paid cash for a house in south Pueblo. They stripped out the inside, redirected air ducts, and installed a new electrical box without a permit. They then put in \$10,000 worth of fans, lamps, and heavy-duty electronics. The house racked up \$4,600 a month in electrical bills.

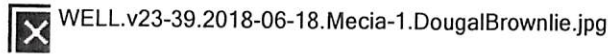
In a separate incident in late April, the county sheriff raided a house west of town and found 72 marijuana plants. Deputies charged two people "with ties to Cuba" with felonies and confiscated all but 12 of the plants—the number allowed for personal use under Colorado law. "Before legalization, we didn't have Cubans coming to grow marijuana in Pueblo," notes Sgt. Daniel Anderson, who oversees the police department's narcotics division.

Anderson says that with so much marijuana being grown around town, illegal marijuana sales are thriving. An ounce of marijuana at a dispensary costs around \$120, he says. He asks a narcotics officer in a nearby cubicle how much marijuana is going for on the street, and within 30 seconds, the officer has printed out three ads from Craigslist Pueblo's "health and beauty" section. They indicate buds are selling for about one-third the price they go for at dispensaries.

"If I want my high, why would I spend \$120 if I could get it for \$40?" Anderson says.

Asked what he would say to communities considering legalizing marijuana, Anderson says: "Tell people to stop legalizing it. It will do more damage than you can understand."

Anne Stattelmann's advice is simpler: "Don't. It's changed our city. It's changed everything about our community."



4/20 and Beyond

The push to legalize marijuana rolls on. It is no longer just a libertarian pipe dream. Politicians from both major parties are increasingly declaring themselves open to legalization as polls indicate a public shift. Gallup last year found that 64 percent of Americans, including a majority of Republicans, back legalizing recreational use of the drug. Senator Cory Gardner (R-Colo.) says he's working with Senator Elizabeth Warren (D-Mass.) to craft a "states' rights" bill that would offer protections to marijuana companies in states that opt to allow those businesses. Democratic senators calling for more lenient marijuana laws include Chuck Schumer, Kamala Harris, Kirsten Gillibrand, Cory Booker, and Bernie Sanders. Former Republican speaker of the House John Boehner joined the board of a cannabis company in April.

Michigan will have a referendum in November that could make it the first Midwestern state to legalize. Connecticut lawmakers are considering a bill that would move their state toward legalization. Recreational sales in Vermont are scheduled to start in July.

Marijuana advocates are anticipating national victory, but in Colorado, they're already celebrating. No more so than on 4/20 itself. The term "420" is said to have originated in the 1970s from a group of California high school students who would meet after school at a designated time—4:20 p.m.—to smoke pot. The term became synonymous with marijuana and, decades later, led to annual extravaganzas in U.S. cities on April 20.

On that day in Colorado, Pueblo's dispensaries are all offering 4/20 sales events, and nearby Colorado Springs has a festival. But the real party is in Denver. Celebrations are being held throughout the week and include a cannabis film festival, panel discussions, parties, and concerts headlined by rappers Snoop Dogg and Lil Wayne.

It is a festive (if smoky) atmosphere that morning aboard a packed bus on the \$49 "Complete Cannabis Tour." As reggae music blares and the bus hits the road toward a local growing company, most of the 20 passengers pull out joints or pipes. Smoking is encouraged on a bus billed as "420-friendly transportation."

The group are largely in their 20s and 30s, but from all around the country: New York, New Jersey, Texas, Florida. Some offer puffs to those around them and compare notes on marijuana. The tour guide encourages drinking lots of water to "stay level": "We want you to enjoy your day and smoke up, definitely," he says.

At the tour of an indoor-grow operation, participants learn about marijuana cultivation and snap photos of the plants and their distinctive leaves. They take turns posing for selfies with a one-pound bag of buds, valued at more than \$1,200. They buy goodies at the on-site dispensary and re-board the bus to enjoy their new purchases. One participant has tickets to Snoop Dogg that night. Others are headed to the big Mile High 420 Festival at Civic Center Park. Most are happily smoking as the bus heads back to the city center.

Then there's Aubree Adams back in Pueblo. Her son, now 18, has been in Houston at an intensive outpatient drug-treatment program since 2016. He's been sober for 22 months. She says he seems mature, aware of his mistakes. He has a peer-support network there. "I have my son back," she says joyfully.

There's no way she'll bring him back to Colorado, she says. There are too many temptations, too many painful memories. The family is planning to move to Houston this summer.

Adams says she's heard that pro-legalization forces are active in Texas. She will keep fighting—fighting for her son, her family, her country. She plans to keep spreading the message: "Legalization means promotion. It means more future users. That's the most uncool thing ever."



TONY MECIA is a senior writer at *The Weekly Standard*.

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