Testimony in **Opposition** to SB-0708, March 2021

Submission by:

Kenneth Finn, MD Springs Rehabilitation, PC 6005 Delmonico Drive, Suite 130 Colorado Springs, CO 80919 719-634-7246 kfinn@springsrehab.net

Editor: Cannabis in Medicine: An Evidence-Based Approach

https://www.amazon.com/Cannabis-Medicine-Evidence-Based-Kenneth-Finn/dp/3030459675

Board Certified, Physical Medicine and Rehabilitation Board Certified, Pain Medicine Board Certified, Pain Management

President, American Board of Pain Medicine (2021)
Member, American Board of Pain Medicine, Exam Council (2001-present)
Member, Colorado Governor's Task Force on Amendment 64, Consumer Safety and Social Issues Work Group
Member, Colorado Medical Marijuana Scientific Advisory Council

Expansion of marijuana programs has failed every single public health and safety metric

1. Expanded marijuana programs will not improve the state or national drug crisis.

2020 was yet another year with over 81,000 people nationally dying from drug overdoses

Colorado has had medical marijuana for 20 years, 90% of medical marijuana recommendations are for pain, and 2020 was a record number of drug overdoses, including prescription opioids

Maryland overdoses are not improving over time (see attached graphic)

https://health.maryland.gov/vsa/Documents/Overdose/2020 Q1 Drug Intox Report.pdf)

Since legalization in Colorado (2014) drug overdoses have skyrocketed

Prescription opioid deaths: increased 90% Fentanyl deaths: increased 690% Methamphetamine deaths: increased 280% Cocaine deaths: increased 160% Heroin deaths: increased 15%

2. Marijuana is the most prevalent substance found in completed teen suicide in Colorado

https://cohealthviz.dphe.state.co.us/t/HSEBPublic/views/CoVDRS 12 1 17/ Story1?:embed=y&:showAppBanner=false&:showShareOptions=true&:displa y_count=no&:showVizHome=no#4

3. Marijuana-related driving fatalities have been increasing, far faster than population growth, since legalization

https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2767647

4. The black market in Colorado has worsened since legalization

https://www.pbs.org/newshour/show/how-colorados-marijuanalegalization-strengthened-the-drugs-black-market

5. Marijuana is not profitable, just like alcohol, tobacco, and opioids. For every dollar generated, it costs \$4.50 to regulate

https://centennial.ccu.edu/policy-briefs/marijuana-costs/

6. Currently "regulated" markets are failing

https://sos.oregon.gov/audits/Documents/2019-04.pdf

7. Increased health care utilization and health care costs

https://www.researchgate.net/publication/
314140400 The Hidden Costs of Marijuana Use in Colorado One Eme
rgency Department%27s Experience

8. Increased homelessness, increased crime, decreased property values

9. Negative environmental impacts



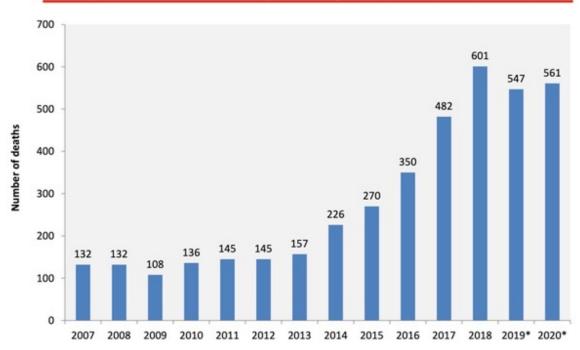
There are more harms but not enough time to discuss Need to evaluate profit and loss before putting to the public consideration

Circumstances Toxcicology Entire state: Selected population: **Entire state:** Selected population: 1+ circumstances known 12,254 1+ circumstances known 12,254 Toxicology info available 10.781 Toxicology info available 10.781 No circumstances known No circumstances known No toxicology info available 2,206 No toxicology info available 2,206 Current depressed mood Current diagonsed mental health problem 42.3% Marijuana present 19.1% Crisis two weeks prior to death 40.1% Ever treated for mental health problem 39.5% Alcohol Present 12.9% Opiates present Recently disclosed suicidal intent 34.8% Antidepressant present Contributing intimate partner problem 31.6% Amphetamine present Family relationship problem 32.3% School problem 31.3% Benzodiazepines present 3.3% Current mental health treatment 29.0% Cocaine present Previous suicide attempt 27.2% Anticonvulsant present 1.1% Argument precedded death 26.6% Antipsychotic present 0.8% History of suicidal thoughts or plans Carbon monoxide present 0.7% Problem with a substance other than alcohol 17.4% Contributing criminal legal problem 15.0% Muscle relaxant present | * Problem with alcohol 11.1% Barbiturate present Non-suicide death of a friend or family member 9.2% Contributing physical health problem 8.6% Suicide death of friend or family 8.2% Contributing job problem

Trend began 2012 and has remained #1 since then

There is currently no data on improved public health metrics related to expanded marijuana programs

Figure 2. Number of <u>Opioid-Related</u> Deaths Occurring in Maryland from January through March of Each Year.*



*2019, 2020 counts are preliminary.

3

