

Michigan Medical Marihuana Act
Statistical Report with Program Information and
Financial Data
For Fiscal Year 2018

(Pursuant to MCL 333.26426 (i) (1), (2), (3), (4) and (5) and Section 505 of Public Act 207 of 2018)

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Executive Summary:

The *Michigan Medical Marihuana Act Statistical Report with Program Information and Financial Data for Fiscal Year 2018* contains the reporting requirements pursuant to both MCL 333.26426(i) (1), (2), (3), (4) and (5) and Section 505 of Public Act 207 of 2018.

The Michigan Medical Marihuana Act, Initiated Law 1 of 2008, Section 6 (i) [MCL 333.26426 (i) (1), (2), (3), (4) and (5)] states: The department shall submit to the legislature an annual report that does not disclose any identifying information about qualifying patients, primary caregivers, or physicians, but does contain, at a minimum, all of the following information:

- (1) The number of applications filed for registry identification cards.*
- (2) The number of qualifying patients and primary caregivers approved in each county.*
- (3) The nature of the debilitating medical conditions of the qualifying patients.*
- (4) The number of registry identification cards revoked.*
- (5) The number of physicians providing written certifications for qualifying patients.*

Public Act 207 of 2018 requires the following:

Sec. 505. The department shall submit a report by January 31 to the standing committees on appropriations of the senate and house of representatives, the fiscal agencies, and the state budget director that includes all of the following information for the prior fiscal year regarding the medical marihuana program under the Michigan medical marihuana act, 2008 IL 1, MCL 333.26421 to 333.26430:

- (a) The number of initial applications received.*
- (b) The number of initial applications approved and the number of initial applications denied.*
- (c) The average amount of time, from receipt to approval or denial, to process an initial application.*
- (d) The number of renewal applications received.*
- (e) The number of renewal applications approved and the number of renewal applications denied.*
- (f) The average amount of time, from receipt to approval or denial, to process a renewal application.*

(g) The percentage of initial applications not approved or denied within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

(h) The percentage of renewal applications not approved or denied within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

(i) The percentage of registry cards for approved initial applications not issued within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

(j) The percentage of registry cards for approved renewal applications not issued within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

(k) The number of registry identification cards issued to or renewed for patients residing in each county as of September 30 of the preceding fiscal year under the Michigan medical marihuana act, 2008 IL 1, MCL 333.26421 to 333.26430.

(l) The amount collected from the medical marihuana program application and renewal fees authorized in section 5 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26425.

(m) The costs of administering the medical marihuana program under the Michigan medical marihuana act, 2008 IL 1, MCL 333.26421 to 333.26430.

Pursuant to these requirements, this report has been prepared and issued electronically to the House and Senate appropriations standing committees, House and Senate Fiscal Agencies, and the state budget director to meet the both the annual and January 31 reporting requirements. In addition, this report is also online under the following locations:

- The Bureau of Marijuana Regulation (BMMR) website at: www.michigan.gov/bmr.
- The All About LARA section - Legislative Reports of the Department of Licensing and Regulatory Affairs website at: www.michigan.gov/lara.

Executive Background:

The Michigan Medical Marijuana Program (MMMP) is a state registry program within the Bureau of Marijuana Regulation, Michigan Department of Licensing and Regulatory Affairs (LARA). The program administers the Michigan Medical Marihuana Act as approved by Michigan voters on November 4, 2008. The program implements the statutory tenets of this act in such a manner that protects the public and assures the confidentiality of its participants.

Specifically, the information provided in this report is based on data from October 1, 2017 through September 30, 2018.

Required Information for MCL 333.26426 (i) (1), (2), (3), (4) and (5):

(1) The number of applications filed for registry identification cards.

For Fiscal Year 2018, there were a total of 185,442 applications filed for medical marihuana registry identification cards.

(2) The number of qualifying patients and primary caregivers approved in each county.

The total number of patients and caregivers by county is listed below:

County	Patients	Caregivers
Alcona	428	64
Alger	193	39
Allegan	2,978	547
Alpena	815	108
Antrim	844	176
Arenac	811	135
Baraga	180	27
Barry	1,637	295
Bay	3,710	413
Benzie	702	121
Berrien	4,701	843
Branch	1,519	268
Calhoun	4,048	733
Cass	1,607	279
Charlevoix	746	135
Cheboygan	614	95
Chippewa	776	134
Clare	1,135	179
Clinton	1,585	266
Crawford	443	74
Delta	1,045	215
Dickinson	838	174
Eaton	3,988	701
Emmet	883	114
Genesee	17,939	3,052
Gladwin	881	143
Gogebic	498	106

County	Patients	Caregivers
Grand Traverse	2,911	465
Gratiot	1,119	164
Hillsdale	1,933	346
Houghton	699	119
Huron	742	80
Ingham	10,792	1,631
Ionia	1,578	210
Iosco	1,012	136
Iron	478	83
Isabella	1,404	207
Jackson	5,321	960
Kalamazoo	5,818	975
Kalkaska	832	167
Kent	11,834	1,435
Keweenaw	60	11
Lake	457	86
Lapeer	3,273	561
Leelanau	408	67
Lenawee	4,378	742
Livingston	4,858	699
Luce	147	26
Mackinac	310	49
Macomb	29,303	4,136
Manistee	785	142
Marquette	1,419	393
Mason	1,016	138
Mecosta	986	133
Menominee	699	144
Midland	1,837	236
Missaukee	346	65
Monroe	5,205	738
Montcalm	2,091	422
Montmorency	457	90
Muskegon	4,959	653
Newaygo	1,642	275
Oakland	36,177	4,692
Oceana	1,087	160
Ogemaw	667	100
Ontonagon	185	28
Osceola	737	145

County	Patients	Caregivers
Oscoda	222	30
Otsego	834	152
Ottawa	4,912	561
Presque Isle	363	64
Roscommon	980	151
Saginaw	5,532	752
Saint Clair	4,424	652
Saint Joseph	1,771	303
Sanilac	1,209	193
Schoolcraft	270	56
Shiawassee	2,749	446
Tuscola	2,561	485
Van Buren	2,728	524
Washtenaw	12,586	1,487
Wayne	49,906	6,095
Wexford	962	192
Out of State		7
Total	297,515	43,056*

*Please note the grand total is less than the sum of the counties, as a single person could serve in multiple counties on different registrations.

(3) The nature of the debilitating medical conditions of the qualifying patients.

The name of the debilitating condition as well as the total percentage of medical marihuana patients who are afflicted with the debilitating condition:

Name of Debilitating Condition	% of Patients Afflicted with Debilitating Condition*
Acquired Immune Deficiency Syndrome (AIDS)	0.28%
Alzheimer's	0.05%
Amyotrophic Lateral Sclerosis	0.05%
Cachexia	0.63%
Cancer	4.91%
Crohn's disease	1.09%
Glaucoma	1.34%
Hepatitis C	1.01%
Human Immunodeficiency Virus (HIV)	0.30%
Nail Patella	0.02%

Seizures - Epilepsy	2.13%
Severe and Chronic pain	91.11%
Severe and Persistent Muscle Spasms	24.05%
Severe Nausea	9.50%
Wasting Syndrome	0.80%
Post -Traumatic Stress Disorder	4.09%
Obsessive Compulsive Disorder**	0.09%
Arthritis**	2.04%
Rheumatoid Arthritis**	0.14%
Spinal Cord Injury**	0.10%
Colitis**	0.04%
Inflammatory Bowel Disease**	0.10%
Ulcerative Colitis**	0.05%
Parkinson's Disease**	0.03%
Tourette's Syndrome**	0.01%
Autism**	0.04%
Chronic Pain**	4.31%

*The total adds up to more than 100% because most patients are diagnosed with more than one debilitating medical condition. The table above shows the percentage of all patients diagnosed with each condition.

** July 7, 2018 new Medical Conditions were approved.

(4) The number of registry identification cards revoked.

Zero registry cards were revoked in Fiscal Year 2018.

(5) The number of physicians providing written certifications for qualifying patients.

During Fiscal Year 2018, there were a total of 1,818 physicians who provided written certifications for qualifying medical marijuana patients.

Required Information for Section 505 of Public Act 207 of 2018:

(a) The number of initial applications received.

146,505

(b) The number of initial applications approved and the number of initial applications denied.

Approved: 137,168

Denied: 25,965

* The total initial applications approved and initial applications denied adds to more than the total initial applications received. This occurs because renewals become initial applications if they are not processed before the registration expiration date. A renewal application can be processed within the statutory timeframe of 15 business days, but the registration may expire before the renewal application is processed.

(c) The average amount of time, from receipt to approval or denial, to process an initial application.

9.17 business days

(d) The number of renewal applications received.

38,937

(e) The number of renewal applications approved and the number of renewal applications denied.

Approved – 23,311

Denied – 2,609

** The total renewal applications approved and renewal applications denied is less than the total renewal applications received. This occurs because renewals become initial applications if they are not processed before the registration expiration date. A renewal application can be processed within the statutory timeframe of 15 business days, but the registration may expire before the renewal application is processed.

*** The total initial and renewal applications approved and denied are more than the total initial and renewal applications received because we processed more applications than we received this fiscal year.

(f) The average amount of time, from receipt to approval or denial, to process a renewal application.

8.97 business days

(g) The percentage of initial applications not approved or denied within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

0.05%

(h) The percentage of renewal applications not approved or denied within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

0.05%

(i) The percentage of registry cards for approved initial applications not issued within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

0%

(j) The percentage of registry cards for approved renewal applications not issued within the time requirements established in section 6 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26426.

0%

(k) The number of registry identification cards issued to or renewed for patients residing in each county between October 1, 2017 and September 30, 2018 under the Michigan medical marihuana act, 2008 IL 1, MCL 333.26421 to 333.26430.

County	New Patient Cards Issued By County	Patient Cards Renewed By County
Alcona	179	46
Alger	86	19
Allegan	1,183	355

County	New Patient Cards Issued By County	Patient Cards Renewed By County
Alpena	358	59
Antrim	395	77
Arenac	395	78
Baraga	81	18
Barry	712	166
Bay	2,061	289
Benzie	297	53
Berrien	1,901	540
Branch	619	249
Calhoun	1,830	351
Cass	679	160
Charlevoix	306	100
Cheboygan	263	64
Chippewa	312	81
Clare	536	126
Clinton	740	128
Crawford	200	33
Delta	419	131
Dickinson	359	93
Eaton	1,733	360
Emmet	376	76
Genesee	7,977	1,399
Gladwin	379	92
Gogebic	199	52
Grand Traverse	1,276	240
Gratiot	473	113
Hillsdale	896	234
Houghton	302	58
Huron	370	47
Ingham	4,825	718
Ionia	679	179
Iosco	512	77
Iron	199	56
Isabella	637	86
Jackson	2,438	469
Kalamazoo	2,551	552
Kalkaska	346	82

County	New Patient Cards Issued By County	Patient Cards Renewed By County
Kent	5,470	987
Keweenaw	26	6
Lake	192	55
Lapeer	1,467	302
Leelanau	179	34
Lenawee	2,152	354
Livingston	2,329	360
Luce	69	17
Mackinac	131	42
Macomb	13,862	1,895
Manistee	334	86
Marquette	669	114
Mason	402	107
Mecosta	436	100
Menominee	278	96
Midland	896	142
Missaukee	148	31
Monroe	2,442	456
Montcalm	818	322
Montmorency	189	57
Muskegon	2,253	471
Newaygo	702	184
Oakland	17,120	2,496
Oceana	467	126
Ogemaw	309	67
Ontonagon	91	23
Osceola	328	94
Oscoda	99	27
Otsego	325	83
Ottawa	2,297	435
Presque Isle	146	32
Roscommon	429	97
Saginaw	2,657	416
Saint Clair	2,106	380
Saint Joseph	782	194
Sanilac	573	119
Schoolcraft	106	27

County	New Patient Cards Issued By County	Patient Cards Renewed By County
Shiawassee	1,198	291
Tuscola	1,186	244
Van Buren	1,181	344
Washtenaw	5,809	854
Wayne	23,985	2,550
Wexford	451	88
Total	137,168	23,311

(l) The amount collected from the medical marihuana program application and renewal fees authorized in section 5 of the Michigan medical marihuana act, 2008 IL 1, MCL 333.26425.

\$11,972,506.16

(m) The costs of administering the medical marihuana program under the Michigan medical marihuana act, 2008 IL 1, MCL 333.26421 to 333.26430.

\$5,329,409.37

Conclusion:

The Bureau of Marijuana Regulation's executive and legislative charge is the oversight of medical marijuana in Michigan. This includes the administration and oversight of the MMMP. The information contained in this report is required pursuant to MCL 333.26426 (i) (1), (2), (3), (4) and (5) and Section 505 of PA 207 of 2018 and provides specific information regarding: identification cards, patients and primary caregivers, the nature of debilitating medical conditions of qualifying patients, the number of physicians providing written certifications for qualifying patients, revenue, expenditures, application determinations, and timeliness information of the MMMP for the time period beginning October 1, 2017 through September 30, 2018.



Apply or Renew Online at www.michigan.gov/mmp

- You must be a patient without a caregiver (or remove caregiver upon renewing) and create a secure online account.
- Your physician must have an online account and submit an online certification following an in-person medical evaluation.

Instructions for Paper Application

- This application is for a person who is 18 years of age or older and a resident of Michigan.
- Type or print legibly when completing the application.
- The original signed Application Form and Physician Certification Form must be submitted to the MMMP.
- Keep a copy of all documents submitted for your records.
- All documents must be signed within one year from the date they are received.
- A renewal application will only be accepted within 90 days prior to the card's expiration date.
- Make checks or money orders payable to: State of Michigan-MMMP.
- Do not include other forms, fees, or documentation in the envelope.
- Mail only one complete application and all required documentation (see below) in one envelope to:

Michigan Medical Marijuana Program
P.O. Box 30083
Lansing, MI 48909

Checklist

☐ **Application Form for Registry Identification Card**

- Any use of white-out on or alterations to the Application Form will result in the denial of your application.
- If you are acting as either the legal guardian or Medical Durable Power of Attorney (MDPOA) for the applicant, you must submit a copy of proof of legal guardianship or MDPOA with signatory authority with the application. The MDPOA or legal guardian must also submit a copy of his or her proof of Michigan Residency (see below). If your MDPOA has specific conditions that must be met before it becomes activated, you must submit proof those conditions (e.g. proof the patient is incapacitated) have been met.

☐ **Patient Fee: \$60**

☐ **If designating a caregiver, include:**

- \$25 caregiver fee
- A copy of caregiver's valid state-issued driver license or personal identification card.

☐ **Proof of Michigan Residency** (Valid Michigan driver license, personal identification card, or signed voter registration)

- Copies must be clear and legible.
- A copy of a voter registration without a signature is not valid. If a patient submits a voter registration, you must include additional proof of valid identity for verification purposes (i.e., government-issued document that includes your name and date of birth)

☐ **Physician Certification Form**

- A Physician Certification Form must be completed and signed by a medical doctor or doctor of osteopathic medicine and surgery who holds a current license to practice in the State of Michigan.
- Any use of white-out on or alterations to the Physician Certification Form will result in the denial of your application.



Michigan Medical Marijuana Program

www.michigan.gov/mmp

(517) 284-6400

Application Form for Registry Identification Card

To Apply or Renew Online Visit our website www.michigan.gov/mmp

For Official Use Only

☐ \$60 Patient (with no caregiver) Fee Received

☐ \$85 Patient (with caregiver) Fee Received

DO NOT MAIL MORE THAN ONE APPLICATION PER ENVELOPE

Section A: Patient Information (NAME AS IT APPEARS ON ID) (REQUIRED)

1. Legal First Name	2. Middle Initial	3a. Legal Last Name	3b. Suffix (Jr., Sr., etc.)
4. Patient Registry ID Card Number (For Renewals Only)	5. Date of Birth (MM/DD/YYYY)		
6a. Mailing Address	6b. Apartment/Suite/Lot #		
7. City	8. State	9. Zip Code	
	MI		
10. Telephone Number (Optional)			

Section B: Person Allowed to Possess Patient's Marijuana Plants (REQUIRED)

11. Plant possession: You must select one box. Failure to do so will result in the denial of your application.

SELECT ONLY ONE:

☐ I will possess the plants.

☐ My caregiver will possess the plants.

Section C: Caregiver Information (NAME AS IT APPEARS ON ID) (If the patient is designating a caregiver)

12. Legal First Name	13. Middle Initial	14a. Legal Last Name	14b. Suffix (Jr., Sr., etc.)
15. Caregiver Registry ID Card Number (For Renewals Only)	16. Date of Birth (MM/DD/YYYY)	17. Gender (used for conviction history only)	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
18a. Mailing Address	18b. Apartment/Suite/Lot #		
19. City	19. State	20. Zip Code	
21. Telephone Number (Optional)			
22. Other Names Used by Caregiver (Nicknames, maiden names, etc. Use a separate piece of paper if you need space for additional names.)			

Section D: Patient/Caregiver Signature & Date (REQUIRED)

I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 et seq.) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution. I authorize the release of my protected health information, which includes the information contained in the form completed by my certifying physician, to the Michigan Medical Marijuana Program.

Signature of Patient: _____

Date: _____

I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 et seq.) and associated administrative rules. I agree to serve as the patient's primary caregiver, am at least 21 years old, have no convictions that disqualify me from serving as a primary caregiver, and authorize the department to use the information provided in this application to perform a criminal background check. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.

Signature of Caregiver: _____

Date: _____



Physician Certification Form

This certification must be completed and signed by a medical doctor or doctor of osteopathic medicine and surgery who holds an active license to practice in the State of Michigan.

Section A: Certifying Physician Information (AS IT APPEARS ON MEDICAL LICENSE) (REQUIRED)

1. Legal First Name	2. Middle Initial	3a. Legal Last Name	3b. Suffix (Jr., Sr., etc.)
4a. Full Mailing Address		4b. Apartment/Suite/Lot #	
5. City	6. State	7. Zip Code	8. Telephone Number
9. Michigan Physician License Number (enter only 10 digits)			
<input type="checkbox"/> M.D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D.O. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Section B: Patient Information (NAME AS IT APPEARS ON ID) (REQUIRED)

10. Legal First Name	11. Middle Initial	12a. Legal Last Name	12b. Suffix (Jr., Sr., etc.)
13. Date of Birth (MM/DD/YYYY)			

Section C: Patient's Debilitating Medical Condition(s) (REQUIRED)

This patient has been diagnosed with the following debilitating medical condition(s):
 (A minimum of one box must be checked in at least one of the following categories.)

Category A	Category B	Category C
<input type="checkbox"/> Cancer <input type="checkbox"/> Glaucoma <input type="checkbox"/> HIV Positive <input type="checkbox"/> AIDS <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Amyotrophic Lateral Sclerosis <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Agitation of Alzheimer's Disease <input type="checkbox"/> Nail Patella	A chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: <input type="checkbox"/> Cachexia or Wasting Syndrome <input type="checkbox"/> Severe and Chronic Pain <input type="checkbox"/> Severe Nausea <input type="checkbox"/> Seizures (Including but not limited to those characteristic of epilepsy) <input type="checkbox"/> Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of multiple sclerosis)	<input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input checked="" type="checkbox"/> Arthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Colitis <input checked="" type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Tourette's Syndrome <input type="checkbox"/> Autism <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cerebral Palsy

Section D: Certification, Signature, and Date (REQUIRED)

By signing below, I attest that the information entered on this certification is true and accurate. I attest that I am in compliance with the Michigan Medical Marijuana Act and associated administrative rules and have a bona fide physician-patient relationship with this patient. I attest that I have completed a full assessment of the patient's medical history and current medical condition, including a relevant, in-person, medical evaluation. Further, I attest that in my professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the debilitating medical condition identified above or symptoms associated with that condition.

Signature of Physician: _____ Date: _____



Michigan Medical Marijuana Program
Application for Registry Identification Card
FOR MINOR APPLICANTS ONLY

Instructions

- This application is for a person who is under 18 years of age and a resident of Michigan.
- Type or print legibly when completing the application.
- The original signed Application Form and both Physician Certification Forms must be submitted to the MMMP.
- Keep a copy of all documents submitted for your records.
- Make checks or money orders payable to: State of Michigan-MMMP.
- Do not include other forms, fees, or documentation in the envelope.
- Mail only one complete application and all required documentation (see below) in one envelope to:

Michigan Medical Marijuana Program
P.O. Box 30083
Lansing, MI 48909

Checklist

- ☐ **Minor Application Form for Registry Identification Card**
 - Any use of white-out on or alterations to the Minor Application Form will result in the denial of your application.
- ☐ **Minor Application Fee: \$85 (\$60 patient fee and \$25 caregiver fee required)**
- ☐ **Proof of Michigan Residency**
 - Parent or legal guardian must submit copy of his or her valid Michigan driver license or personal identification card.
 - If the minor patient has a valid Michigan driver license or personal identification card, please submit a copy with the application.
 - The copies must be clear and legible.
- ☐ **Copy of proof of parentage or legal guardianship (i.e., birth certificate, court order, etc.)**
- ☐ **Two Physician Certification Forms**
 - Two Physician Certification Forms must be completed and signed by two separate physicians. Each physician must be a medical doctor or doctor of osteopathic medicine and surgery who holds a current license to practice in the State of Michigan.
 - Any use of white-out on or alterations to either Physician Certification Form will result in the denial of your application.



Michigan Medical Marijuana Program
www.michigan.gov/mmp
(517) 284-6400

For Official Use Only

☐ \$85 Application Fee Received

Application Form for Registry Identification Card
MINOR APPLICANTS ONLY

Section A: Patient Information (NAME AS IT APPEARS ON ID OR PROOF OF PARENTAGE) (REQUIRED)

1. Legal First Name	2. Middle Initial	3a. Legal Last Name	3b. Suffix (Jr., Sr., etc.)
4. Patient Registry ID Card Number (For Renewals Only) P	5. Date of Birth (MM/DD/YYYY)		
6a. Mailing Address		6b. Apartment/Suite/Lot #	
7. City	8. State MI	9. Zip Code	
10. Telephone Number (optional)			

The parent or legal guardian listed in Section C must serve as the patient's caregiver and possess the minor patient's medical marijuana plants.

Section C: Parent or Legal Guardian Information (NAME AS IT APPEARS ON ID) (REQUIRED)

11. Legal First Name	12. Middle Initial	13a. Legal Last Name	13b. Suffix (Jr., Sr., etc.)
14. Caregiver Registry Card ID Number (For Renewals Only) C	15. Date of Birth (MM/DD/YYYY)	16. Gender (used for conviction history only) <input type="checkbox"/> Male <input type="checkbox"/> Female	
17a. Mailing Address		17b. Apartment/Suite/Lot #	
18. City	19. State MI	20. Zip Code	
21. Telephone Number (optional)			
22. Other Names Used by Parent or Legal Guardian (Nicknames, maiden names etc. Use a separate piece of paper if you need more space.)			

Section D: Parent/Legal Guardian Signature & Date (REQUIRED)

I attest the information I provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marijuana Act (Initiated Law 1 of 2008, MCL 333.26421 et seq.) and associated administrative rules. I attest that I am at least 21 years old, have no felony convictions that disqualify me from serving as a primary caregiver, and authorize the department to use the information provided in this application to perform a criminal background check. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution. I authorize the release of the above named patient's protected health information, which includes the information contained in the form completed by my certifying physician, to the Michigan Medical Marijuana Program.

 Signature of Parent/Legal Guardian: _____ Date: _____



Michigan Medical Marijuana Program
www.michigan.gov/mmp
(517) 284-6400

Declaration of Person Responsible for MINOR Patient

DECLARATION BY PARENT OR LEGAL GUARDIAN (REQUIRED)

To be signed and completed by patient's parent or legal guardian

This Declaration of Person Responsible form must be completed and submitted with the MINOR application packet. Only the parent or legal guardian can serve as the primary caregiver for a minor patient. A copy of proof of parentage or legal guardianship (i.e. birth certificate or court order, etc.) must be submitted with a Minor Application or the application will be denied.

I declare each of the below statements is true and accurate:

- The patient's physicians have explained to the patient and me the potential risks and benefits of the medical use of marijuana.
- I consent to the patient's medical use of marijuana.
- I agree to serve as the patient's designated caregiver.
- I agree to control the acquisition, dosage, and frequency of the medical use of the marijuana by the patient.

Section E: Parent or Legal Guardian Declaration: (REQUIRED)

I attest the information provided is true and accurate and that I will comply with the requirements of the Michigan Medical Marihuana Act (Initiated Law 1 of 2008, MCL 333.26421 *et seq.*) and associated administrative rules. I understand that falsified or fraudulent information may be reported to law enforcement and result in criminal prosecution.

Signature of Parent/Legal Guardian: X _____

Date: _____



Physician Certification Form #1 for Minor Patient

This certification must be completed and signed by a medical doctor or doctor of osteopathic medicine and surgery who holds an active license to practice in the State of Michigan.

Section A: Certifying Physician Information (NAME & LICENSE NUMBER AS IT APPEARS ON MEDICAL LICENSE) (REQUIRED)

1. Legal First Name	2. Middle Initial	3a. Legal Last Name	3b. Suffix (Jr., Sr., etc.)
4a. Full Mailing Address		4b. Apartment/Suite/Lot #	
5. City	6. State	7. Zip Code	8. Telephone Number
9. Michigan Physician License Number (enter only 10 digits)			
<input type="checkbox"/> M.D. <input type="checkbox"/> D.O.			

Section B: Patient Information (NAME AS IT APPEARS ON ID) (REQUIRED)

10. Legal First Name	11. Middle Initial	12a. Legal Last Name	12b. Suffix (Jr., Sr., etc.)
13. Date of Birth (MM/DD/YYYY)			

Section C: Patient's Debilitating Medical Condition(s) (REQUIRED)

This patient has been diagnosed with the following debilitating medical condition(s):
 (A minimum of one box must be checked in at least one of the following categories.)

Category A	Category B	Category C
<input type="checkbox"/> Cancer <input type="checkbox"/> Glaucoma <input type="checkbox"/> HIV Positive <input type="checkbox"/> AIDS <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Amyotrophic Lateral Sclerosis <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Agitation of Alzheimer's Disease <input type="checkbox"/> Nail Patella	A chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: <input type="checkbox"/> Cachexia or Wasting Syndrome <input type="checkbox"/> Severe and Chronic Pain <input type="checkbox"/> Severe Nausea <input type="checkbox"/> Seizures (Including but not limited to those characteristic of epilepsy) <input type="checkbox"/> Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of multiple sclerosis)	<input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input checked="" type="checkbox"/> Arthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Colitis <input checked="" type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Tourette's Syndrome <input type="checkbox"/> Autism <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cerebral Palsy

Section D: Certification, Signature, and Date (REQUIRED)

By signing below, I attest that the information entered on this certification is true and accurate. I attest that I am in compliance with the Michigan Medical Marijuana Act and associated administrative rules and have a bona fide physician-patient relationship with this patient. I attest that I have completed a full assessment of the patient's medical history and current medical condition, including a relevant, in-person, medical evaluation. Further, I attest that in my professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the debilitating medical condition identified above or symptoms associated with that condition.

Signature of Physician: _____ Date: _____



Physician Certification Form #2 for Minor Patient

This certification must be completed and signed by a medical doctor or doctor of osteopathic medicine and surgery who holds an active license to practice in the State of Michigan.

Section A: Certifying Physician Information (NAME & LICENSE NUMBER AS IT APPEARS ON MEDICAL LICENSE) (REQUIRED)

1. Legal First Name	2. Middle Initial	3a. Legal Last Name	3b. Suffix (Jr., Sr., etc.)
4a. Full Mailing Address		4b. Apartment/Suite/Lot #	
5. City	6. State	7. Zip Code	8. Telephone Number
9. Michigan Physician License Number (enter only 10 digits)			
<input type="checkbox"/> M.D. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D.O. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Section B: Patient Information (NAME AS IT APPEARS ON ID) (REQUIRED)

10. Legal First Name	11. Middle Initial	12a. Legal Last Name	12b. Suffix (Jr., Sr., etc.)
13. Date of Birth (MM/DD/YYYY)			

Section C: Patient's Debilitating Medical Condition(s) (REQUIRED)

This patient has been diagnosed with the following debilitating medical condition(s):
(A minimum of one box must be checked in at least one of the following categories.)

Category A	Category B	Category C
<input type="checkbox"/> Cancer <input type="checkbox"/> Glaucoma <input type="checkbox"/> HIV Positive <input type="checkbox"/> AIDS <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Amyotrophic Lateral Sclerosis <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Agitation of Alzheimer's Disease <input type="checkbox"/> Nail Patella	A chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: <input type="checkbox"/> Cachexia or Wasting Syndrome <input type="checkbox"/> Severe and Chronic Pain <input type="checkbox"/> Severe Nausea <input type="checkbox"/> Seizures (Including but not limited to those characteristic of epilepsy) <input type="checkbox"/> Severe and Persistent Muscle Spasms (Including but not limited to those characteristic of multiple sclerosis)	<input type="checkbox"/> Post Traumatic Stress Disorder <input type="checkbox"/> Obsessive Compulsive Disorder <input checked="" type="checkbox"/> Arthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Colitis <input checked="" type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Tourette's Syndrome <input type="checkbox"/> Autism <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cerebral Palsy

Section D: Certification, Signature, and Date (REQUIRED)

By signing below, I attest that the information entered on this certification is true and accurate. I attest that I am in compliance with the Michigan Medical Marijuana Act and associated administrative rules and have a bona fide physician-patient relationship with this patient. I attest that I have completed a full assessment of the patient's medical history and current medical condition, including a relevant, in-person, medical evaluation. Further, I attest that in my professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the debilitating medical condition identified above or symptoms associated with that condition.

Signature of Physician: _____ **Date:** _____

The Legalization of Marijuana in Colorado: *The Impact* Volume 5

UPDATE

September 2018

Rocky Mountain
High Intensity Drug Trafficking Area



REPORT AVAILABLE AT:

www.RMHIDTA.org

(Click on the “Reports” tab)

**PREPARED BY THE ROCKY MOUNTAIN HIDTA
STRATEGIC INTELLIGENCE UNIT
SEPTEMBER 2018**

Executive Summary

Purpose of Report Update:

RMHIDTA has published annual reports every year since 2013 tracking the impact of legalizing recreational marijuana in Colorado. The purpose is to provide data and information so that policy makers and citizens can make informed decisions on the issue of marijuana legalization. This year (2018) RMHIDTA elected to provide an update to the 2017 Volume 5 report rather than another detailed report.

Section I: Traffic Fatalities & Impaired Driving

- Since recreational marijuana was legalized, marijuana related traffic deaths **increased 151 percent** while all Colorado traffic deaths **increased 35 percent**
- Since recreational marijuana was legalized, traffic deaths involving drivers who tested positive for marijuana **more than doubled** from 55 in 2013 to 138 people killed in 2017.
 - This equates to one person killed every 2 ½ days compared to one person killed every 6 ½ days.
- The percentage of all Colorado traffic deaths that were marijuana related **increased from 11.43 percent** in 2013 to **21.3 percent** in 2017.

Section II: Marijuana Use

- Colorado past month marijuana use shows a **45 percent increase** in comparing the three-year average prior to recreational marijuana being legalized to the three years after legalization.
- Colorado past month marijuana use for ages 12 and older is ranked **3rd** in the nation and is **85 percent higher** than the national average.

Section III: Public Health

- The yearly rate of emergency department visits related to marijuana **increased 52 percent** after the legalization of recreational marijuana. (2012 compared to 2016)
- The yearly rate of marijuana-related hospitalizations **increased 148 percent** after the legalization of recreational marijuana. (2012 compared to 2016)
- Marijuana only exposures more than tripled in the five-year average (2013-2017) since Colorado legalized recreational marijuana compared to the five-year average (2008-2012) prior to legalization.

Section IV: Black Market

- RMHIDTA Colorado Task Forces (10) conducted **144 investigations** of black market marijuana in Colorado resulting in:
 - **239** felony arrests
 - **7.3 tons** of marijuana seized
 - **43,949** marijuana plants seized
 - **24** different states the marijuana was destined
- The number of highway seizures of Colorado marijuana **increased 39 percent** from an average of 242 seizures (2009-2012) to an average of 336 seizures (2013-2017) during the time recreational marijuana has been legal.
- Seizures of Colorado marijuana in the U.S. mail system has **increased 1,042 percent** from an average of 52 parcels (2009-2012) to an average of 594 parcels (2013-2017) during the time recreational marijuana has been legal.

Section V: Societal Impact

- Marijuana tax revenue represent approximately **nine tenths of one percent** of Colorado's FY 2017 budget.
- Violent crime **increased 18.6 percent** and property crime **increased 8.3 percent** in Colorado since 2013.
- 65 percent of local jurisdictions in Colorado have banned medical and recreational marijuana businesses.

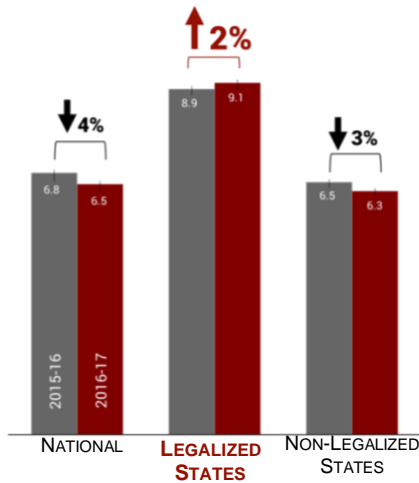
Section IV: Marijuana Industry

- **According to the Marijuana Policy Group, *Market Size and Demand for Marijuana in Colorado 2017 Market Update*:**
 - “From 2014 through 2017, average annual adult use flower prices fell 62.0 percent, from \$14.05 to \$5.34 per gram weighted average.”
 - “Adult use concentrate prices fell 47.9 percent, from \$41.43 to \$21.57 per gram.”
 - “The average THC content of all tested flower in 2017 was 19.6 percent statewide compared to 17.4 percent in 2016, 16.6 percent in 2015 and 16.4 percent in 2014.”
 - “The average potency of concentrated extract products increased steadily from 56.6 percent THC content by weight in 2014 to 68.6 percent at the end of 2017.”
- As of June 2017, there were 491 retail marijuana stores in the state of Colorado compared to 392 Starbucks and 208 McDonald’s.

YOUTH AND LEGALIZED MARIJUANA

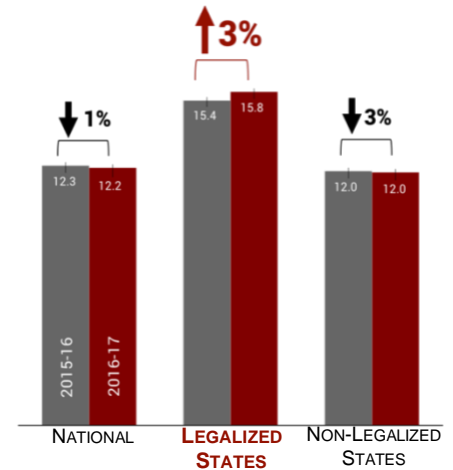
YOUTH MARIJUANA USE CONTINUES TO RISE IN STATES THAT HAVE LEGALIZED.

PAST MONTH USE AMONG 12-17 YEAR-OLDS



*Percent change represented as the calculated delta between years [(New-Old)/Old]
NSDUH State Estimates, 2016-17

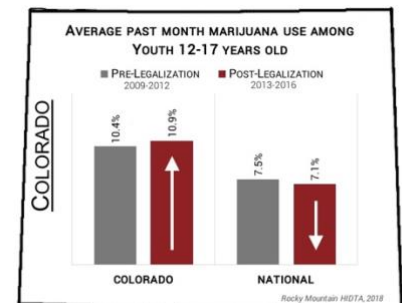
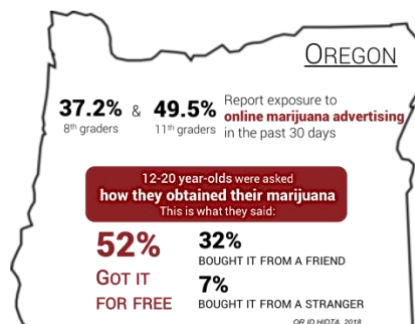
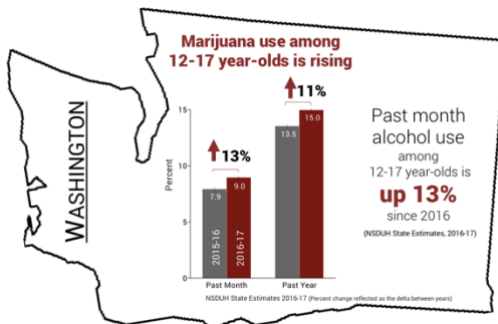
PAST YEAR USE AMONG 12-17 YEAR-OLDS



*Percent change represented as the calculated delta between years [(New-Old)/Old]
NSDUH State Estimates, 2016-17

1 in 5 Youth & 1 in 10 Young Adults
Who started using marijuana more than 3 years ago
have been diagnosed with CANNABIS USE DISORDER in the past 12 months.
Han et al., 2018
(Data from NSDUH 2015-2017)

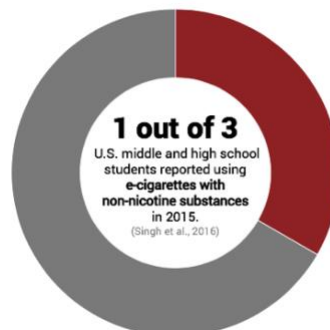
REGULATED MARKETS ONLY INCREASE EXPOSURE AND PROMOTE THE NORMALIZATION OF YOUTH MARIJUANA USE.



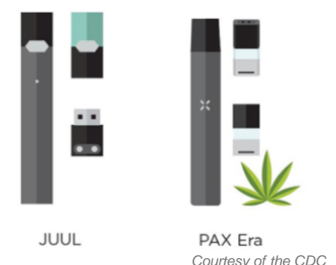
VAPING CONCERNS ARE NOT LIMITED TO E-CIGARETTES – MARIJUANA CAN BE VAPED TOO.

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THE CREATORS OF JUUL ALSO OWN A MARIJUANA VERSION, PAX ERA.



Youth living in states with legalized marijuana laws are more likely to vape. This likelihood is increased as a function of dispensary density and length of legalization.

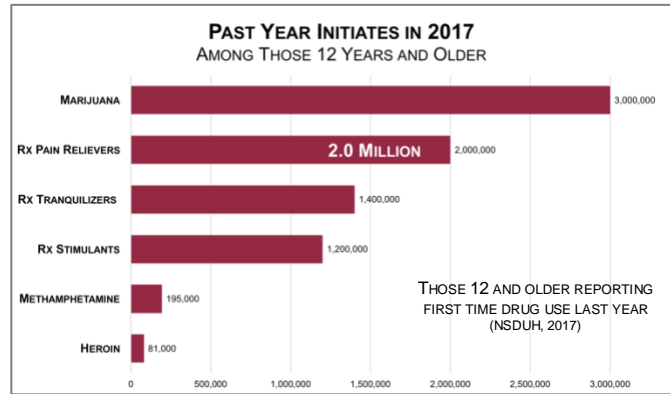
MARIJUANA LEGALIZATION: QUICK FACTS

MARIJUANA IS ADDICTIVE & HARMFUL

ENDORSED BY:

- WORLD HEALTH ORGANIZATION (2016)¹
- NATIONAL ACADEMY OF SCIENCES (2017)²
- NATIONAL INSTITUTES OF HEALTH
- AMERICAN SOCIETY FOR ADDICTION MEDICINE
- AMERICAN MEDICAL ASSOCIATION
- AMERICAN ACADEMY OF PEDIATRICS
- AMERICAN ACADEMY OF CHILD ADOLESCENT PSYCHIATRY

IN 2017 THERE WERE 8,300 NEW MARIJUANA USERS EACH DAY; ROUGHLY 1,200 MORE THAN THERE WERE IN 2016.³



Regular use of marijuana is linked with increased risk of developing cannabis use disorder, higher rates of mental illness and higher rates of co-substance abuse with alcohol, among other drugs⁴.

THERE ARE 2X AS MANY DAILY OR NEAR DAILY MARIJUANA USERS THAN THERE WERE JUST A DECADE AGO.³

NOT THIS...

~5-25%
THC



BUT THIS...

~20-95%
THC



NOT YOUR WOODSTOCK WEED

A STUDY ON THE WASHINGTON MARKET SHOWED AVERAGE THC LEVELS OF 20% IN FLOWER PRODUCTS AND 70% IN EXTRACTS FOR INHALATION IN 2016.⁷



“Epidemiological studies have clearly established that acute cannabis impairment increases the risk of motor vehicle accident involvement, including fatal collisions.”

-AMERICAN JOURNAL OF PUBLIC HEALTH, 2017

IN COLORADO, DRUGGED DRIVING WENT FROM KILLING ROUGHLY ONE PERSON EVERY 6.5 DAYS TO NOW EVERY 2.5 DAYS, SINCE LEGALIZATION WAS PASSED.⁸

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- ² The National Academies of Sciences. (2017, January). The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Retrieved October 2, 2018, from <http://www.nationalacademies.org/hmd/Reports/2017/health-effects-of-cannabis-and-cannabinoids.aspx>
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- ⁵ EISohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in cannabis potency over the last 2 decades (1995–2014): analysis of current data in the United States. *Biological psychiatry*, 79(7), 613-619.
- ⁶ Fischer, B., Jeffries, V., Hall, W., Room, R., Colner, E., & Rehm, J. (2011). Lower Risk Cannabis Use Guidelines for Canada (LRCUG): a narrative review of evidence and recommendations. *Canadian Journal of Public Health/Revue Canadienne de Sante Publique*, 324-327.
- ⁷ Smart, R., Caulkins, J. P., Kilmer, B., Davenport, S., & Midgette, G. (2017). Variation in cannabis potency and prices in a newly legal market: evidence from 30 million cannabis sales in Washington state. *Addiction*, 112(12), 2167-2177.
- ⁸ Rocky Mountain HIDTA. (2018, September). The Legalization of Marijuana in Colorado: The Impact, Vol. 5, Update. Retrieved September 14, 2018, from <https://rmhidta.org/files/D2DF/FINAL-VOLUME-5-UPDATE-2018.pdf>

MARIJUANA & OTHER DRUGS: A LINK WE CAN'T IGNORE

A 2017 STUDY OF over 30,000 American adults demonstrated that **marijuana users were more than twice as likely to move on to abuse prescription opioids** – even when controlling for age, sex, race/ethnicity, other substance use disorders, any mood or anxiety disorder, prior nonmedical opioid use, and family history of drug use disorder, alcohol use disorder, depression, and antisocial personality disorder. (1) Similarly, the CDC also says that marijuana users are three times more likely to become addicted to heroin.(2)

And according to the seminal 2017 National Academy of Sciences report, "There is moderate evidence of a statistical association between cannabis use and the development of substance dependence and/or a substance abuse disorder for substances including alcohol, tobacco, and other illicit drugs."(3)

RECENT STUDIES WITH animals also indicate that marijuana use is connected to use and abuse of other drugs. A 2007 *Journal of Neuropsychopharmacology* study found that rats given THC later self-administered heroin as adults, and increased their heroin usage, while those rats that had not been treated with THC maintained a steady level of heroin intake.(4)

Another 2014 study found that adolescent THC exposure in rats seemed to change the rodents' brains, as they subsequently displayed "heroin-seeking" behavior. Youth marijuana use could thus lead to "increased vulnerability to drug relapse in adulthood."(5)

The National Institutes of Health says that research in this area is "consistent with animal experiments showing THC's ability to 'prime' the brain for enhanced responses to other

drugs. For example, rats previously administered THC show heightened behavioral response not only when further exposed to THC, but also when exposed to other drugs such as morphine—a phenomenon called cross-sensitization."(6)

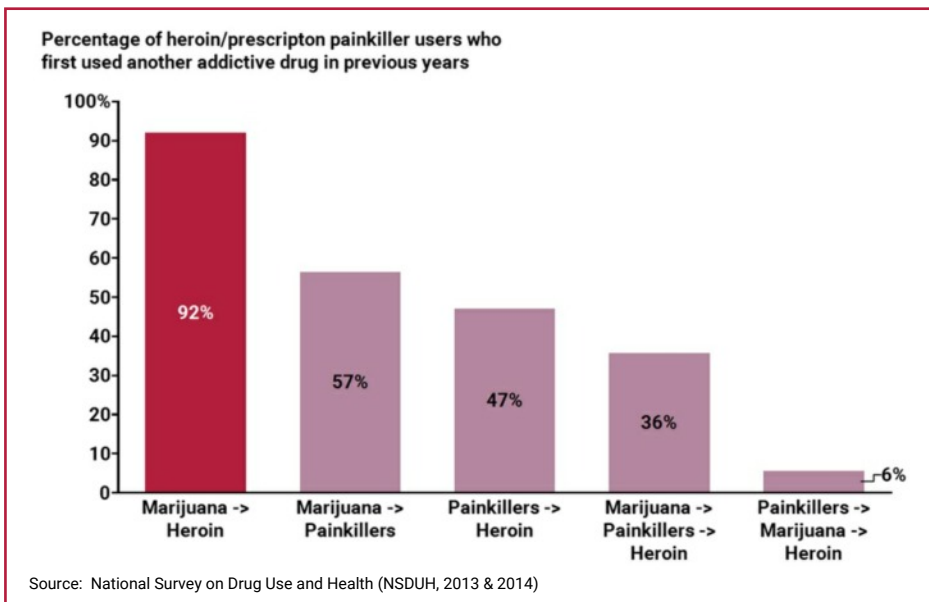
ADDITIONALLY, THE MAJORITY of studies find that marijuana users are often polysubstance users, despite a few studies finding limited evidence that some people substitute marijuana for opiate medication. That is, people generally do not substitute marijuana for other drugs. Indeed, the National Academy of Sciences report found that

"[C]annabis use, even among adults with moderate to severe pain, was associated with a substantially increased risk of non-medical prescription opioid use...."

—The American Journal of Psychiatry (2017)

"with regard to opioids, cannabis use predicted **continued** opioid prescriptions 1 year after injury... Finally, cannabis use was associated with reduced odds of achieving abstinence from alcohol, cocaine, or polysubstance use after inpatient hospitalization and treatment for substance use disorders" [emphasis added].(7)

Moreover, a three-year 2016 study of adults also found that marijuana compounds problems with alcohol. Those who reported marijuana use during the first wave of the survey were more likely than adults who did not use marijuana to develop an alcohol use disorder within three years.(8) Similarly, alcohol consumption in Colorado has increased slightly since legalization.(9)



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