

ADULT-USE MARIJUANA REGULATION AND AMENDMENT 64 IMPLEMENTATION
For the Health District of Northern Larimer County Board of Directors
Brief Overview

ISSUE: Adult use marijuana regulations and the implementation of Amendment 64, legalizing the use, possession, and sale of marijuana for recreational purposes

DATE OF SUMMARY: July 15, 2013

PREPARED BY: Bruce Cooper, MD, Medical Director
Dan Sapienza, Policy Coordinator

ISSUE SUMMARY – In November 2012, the voters of Colorado passed Amendment 64, legalizing the possession and use of marijuana for recreational purposes and allowing the development of a commercial market for the cultivation and sale of marijuana and marijuana products.

During the 2013 Legislative session, several bills passed and became law creating the regulatory structure for this wholly new commercial sector – “adult-use marijuana.” Many of the details of the operation of adult-use marijuana business were left open for the state government to develop rules and regulations to enforce. Decisions related to the implementation will be made by the Marijuana Enforcement Division of the Department of Revenue, the Division of Criminal Justice, the Department of Public Health and Environment, the Governor’s office (or designee), and by local jurisdictions.

RECREATIONAL MARIJUANA PROBABLE HEALTH EFFECTS AND CONSIDERATIONS

The health effects of recreational marijuana use are the subject of a growing body of scientific research, which has limitations due in part to the difficulty in studying an, until now, illicit substance. The use of cannabis has impacts on the health of the user directly and on the health of others, which should be well understood when determining how to regulate a new legal market.

Much is known about the acute effects of cannabis exposure:^{1,2}

- Driving after cannabis use increases the risk of motor vehicle crashes.³ Lab data show dose-related impairment in reaction time, information processing, perceptual-motor coordination, motor performance, attention, and tracking behavior, which can lead to increased risk of motor vehicle collisions. Driving studies show reduced driving performance in simulated emergency situations and epidemiological studies show increased risk for crashes. The effect is modest in comparison with alcohol’s effects, but a combination of alcohol and cannabis use increases the risk over either alone.
- Acute effects of marijuana use interfere with education/learning as well as work performance.
- Drug-induced psychotic symptoms can occur at high doses in some users.
- Cannabis and THC cause dose-dependent increases in heart rate which may precipitate heart attacks in adults with cardiovascular disease.

¹ Hall W, Degenhardt, L. Adverse health effects of non-medical cannabis use. *Lancet* (2009); 374:1383-91.

² National Institute of Drug Abuse. Research Report Series: Marijuana Abuse. NIH Publication Number 12-38-59, July 2012.

³ Ramaekers JG, et al. Dose related risk of motor vehicle crashes after cannabis use. *Drug Alcohol Depend* 2004;73:109-19.

- Children may require hospitalization after accidental poisoning, especially with high potency products.⁴

Knowledge about the long-term health effects of cannabis use is limited because the evidence is from observational studies where biases and confounding remain plausible explanations for apparent effects. Accepting these limitations, the most probable adverse effects of chronic cannabis use include:⁵

- Drug dependence: chronic use of marijuana clearly leads to a dependence syndrome in some users. An estimated 9% of users develop dependence⁶, rising to 17% for those starting in adolescence and 25-50% for heavy users⁷.
- Psychotic disorders appear to be increased in heavy users, particularly if they initiate use in adolescence and/or have a personal or family history of psychosis. Whether chronic cannabis use actually causes severe and prolonged psychotic states such as schizophrenia has not been resolved. Longitudinal cohort studies provide consistent evidence of increased risk⁸, but studies comparing the prevalence of cannabis use with schizophrenia incidence over time have not supported a causal link. Expert opinion appears to have converged on the conclusion that the evidence is strong enough to support a public health message that cannabis may cause psychotic disorders and that cannabis dependence should be prevented.⁹
- Chronic respiratory disease (from smoking)
 - Respiratory system immunological competence is impaired in chronic marijuana smokers which results in more frequent respiratory infections. Symptoms of chronic bronchitis have also been associated with chronic cannabis smoking.¹⁰
 - Inhaled marijuana smoke contains many of the same mutagens and carcinogens as tobacco smoke, some in higher concentrations, which may increase the risk of lung, throat and other cancers. Epidemiological studies provide some support for chronic cannabis use increasing the risk of lung cancer, but more research is needed to quantify the risk.¹¹

Other potential adverse health effects include:

- An emerging body of research is investigating a potential adverse impact of regular cannabis use on long-term learning and memory. In chronic users, marijuana's negative impact on attention, memory and learning persists for days or weeks after the acute effects of the drug wear off. In adolescent users, research from several lines of evidence are pointing to the possibility that regular cannabis use may have a long-lasting negative impact on brain structure and cognitive function. The size of the impairment, and whether, to what degree and when cognitive function recovers after cessation is unclear.¹²
- Increase in non-psychotic mental disorders. Compared to psychotic disorders, researchers have found less consistent associations between marijuana use and other mental health problems, such as

⁴ Wang SW. Pediatric Marijuana Exposures in a Medical Marijuana State. JAMA Pediatr On-line, May 27, 2013 at www.jamapeds.com.

⁵ Hall & Degenhardt, 2007, pp 1386-1389.

⁶ Anthony JC. The epidemiology of cannabis dependence. In: Rothman RA, Stephens RS, eds. Cannabis Dependence: Its Nature, Consequences and treatment. Cambridge, UK: Cambridge University Press, 2006:58-105.

⁷ NIDA 2012, p 7.

⁸ Moore TH, et al. Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review. *OLancet* 2007; 370:319-328.

⁹ Gage SH, Zammit S, Hickman M. Stronger evidence is needed before accepting that cannabis plays an important role in the aetiology of schizophrenia in the population. *F1000Reports* 2013, 5:2. Also, Moore TH 2007, p 328.

¹⁰ Hall & Degenhardt (2007), p 1386.

¹¹ Hall & Degenhardt (2007), p 1387.

¹² Meier MH, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *PNAS Plus*; published on-line Aug 27, 2012 at www.pnas.org/cgi/doi/10.1073/pnas.1206820109.

depression, anxiety, suicidal thoughts among adolescents, and personality disturbances, including a lack of motivation to engage in typically rewarding activities.¹³

The changing potency of marijuana may also impact health, though it is difficult to say how much. In recent years, the average THC content of marijuana has increased dramatically; in a 2010 analysis of marijuana seized by law enforcement in the United States, between 1998 and 2008 the average THC potency (as a percent of weight) increased by 103%.¹⁴ The potential adverse health effects that the observed increased potency of marijuana and marijuana products may lead to are largely conjectural. Exposure to more potent cannabis products may lead to increased physiological responses, anxiety, depression, and psychotic symptoms in new users, which may discourage continued use. For regular users, increased potency may increase the risk of dependency. For those who use a product with a THC content higher than they were expecting, there could be impacts on driving or safe work practices.

There can also be unintended impacts for children and youth. After the growth of the legal medical marijuana industry in Colorado, a study found an increased number of emergency room visits for children who had consumed dangerous levels of THC.¹⁵ The potential high potency of manufactured edible products pose a particular danger to children, with some manufactured edible products containing as many as ten many times the usual dose for an average adult in a small bite-sized candy or cookie.

In spite of the probable adverse health effects, at the current levels and patterns of use, cannabis probably has less public health impact than alcohol, tobacco or other illicit drugs such as heroin and amphetamines¹⁶, and with the exception of motor vehicle accidents, the adverse impacts are concentrated on those who are chronic users. The US results of the 2010 update of the Global Burden of Disease study published in July 2013 put some numbers to the relative impacts of these substances. The researchers estimated that the proportion of total disease burden among the US population from illicit drug use in 2010 was 3%, compared to 5% for alcohol and 12% for tobacco.¹⁷ Although the percent of drug use burden from cannabis alone was not reported, a study of disease burden in Australia where use patterns have been similar to the US estimated that cannabis use accounted for only about 10% of the total illicit drug use disease burden¹⁸, suggesting that tobacco and alcohol are more than an order of magnitude more detrimental to public health at current use levels.

The relative health effects of marijuana compared to other substances such as alcohol and drugs are primarily relevant to the question of public health impact if changes in cannabis policies lead to changes in consumption patterns of these other substances. For example, if the use of marijuana were to increase but the use of alcohol and/or tobacco decrease, the lower health impact of marijuana might result in an overall lower burden to the health of the community.

Economic theory holds that when the cost (monetary and other costs) of consuming a product such as marijuana decreases, people will consume less of its substitutes and more of its complements. The few studies we found that have explored the question of whether alcohol and marijuana are substitutes or complements

¹³ NIDA (2012), p 7.

¹⁴ Mehmedic S, et al. Potency Trends of D9-THC and Other Cannabinoids in Confiscated Cannabis Preparations from 1993 to 2008. *Journal of Forensic Sciences*. Sep. 2010. Accessed 15 July, 2013. Available at: <http://home.olemiss.edu/~suman/potancy%20paper%202010.pdf>

¹⁵ Time, More Kids Accidentally Ingesting Marijuana Following New Drug Policies. <http://healthland.time.com/2013/05/28/more-kids-accidentally-ingesting-marijuana-following-new-drug-policies/>

¹⁶ Hall W. (2009); p 461.

¹⁷ Murray, CJL et al. The State of US Health, 1990-2010: Burden of Diseases, Injuries, and Risk Factors. *JAMA*. July 13, 2013; on-line publication at <http://jama.com>.

¹⁸ Begg S, et al. The burden of disease and injury in Australia 2003. Canberra: Australian Institute of Health and Welfare, 2007.

of each other have been inconsistent. The rising use of blunts—hollowed out cigars filled with marijuana—raises the possibility that tobacco and marijuana may be complements. Unfortunately, little is known about what effect cannabis legalization will have on alcohol or tobacco use.

It is anticipated that the legalization of marijuana and the creation of a legal trade in marijuana products (retail stores) will increase the use of marijuana. The amount of the increase will be influenced by a number of factors, including perceived risk (health related and legal), price changes, and availability. As there is currently no compelling evidence that increased use of marijuana will decrease use of other legal harmful substances (tobacco and alcohol), an increase in marijuana use would be expected to have a net impact of a lower level of community health.

Proponents of marijuana legalization have stated that there may be some mitigating factors for health with the shift from an underground market to a legal, regulated one. The regulation of production and sales may limit adulterated products, improve sanitation in production and sales, reduce crime in the new legal market, and reduce the possibility of marijuana as a gateway to more hazardous substances through an illegal dealer. In making policy decisions, such mitigating factors should be weighed against the health impacts of increased marijuana use and availability.

HEALTH POLICY CONSIDERATIONS IN A REGULATORY ENVIRONMENT ALLOWING RECREATIONAL MARIJUANA SALES

In creating a responsible regulatory regime for marijuana sales, there are a variety of regulatory and policy levers that could be applied by local jurisdictions, ranging from an all-out ban on marijuana business to restrictions on production, processing, and retail sales. Though evidence is lacking regarding the effectiveness of regulatory measures applied to the marijuana industry, there is evidence around the regulation of other legal recreational drugs — tobacco and alcohol — and one would expect there to be some applicability to marijuana sales regulations.

The following regulatory approaches have been successfully used to reduce the public health impacts of tobacco and or alcohol and might be utilized to reduce potential health impacts of marijuana use.

1. Influencing the perceptions of risk: health related, safety related, and legal

- a. **Restrictions to reduce the promotion** or more generally, “social norming,” of use through restrictions on advertising, signage at businesses, and potentially business locations.
 - i. There is good evidence that tobacco control policies are associated with reductions in smoking prevalence in both adolescents and adults¹⁹ and that one mechanism is the impact policies have on perceived social norms.²⁰
 - ii. Regulation of advertising and marketing by tobacco and alcohol companies are generally encouraged to reduce the effect of ads, specifically on youth.²¹ There are studies indicating that advertising is highly effective in encouraging use, although a recent review disputed this oft-cited connection.²²

¹⁹ Siegel M. The effectiveness of state-level tobacco control interventions: a review of program implementation and behavioral outcomes. *Annual Rev Public Health* 2002;23:45-71.

²⁰ Hamilton WL, Biener L, Brennan RT. Do local tobacco regulations influence perceived smoking norms? Evidence from adults and youth surveys in Massachusetts. *Health Education Research* 2007;23(4):709-722.

²¹ Encouraged by the U.S. Surgeon General, CDC, etc.

²² Nelson J. What is Learned from Longitudinal Studies of Advertising and Youth Drinking and Smoking? A Critical Assessment. *Int J Environ Res Public Health*. 2010 March; 7(3): 870-926. Accessed 15 July, 2013. Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872298/>

- iii. Reducing alcohol outlet density through zoning or licensure is recommended by The Guide to Community Preventive Services — the Community Guide — as an effective strategy to prevent excessive alcohol consumption.²³
- b. **Consumer protections**, such as regulating the packaging and labeling of products to ensure appropriate warnings are communicated to consumers, potency labeling, controlling adulterants, and restricting additives.
 - i. The U.S. Surgeon General and public health entities in other nations have for many years required warning labels on packages of cigarettes and other tobacco products. There is some evidence that warning labels are related to increased knowledge about health risks of smoking by smokers.²⁴
 - ii. Research indicates that in recent years marijuana, on average, contains a higher percentage of THC that in previous years (see above). Additionally, different strains of marijuana can vary greatly in potency. Manufactured cannabis products range from nearly 100% THC concentration oils to infused edible products with a great range of chemical properties. Potency testing and labeling can aid consumers in understanding the product’s potential strength and impact.
- c. **Educational programs** on probable health impacts, targeted to parents, youth, workplaces, schools, physicians, mental health and addictions professionals, adults, and those diagnosed with cardiovascular disease.
- d. Prohibitions on use or being under the influence at school, work, and anywhere where impaired motor skills could cause a danger.
- e. **Strict enforcement of laws prohibiting driving under the influence.**

2. Increasing prices

- a. **Excise and sales taxes** – Even users of products that result in high rates of dependence have been found to be price sensitive. Increases in alcohol and tobacco prices through taxation have been found to be effective in reducing use.
 - i. The Community Guide recommends policies to increase the unit price of both alcohol and tobacco products.²⁵ In recommending increased tobacco pricing, the Guide indicates that the public health effect is proportionally related to the amount of the increase. Increases in alcohol pricing were also related to reduced motor vehicle crashes and fewer alcohol-impaired driving incidents.

3. Reducing availability

- a. **Limitations on allowed sales locations**
- b. **Limitations on retail sales days and hours of operations**
 - i. The Community Guide recommends limits on alcohol days of sale on a basis of strong evidence²⁶ and also found sufficient evidence for limits on hours of operation to prevent excessive alcohol consumption.²⁷
- c. **Limitations on numbers of businesses and business density**

²³ The Community Guide. Preventing Excessive Alcohol Consumption: Regulation of Alcohol Outlet Density. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/alcohol/outletdensity.html>

²⁴ Hammond D, et al. Effectiveness of cigarette warning labels in informing smokers about the risks of smoking: findings from the International Tobacco Control (ITC) Four Country Survey. Tobacco Control. 2006. Accessed 15 July, 2013. Available at: http://tobaccocontrol.bmj.com/content/15/suppl_3/iii19.full.html

²⁵ The Community Guide. Reducing Tobacco Use and Secondhand Smoke Exposure: Increasing the Unit Price of Tobacco Products. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/tobacco/increasingunitprice.html>
The Community Guide. Preventing Excessive Alcohol Consumption: Increasing Alcohol Taxes. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/alcohol/increasingtaxes.html>

²⁶ The Community Guide. Preventing Excessive Alcohol Consumption: Maintaining Limits on Days of Sale. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/alcohol/limitingsale.html>

²⁷ The Community Guide. Preventing Excessive Alcohol Consumption: Maintaining Limits on Hours of Sale. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/alcohol/limitinghourssale.html>

- i. Reducing alcohol outlet density through zoning or licensure is recommended by the Community Guide as an effective strategy to prevent excessive alcohol consumption.²⁸

4. Reducing availability to children

- a. **Controls to protect children and youth** (child-proof packaging, restrictions on products attractive to children).
 - i. As noted above, in the time since medical marijuana products have become more common in Colorado; there have been an increased number of reports of accidental ingestion by children resulting in hospital treatment.
 - ii. Emergency Rules to implement Amendment 64 by the Marijuana Enforcement Division of the Department of Revenue requires marijuana be placed in a child-proof container or “exit package.” Marijuana products must be put in a child-proof container by the manufacturer (all edibles must be pre-packaged).²⁹
 - iii. Manufactured marijuana products take a variety of shapes, some of which could be considered to be “attractive to children and youth,” including candies (lollipops, fruit chews, chocolate bars), baked goods (cakes, cookies, brownies), soda, and many more edible products. In response to this particular concern, the Larimer County Board of Health passed a resolution encouraging a ban on all edible products.³⁰
- b. **Enhanced enforcement** of laws prohibiting sales to minors.
 - i. Enhanced enforcement of alcohol sales laws, including compliance checks and “sting” operations, are often done in conjunction with media efforts to increase the perception of risk for proprietors and customers. The Community Guide recommends enhanced enforcement of alcohol sales laws, as its study found sufficient evidence that these efforts were effective in reducing sales to minors.³¹
 - ii. The Community Guide evaluation of enhanced enforcement of tobacco minor sales laws found only one study that looked at the issues and found this evidence to be insufficient to make a recommendation.³²

Through these and other potential policy levers, regulations of marijuana sales in the new legal marijuana market can influence the possible negative health impacts from increased use. While some of these options are geared toward health more generally, there are a number that are primarily focused on reducing the negative impact on youths’ health: those relating to edible products, packaging, promotion, and enforcement.

LOCAL DECISIONS AND OPTIONS

Local jurisdictions, including municipalities and counties, have a number of options regarding the sale of marijuana. When the state receives an application for a retail, manufacturing, or cultivation facility license, the state will forward the application to the local jurisdiction, which can approve or deny the license based on the local jurisdiction’s standards. Generally, the local restrictions and regulations on marijuana businesses must be at least as restrictive as the state standards.

Local jurisdictions have three primary options under Amendment 64:

²⁸ The Community Guide. Preventing Excessive Alcohol Consumption: Regulation of Alcohol Outlet Density. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/alcohol/outletdensity.html>

²⁹ 1 CCR 212-2 R1000. Emergency Rules Related to the Colorado Retail Marijuana Code.

³⁰ Larimer County Board of Health Resolution dated May 9, 2013.

³¹ The Community Guide. Preventing Excessive Alcohol Consumption: Enhanced Enforcement of Laws Prohibiting Sales to Minors. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/alcohol/lawsprohibitingsales.html>

³² The Community Guide. Active Enforcement of Sales Laws Directed at Retailers When Used Alone to Restrict Minors' Access to Tobacco Products. Accessed 15 July, 2013. Available at: <http://www.thecommunityguide.org/tobacco/enforcementsaleslaws.html>

1. Allow marijuana businesses under the state's standards with no additional regulations.
2. Ban marijuana businesses in the jurisdiction.
3. Regulation of time, place, manner, and number of marijuana businesses in jurisdiction.

A ban or further regulations can be imposed either via an ordinance or via a ballot measure. Some jurisdictions (at least 25 according to the Colorado Municipal League), including Broomfield, have passed ordinances creating a moratorium on all marijuana business licenses until 2015, giving time for a vote on a ballot measure in November 2014. A number of other municipalities (estimated at 36 in July, 2013) and counties (10 at the end of May) have banned marijuana businesses.³³

If a locality allows marijuana businesses, it may also place additional restrictions on "time, place, manner, and the number of marijuana businesses." These additional restrictions could affect:

- **Time** – Hours and days of operation.
- **Place** – Location, including zoning in commercial or industrial areas, distance from other marijuana businesses (density), or distance from schools or other establishments.
- **Manner** – Manner restrictions can cover almost any additional restriction on sales of marijuana.
 - Advertising
 - Products Sold – Edibles, candies, soft drinks, baked goods, etc.
 - Some of these products appear designed to appeal to youth and younger consumers, who are most at-risk for many negative health outcomes of marijuana consumption.
 - Many negative health issues with marijuana are related to the inhaled smoke of marijuana plants, not edible preparations.
 - Local labeling requirements, including potency labeling (See state regulations for state rules on labeling)
 - Child Proof Containers (See state regulations for state rules on child proof containers)
 - Adolescent Access issues, including requirement for additional enforcement of age limits on sales
- **Number of Businesses** – Limit on the number of businesses based on population or geography or simply an arbitrary number.
 - What is an appropriate density for marijuana businesses?

LARIMER COUNTY AND FORT COLLINS

In July, 2013 the City of Fort Collins is proceeding with licensing medical marijuana centers, per a city ballot measure passed in November, 2012. City staff will begin looking at recreational marijuana in July, after a City Council work session scheduled for July 30, 2013. At the July 30 work session, staff will ask Council how the city should proceed: allow, ban, regulate, or refer to voters. City staff may also recommend a short-term moratorium on retail sales to give the city additional time to establish effective regulations.³⁴

There will be no formal opportunity for public comment at the July 30 session, though letters can be sent at any time to city leaders. In addition, public comment will be sought at a later date as the city council moves forward with regulation.

³³ <http://www.coloradostatesman.com/content/994195-regulation-pot-one-step-closer>

³⁴ <http://www.coloradoan.com/apps/pbcs.dll/article?AID=2013307070004> – “[Chief Deputy City Clerk Rita Harris] added that a temporary moratorium on retail operations will be requested in order to craft local regulations.”

The Larimer County Board of County Commissioners began “listening” sessions with county residents on April 30, 2013. These sessions focused on public comment and questions about recreational marijuana businesses. In late June and early July, 2013, Commissioners began working with county staff to determine the options the county might pursue.³⁵

At a July 1, 2013 meeting and a July 10 meeting, the Larimer County Commissioners indicated they may allow the two existing medical marijuana facilities in unincorporated Larimer County to convert to recreational marijuana retail businesses. No other retail business would be allowed other than these two and the commissioners indicated a preference for only allowing two marijuana cultivation businesses and possibly one products manufacturing businesses.

The commissioners are also looking into a potential ban on infused marijuana products, including edibles and tinctures. At the July 10 meeting, in a discussion regarding sales of edible products, one commissioner stated, “I can't see any way this board can approve that.” This possibility follows a resolution passed by the Larimer County Board of Health promoting a ban on edible products:

“Therefore, the Larimer County Board of Health:

- resolves that retail sale of edible marijuana-infused products presents a public health risk above and beyond that of other forms of marijuana
- encourages elected officials of local jurisdictions within Larimer County that choose to allow retail marijuana stores in their area to strongly consider a ban on edible marijuana-infused products.”³⁶

The Larimer County Planning Commission will be the first body to officially vote on a proposed ordinance regulating retail marijuana. This process will include a public hearing on the issue and will likely take place in August. In September, the Board of County Commissioners will hold a hearing to evaluate the Planning Commission’s recommendations and will take a final vote.

Local jurisdictions have a deadline of October 1, 2013 if they choose to ban or regulate marijuana businesses. This is the date the state will begin accepting license applications and will begin forwarding applications to each local jurisdiction.

In addition to these proposals, a local organization (Team Fort Collins) is looking at pursuing an additional local sales tax on recreational marijuana sales. Additional local taxes being considered in Denver and Boulder are being used as the model for this local effort. Boulder is considering an additional local sales and excise tax that would be earmarked for prevention and treatment services.³⁷ Denver is looking at an additional local sales tax of up to ten percent.³⁸ Like the state sales and excise taxes, a local tax would be subject to TABOR and would require a ballot measure.

DECISIONS MADE BY NEARBY JURISDICTIONS

- Berthoud – Banned adult-use marijuana businesses in jurisdiction
- Loveland – Prior to the passage of Amendment 64, Loveland voters voted to ban medical marijuana facilities in the city.³⁹ City officials initially thought this would be a reason to band retail sales of recreational marijuana in the city as well. However, following the certification of the election, it was

³⁵ All Larimer County voters supported Amendment 64, with 55.77% voting in favor, including those who live in city limits and those within unincorporated Larimer County.

³⁶ Larimer County Board of Health Resolution dated May 9, 2013.

³⁷ http://blogs.westword.com/latestword/2013/06/marijuana_boulder_taxes_recreational_pot_50_percent.php

³⁸ http://www.denverpost.com/breakingnews/ci_23622157/denver-considering-5-tax-pot-sales-comparable-cigarette

³⁹ http://www.denverpost.com/legislature/ci_21997626/loveland-will-ponder-pot-opt-out

found that Loveland voters supported Amendment 64 overall. Various sources indicate that the Loveland City Council may still opt to ban recreational marijuana.

- Greeley⁴⁰ - Banned adult-use marijuana businesses in jurisdiction
- Unincorporated Weld County – Banned adult-use marijuana businesses in jurisdiction
- Montrose - Banned adult-use marijuana businesses in jurisdiction
- Wellington⁴¹ - Banned adult-use marijuana businesses in jurisdiction
- Estes Park – Moratorium on marijuana businesses through October 1, 2013.⁴² This moratorium is temporary and is meant to give the city time to ensure state regulations are sufficient and to gauge the community’s needs.

PROVISIONS OF STATE LAW RELATING TO LOCAL JURISDICTIONS’ REGULATION OF MARIJUANA

- Local Government May Enact Ordinances regulating the time, place, and manner and number of businesses, including a ban on retail operations
 - HB13-1317, 12, § 12-43.4-104(3) – and HB13-1317, 23, § 12-43.4-301
- Compressed Gases - Local jurisdictions can ban the use of compressed and flammable gases used as solvents in the extraction of THC from marijuana in residential settings.
 - SB13-283, 1, § 9-7-113

STATE RULES AND REGULATIONS

The state announced that all regulations by the Marijuana Enforcement Division for the implementation of the Amendment 64 legislation will be done by emergency rulemaking procedures, due to time restrictions.⁴³ Emergency Rules were issued July 1, 2013. A permanent (non-emergency) rulemaking process will begin July 15, 2013; this process will include opportunity for public comment and input. The formal rulemaking hearing will take place the week of August 19, 2013. Written comments will be accepted until two business days following the formal hearing.

The following is a **partial list** of provisions of law; in the first section, they are followed by the relevant emergency rule number (ex: R1003) that will implement that provision. The items listed were selected as those with the potentially greatest impact on health.

MARIJUANA ENFORCEMENT DIVISION (DEPARTMENT OF REVENUE) WITH CDPHE CONSULTATION

1 - Advertising - Regulations may include prohibition of mass-market advertising campaigns, allowance of some branding on materials, prohibition on health and benefit claims, prohibition on internet pop-up advertising, no banner ads on mass-market web sites, and limitations on direct-to-mobile device ads including location based ads. - HB13-1317, 20, § 12-43.4-202(3)(c)(I)

- R1110 - Rules are still to be determined following the formal regular rulemaking process.

⁴⁰ Greeley, Montrose ban recreational pot shops

“Council members considered one Greeley ordinance that bans marijuana cultivation, testing, product manufacturing and retail facilities, The Greeley Tribune reported Wednesday. A second ordinance bans private marijuana clubs in commercial and industrial structures, but not social gatherings at homes.”

<http://www.coloradoan.com/apps/pbcs.dll/article?AID=2013306050015>

⁴¹ Wellington: 5. Ordinance 6-2013 Prohibiting Marijuana Facilities and Retail Stores - TRUSTEE WINICK MOVED AND TRUSTEE STEELY SECONDED to approve an ordinance prohibiting the operation of marijuana cultivation facilities, marijuana product manufacturing facilities, marijuana testing facilities, and/or retail marijuana stores. Roll call was taken and the motion passed unanimously.

[http://www.townofwellington.com/vertical/sites/%7BA43FB7F1-9F39-4D8A-94BC-](http://www.townofwellington.com/vertical/sites/%7BA43FB7F1-9F39-4D8A-94BC-5CB3A7792EB3%7D/uploads/May_28_2013_M_A.pdf)

[5CB3A7792EB3%7D/uploads/May_28_2013_M_A.pdf](http://www.townofwellington.com/vertical/sites/%7BA43FB7F1-9F39-4D8A-94BC-5CB3A7792EB3%7D/uploads/May_28_2013_M_A.pdf)

⁴² http://www.eptail.com/estes-park-news/ci_22591190/estes-park-adopts-moratorium-marijuana-establishments-within-town

⁴³ <http://www.colorado.gov/cs/Satellite/Revenue-Main/XRM/1251633708470>

2 - Magazines - only allowed in marijuana retail stores or behind the counter. *This section is will not be enforced, per an announcement by the Attorney General's office.*

- HB13-1317, 21, § 12-43.4-202(3)(c)(II)

3 - Packaging - Requirements similar to the requirements in the Federal Poison Prevention Packaging Act of 1970, must be in an exit package (a package used for leaving the store).

- HB13-1317, 21, § 12-43.4-202(3)(c)(III)
- R1000 – Marijuana must be placed in a child-proof container or “exit package.” Marijuana products must be put in a child-proof container by the manufacturer (all edibles must be pre-packaged).

4 - Serving Size - Regulations must create a standardized serving size for edible marijuana that does not contain more than 10mg of active THC to standardize information on amount of THC in each product

- HB13-1317, 21, § 12-43.4-202(3)(c)(V)
- R1004 – A serving of edible marijuana products is a portion containing 10mg of active THC.
- R602 – A package of edible marijuana products may contain no more than 100mg of active THC.

5 - Labeling - Must show total content of THC per unit of weight

- HB13-1317, 22, § 12-43.4-202(3)(c)(VI)
- R1002 – No false or misleading statements regarding the health or physical benefits.
- R1003 – See Labeling samples. Labels must include specific warning statements, cannabinoid potency, list of chemicals and solvents used in manufacturing or cultivation process.

6 - Additives - Regulation or prohibition of additives to a retail product that would make the product more addictive, designed to make it more appealing to children, or that would mislead consumers (not including common baking and cooking items).

- HB13-1317, 22, § 12-43.4-202(3)(c)(VII)
- The emergency rules were not spelled out to implement this provision of law.

MARIJUANA ENFORCEMENT DIVISION

7 - Seed to Sale Tracking - tracking retail marijuana from seed or immature plant until the product is sold to a consumer at a retail store, to ensure that no marijuana is diverted outside the licensed retail system.

- HB13-1317, 14, § 12-43.4-202(1)
-

8 - Independent Marijuana Testing and Certification Program - Testing will include analysis for solvents, disease, and “filth”. Rules for quarantine of failed products. THC potency tests.

- HB13-1317, 16, § 12-43.4-202(3)(a)(IV)(A)

9 – Diversions Prevention - Requirements to prevent diversion to anyone under 21 years.

- HB13-1317, 17, § 12-43.4-202(3)(a)(VI)

10 - Labeling Requirements, including a standardized symbol, batch number, net weight, THC and other cannabinoid potency, list of nonorganic chemicals used in the cultivation or production, warning labels, solvents, amount of THC per serving, ingredients and potential allergens, expiration date, nutritional fact panel, and a universal symbol indicating the product contains marijuana.

- HB13-1317, 17, § 12-43.4-202(3)(a)(VII)

11 – Cultivation Health and Safety Regulations - Health and Safety Regulations for the manufacture and cultivation of marijuana products.

- HB13-1317, 18, § 12-43.4-202(3)(a)(VIII)

12 - Sanitation requirements for retail sales and manufacturing facilities.

- HB13-1317, 19, § 12-43.4-202(3)(a)(XI)

13 – Other Consumables - Marijuana store cannot sell other (non-marijuana) consumable products, including cigarettes, alcohol, or edibles that do not contain marijuana or THC, including soda, candy, and baked goods.

- HB13-1317, 38, § 12-43.4-402(7)(a)

14 – Adulterants - No selling marijuana products that include nicotine or alcohol (if the sale of the alcohol would require a license).

- HB13-1317, 38, § 12-43.4-402(7)(b)

15 - No consumption on premises of retail store.

- HB13-1317, 39, § 12-43.4-402(9)

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT (CDPHE)

16 – Amendment 64 Impact Monitoring - Health Effects of Marijuana, including drug use patterns by locality in Colorado and the emerging science and medical information relevant to the health effects of marijuana use. CDPHE will appoint a panel of health professionals with experience in cannabinoid physiology to continue to monitor the health impacts of marijuana use. \$307k appropriated to CDPHE for the purposes of this section.

- SB13-283, 8, § 25-1.5-111

OTHER PROVISIONS THAT MAY NOT REQUIRE REGULATIONS TO IMPLEMENT

17 - Indoor Smoking - No indoor smoking (revision of Clean Air Act to include marijuana smoking with cigarette smoking).

- SB13-283, 9, § 24-14-202

18 – Open Marijuana Container - Open marijuana container in a motor vehicle law that mirrors similar laws for alcoholic beverages.

- SB13-283, 12, § 42-4-1305.5

ABOUT THIS SUMMARY

This summary was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. For more information about this summary or the Health District, please contact Dan Sapienza, Policy Coordinator, at (970) 224-5209, or e-mail at dsapienza@healthdistrict.org.