

From: [Sheree Kansas](#)
To: [Sheree Kansas](#)
Subject: FW: Email to Chula Vista Mayor and City Council members
Date: Thursday, November 05, 2020 4:34:28 PM

From: Kathleen Lippitt <[REDACTED]>
Sent: Tuesday, November 3, 2020 5:58 PM
To: Mary Salas <MSalas@chulavistaca.gov>
Cc: Kerry Bigelow <KBigelow@chulavistaca.gov>
Subject: FW: Email to Chula Vista Mayor and City Council members

Warning:
External
Email

Dear Mayor Salas,

On behalf of those of us who have fought to prevent the harms from marijuana commercialization and public health, please allow me to provide an overview of the unintended consequences that Chula Vista's push to establish a massive marijuana commercial industry have resulted in elsewhere and portends a troubling future. Marijuana industry profiteers and lobbyists have succeeded in their plan to exploit the City for profit at the expense of your residents. The industry's goal will be to promote and advertise their products to as many residents as possible; youth, minorities, those who suffer from PTSD, the misinformed and the uninformed—those with the greatest potential for regular and heavy use; the industry's most lucrative target populations.

The "recreational" market focus is not CBD, the component of the marijuana plant that mitigates the stoning, psychoactive, dysphoric, anxious, and paranoia-producing effects of THC, but high potency THC products, the most lucrative products for marijuana businesses. Genetic engineering of the marijuana was done to maximize THC levels and minimize CBD. The THC potency of today's marijuana is staggering. Today's marijuana strains for smoking are testing between 25-34% THC. The range of mg of THC in edibles may be from 10mg to 1,000 mg (The 4.20 Brownie – Cookies & Cream contains 1k mg THC). THC potencies of vapes and oils range from 90-99%. Please remember THC-induced toxic psychosis can result from a mere 10mg of THC.

An important question to ask is if the industry's goal of massive consumption is realized and the city's goal of receiving a trivial amount of tax revenue is achieved, what will that look like in your communities? The unintended harmful impacts and costs will include a deterioration of mental health, an epidemic of youth drug use and addiction, unsafe workplaces, drugged driving, vehicle crashes, accidental injuries, an exponential increase to Medicaid, social services, unemployment, an unemployable workforce, crime, unhealthy business mix, domestic violence, child abuse, poisonings, academic failure, a thriving Black Market, environmental damage from both legal and illegal grows, healthcare costs, treatment, rehab and foster care shortages, and a deterioration in the social and familial fabric of your communities.

The failure to recognize, acknowledge and consider the unintended consequence of a

singular focus on potential tax revenues is a dereliction of the promise to serve the community; those who live, work, and play in Chula Vista. Did the city properly inform the public of the unintended harmful consequences to them would be? Other than a few voices on behalf of youth, family and public health, that were mostly unwelcome and unappreciated, the City undertook no efforts to warn the public not only of the potential for trivial tax revenues, but the associated societal costs of those revenues.

The idiocy of allowing the pot industry to promote marijuana as medicinal, therapeutic, harmless, and for recreational purposes is fraud on a massive scale. Those who have bought into either the myths or promises of this industry are either willfully ignorant or willing to sell out the present and future of their youth.

A small sample of research and investigative reports in the last month alone from marijuana include:

- Two independent scientific workgroups convened at the request of Washington and Colorado States to review the most recent evidence of marijuana legalization both concluded that consumption of higher potency cannabis products contributed in a dose-response manner to adverse health with an increased risk for young users and those with pre-existing mental health conditions all for a mere 1.7% contribution to the state's overall tax revenue (Oct 2020 USC Schaeffer Center for Health Policy & Economics--attached)
- Dr. Muthiah Vaduganathan et al. Team of researchers Brigham & Women's Hospital in Boston whose research found that compared with tobacco, marijuana smoking causes a fivefold greater impairment of the blood's oxygen carrying capacity? That the same cardiovascular health hazards that accompany tobacco smoking are the same as with edible forms of high THC marijuana? (Oct 2020 New York Times article, "Do you have the heart for marijuana?" --attached)
- What was found to happen in Pueblo, Co when it went all in for marijuana... it lost its main employers especially manufacturing with well-paying, blue collar jobs that often go to China along with emergency room doctors dealing with the pediatric and emergency events of psychosis, violence, hyperemesis resulting from chronic marijuana (Oct 2020, "The Colorado Town that Went All in for Marijuana"--attached) (Oct 20, "The True Cost of Marijuana: A Colorado Town that Went All-in, Epoch Times Oct 2020).
- Marijuana Moment's reporting of lawsuits like that of the death of a 18 yr old flight attendant who died in California (Oct 2020, "Woman who died after ingesting marijuana --a wrongful death lawsuit filed on behalf of Young Edibles--attached).
- What about the gruesome discovery of seven bodies at a Riverside marijuana grow that highlighted the danger inherent in the highly business of growing marijuana? (Oct 2020, Matthew Ormseth, "Seven bodies, nothing stolen -- Were Killings at Riverside marijuana grow 'a message'? --attached)

Chances are that most of Chula Vista's public officials, except for the police,

addiction and treatment professions and both of you were aware of any of this information. And there is little doubt any marijuana industry spokespersons never provided any of it.

Kathleen Lippitt, MPH
Coastal Communities Drug Free Coalition
email: [REDACTED]

[REDACTED]

October 27, 2020

Dear Members of the California Cannabis Advisory Committee,

I am writing this letter to address an item on your October 30, 2020 agenda (Item #6) related to possible action on recommendations related to impacts of high-THC consumption research. As many in the scientific community, like myself, may be unable to participate in your virtual meeting, and because decisions such as state regulation of high THC cannabis products must be made with the best scientific evidence, I believe it is necessary for you to hear directly from a large group of scientists.

I am a tenured, full professor at the University of Southern California's Sol Price School of Public Policy and Senior Fellow in the USC Schaeffer Center for Health Policy & Economics. I have conducted NIH sponsored research on cannabis markets and their public health impacts for more than two decades, provided consultation to U.S. states and Canada regarding their cannabis liberalization policies, and currently serve on the World Health Organization's Technical Expert Committee on Public Health Risks Association with Cannabis Use and Cannabis Use Disorders. Through my research and experiences, I have nurtured a broad network of scientific scholars who are top experts in their fields, ranging from pharmacology, neuroscience, neuropsychology, chemistry, public health, medicine, toxicology, criminal justice and epidemiology, to ensure that I stay abreast of the science in each of these areas as it pertains to my own research. I drew on that network to generate the list of signatories you will find here. While we come from different fields of study, have different scientific approaches, and even different beliefs concerning the benefits and harms of a legal cannabis market, there is genuine agreement regarding the strength of the emerging evidence with respect to high THC products and their association with adverse health outcomes for specific populations.

That is not to say that there are not positive medical benefits associated with consumption of high-THC products for some individuals. However, a public health and public safety approach would require the adoption of regulations to address the unique risks, harms, and public health costs associated with consumption of high THC products, which differ from consumption of low THC products. While there is currently no clear definition of "high-THC", the current science focuses on dosage of use. There is increasing evidence of a "dose-response" relationship exists with the following negative health events, particularly identified in targeted age groups, demographic groups, and/or at -risk populations:

- Cannabis hyperemesis syndrome * psychosis and psychotic disorders, * depression, * respiratory symptoms and illnesses, * cardiovascular symptoms * gastrointestinal symptoms, * psychomotor performance (leading to increased motor vehicle injuries), * acute nonfatal cannabis poisonings * cannabis use disorder.

The science continues to grow its level of understanding regarding these relationships as well as others, so this should not be viewed as a comprehensive list. Nonetheless, there is indeed a growing consensus of the unique risks of high-THC products for particular subpopulations.

Two independent scientific workgroups, convened at the request of the states of Washington and Colorado, reviewed the most recent evidence on the topic and formulated similar consensus statements in their final reports. Both concluded that consumption of higher potency cannabis products contributes in a dose-response manner to adverse health, with an increased risk for young users and those with pre-existing mental health conditions. Similarly, just last week the American Society of Addiction Medicine (ASAM) released a public commentary on cannabis, acknowledging the therapeutic benefit of medical cannabis, the harm of prohibition, but the need to limit potency in a recreational market in light of known adverse health events. The signatories to this letter agree with the assessment that high THC products should be regulated differently from low THC products, particularly in the recreational market.

We appreciate the Committee's careful consideration of how to regulate high THC cannabis products in California, using the best available science on which to base your decision.

Sincerely,

A black rectangular redaction box covering the signature of Rosalie Liccardo Pacula.

Rosalie Liccardo Pacula, Ph.D.

Elizabeth Garrett Chair in Health Policy, Economics & Law and Professor of Health Policy and Management

Sol Price School of Public Policy

Schaeffer Center for Health Policy & Economics

University of Southern California

Enclosure

The following scientists (name, title, institution and signature) support the statement of this letter that there is adequate scientific research to support differential regulation of high-THC products for recreational use by adults.

Name: Dr. George Sam Wang

Position/Institution: Associate Professor of Pediatrics, University of Colorado Anschutz Medical Campus, Children's Hospital Colorado

Signature: _____

Name: Dr. Wayne Hall

Position/Institution: Professor, National Centre for Youth Substance Use Research, Faculty of Health and Behavioural Sciences, University of Queensland, Australia

Signature: _____

Name: Jane Steinberg, Ph.D., MPH

Position/Institution: Assistant Professor, Department of Preventive Medicine, Keck School of Medicine at USC

Signature: _____

Name: Dr. Janni Leung

Position/Institution: Research Fellow, School of Psychology & National Centre for Youth Substance Use Research, Faculty of Health and Behavioural Sciences, University of Queensland, Australia.

Signature: _____

Name: Dr. Gary Chan

Position/Institution: Research Fellow, National Centre for Youth Substance Use Research, Faculty of Health and Behavioural Sciences, University of Queensland, Australia.

Signature: _____

Name: Katherine Keyes

Position/Institution: Columbia University Mailman School of Public Health

Signature: _____

Name: Robin Room

Position/Institution: Distinguished Professor, La Trobe University, Melbourne, Australia

Signature: 

Name: Keith Humphreys

Position/Institution: Professor, Department of Psychiatry & Behavioral Sciences, Stanford University, School of Medicine

Signature: 

Name: Dr. Eva Hoch

Position/Institution: Head of Cannabinoid Research Group, Department of Psychiatry & Psychotherapy, Department of Psychology, Ludwig-Maximilian University, Munich Germany

Signature: 

Name: Dr Nadia Solowij

Position/Institution: Professor, School of Psychology, University of Wollongong, NSW and Co-Director The Australian Centre for Cannabinoid Clinical and Research Excellence (ACRE), Australia

Signature: 

Name: Sir Robin Murray

Position/Institution: King's College, London, UK

Signature: 


Name: Dr. David Hammond

Position/Institution: Professor, School of Public Health, University of Waterloo, Canada


Signature: 

Name: Timothy Naimi

Position/Institution: Director, Canadian Institute for Substance Use Research

Signature: 

Name: Martin Y. Iguchi
Position/Institution: Senior Behavioral Scientist, RAND Corporation

Signature: 


Name: Brad Rowe
Position/Institution: Lecturer Cannabis Policy and Society at UCLA Luskin School of Public Affairs

Signature: 


Name: Anne Boustead, J.D., Ph.D.
Position/Institution: Assistant Professor, University of Arizona

Signature: 


Name: David Kerr, Ph.D.
Position/Institution: Professor, School of Psychological Science, Oregon State University

Signature: 


Name: Ziva D Cooper, PhD
Position/Institution: Director, UCLA Cannabis Research Institute, Associate Professor, Jane and Terry Semel Institute for Neuroscience and Behavior, Department of Psychiatry and Biobehavioral Sciences, UCLA DGSOM

Signature: 

Name: Yuyan Shi, Ph.D.
Position/Institution: Associate Professor, Herbert Wertheim, School of Public Health and Human Longevity Science, University of California San Diego

Signature: 

Name: Meenakshi S. Subbaraman, PhD
Position/Institution: Biostatistician, Director of Statistical & Data Services, Alcohol Research Group, Public Health Institute

Signature: 

Name: Alan J. Budney, Ph.D.
Position/Institution: Dartmouth College, Geisel School of Medicine
Signature: *AlanJBudney*

Name: Deborah Hasin, Ph.D.

Position/Institution: Professor, Columbia University Dept of Psychiatry

Signature: *Deborah Hasin*

Name: Jacob T. Borodovsky

Position/Institution: Washington University School of Medicine in St. Louis

Signature: 

Name: Benedikt Fischer, PhD

Position/Institution: Hugh Green Foundation Chair in Addiction Research and Professor; Schools of Population Health & Pharmacy; Faculty of Medical and Health Sciences, University of Auckland, New Zealand

Signature: 

Name: William C. Kerr, Ph.D.

Position/Institution: Senior Scientist and Center Director, Alcohol Research Group, Public Health Institute

Signature: *WC Kerr*

Name: Chinazo Cunningham, MD, MS

Position/Institution: Professor of Medicine, Family & Social Medicine, Psychiatry & Behavioral Sciences at the Albert Einstein College of Medicine

Signature: 

Name: David A. Gorelick, MD, PhD

Position/Institution: Professor of Psychiatry, University of Maryland

Signature: 

Name: Steven Davenport, PhD

Position/Institution: RAND Corporation, Adjunct Researcher; Center for New Data, Co-Executive Director

Signature: 

Name: Beatriz H. Carlini, PhD, MPH

Position/Institution: Research Scientist, Cannabis Research and Education. Alcohol and Drug Abuse Institute-ADAI. Affiliate Associate Professor and Director, Tobacco Studies Program. School of Public Health, Health Services, University of Washington

Signature: 

Name: Tom Freeman, PhD

Position/Institution: Senior Lecturer and Director, Addiction and Mental Health Group, University of Bath

Signature: 

Name: Brian J. Sherman, Ph.D.

Position/Institution: Assistant Professor, Medical University of South Carolina

Signature: 

Name: John T. Carnevale, PhD

Position/Institution: President/ CEO of Carnevale Associates

Signature: 

Name: Valentina Lorenzetti

Position/Institution: Australian Catholic University

Signature: 

Name: Gregory J Tung, PhD

Position/Institution: Associate Professor, Department of Health Systems, Management & Policy, Colorado School of Public Health

Signature: 


Name: Kevin P. Haggerty

Position/Institution: Social Development Research Group, University of Washington

Signature: 

Name: Julia Dilley

Position/Institution: Epidemiologist; Affiliate Instructor, School of Public Health and Community Medicine, University of Washington

Signature: 

Name: Caislin Firth

Position/Institution: Research Scientist, Alcohol & Drug Abuse Institute, University of Washington

Signature: 

Name: Nephi Stella

Position/Institution: Professor, Department of Pharmacology and of Psychiatry and Behavioral Sciences, University of Washington

Signature: 

Name: Jennifer A. Bailey

Position/Institution: Principal Research Scientist, Social Development Research Group, University of Washington

Signature: 

New York Times 10.27.20 Jane E. Brody

Do You Have the Heart for Marijuana?

Maybe not, a growing body of medical reports suggests. Research suggests that smoking marijuana carries many of the same cardiovascular health hazards as smoking tobacco.

Currently, increased smoking of marijuana in public, even in cities like New York where recreational use remains illegal (though no longer prosecuted), has reinforced a popular belief that this practice is safe, even health-promoting.

“Many people think that they have a free pass to smoke marijuana,” Dr. Salomeh Keyhani, professor of medicine at the University of California, San Francisco, told me. “I even heard a suggestion on public radio that tobacco companies should switch to marijuana because then they’d be selling life instead of selling death.”

But if you already are a regular user of recreational marijuana or about to become one, it would be wise to consider medical evidence that contradicts this view, especially for people with underlying cardiovascular diseases.

Compared with tobacco, marijuana smoking causes a fivefold greater impairment of the blood’s oxygen-carrying capacity, Dr. Keyhani and colleagues reported.

In a review of medical evidence, published in January in the Journal of the American College of Cardiology, researchers described a broad range of risks to the heart and blood vessels associated with the use of marijuana.

The authors, led by Dr. Muthiah Vaduganathan, cardiologist at Brigham and Women’s Hospital in Boston, point out that **“marijuana is becoming increasingly potent, and smoking marijuana carries many of the same cardiovascular health hazards as smoking tobacco.”**

Edible forms of marijuana have also been implicated as a possible cause of a heart attack, especially when high doses of the active ingredient THC are consumed.

With regard to smoking marijuana, Dr. Vaduganathan explained in an interview, **“The combustion products a tobacco smoker inhales have a very similar toxin profile to marijuana, so the potential lung and heart effects can be comparable. When dealing with patients, we really have to shift our approach to the use of marijuana.”**

His team reported, “Although marijuana is smoked with fewer puffs, larger puff volumes and longer breath holds may yield greater delivery of inhaled elements.” In other words, when compared to tobacco smoking, exposure to chemicals damaging to the heart and lungs may be even greater from smoking marijuana.

Dr. Vaduganathan said he was especially concerned about the increasing number of heart attacks among marijuana users younger than 50. In a registry of cases created by his colleagues, in young patients suffering a first heart attack, **“marijuana smoking was identified as one factor that was more common among them.”** The registry revealed that, even when tobacco use was taken into account, **marijuana use was associated with twice the hazard of death** among those under age 50 who suffered their first heart attack.

Other medical reports have suggested possible reasons. A research team headed by Dr. Carl J. Lavie of the John Ochsner Heart and Vascular Institute in New Orleans, writing in the journal Missouri Medicine, cited **case reports of inflammation and clots in the arteries and spasms of the coronary arteries in young adults who smoke marijuana.**

Another damaging effect that has been linked to marijuana is disruption of the heart's electrical system, causing abnormal heart rhythms like atrial fibrillation that can result in a stroke. In one survey of marijuana smokers, the risk of stroke was increased more than threefold.

These various findings suggest that a person need not have underlying coronary artery disease to experience cardiovascular dysfunction resulting from the use of marijuana. There are receptors for cannabinoids, the active ingredients in marijuana, on heart muscle cells and blood platelets that are involved in precipitating heart attacks.

Cannabinoids can also interfere with the beneficial effects of various cardiovascular medications, including statins, warfarin, antiarrhythmia drugs, beta-blockers and calcium-channel blockers, the Boston team noted.

The researchers found that in an analysis of 36 studies among people who suffered heart attacks, the top three triggers were use of cocaine, eating a heavy meal and smoking marijuana. And 28 of 33 systematically analyzed studies linked marijuana use to an increased risk of what are called acute coronary syndromes — a reduction of blood flow to the heart that can cause crushing chest pain, shortness of breath or a heart attack.

“In settings of an increased demand on the heart, marijuana use may be the straw on the back, the extra load that triggers a heart attack,” Dr. Vaduganathan said. He suggested that the recent decline in cardiovascular health and life expectancy among Americans may be related in part to the increased use of marijuana by young adults.

“We should be screening and testing for marijuana use, especially in young patients with symptoms of cardiovascular disease,” Dr. Vaduganathan urged. **He expressed special concern about two recent practices: the vaping of marijuana and the use of more potent forms of the drug, including synthetic marijuana products.**

“Vaping delivers the chemicals in marijuana smoke more effectively, resulting in increased doses to the heart and potentially adverse effects that are more pronounced,” the cardiologist said.

“Marijuana stimulates a sympathetic nervous system response — an increase in blood pressure, heart rate and demands on the heart that can be especially hazardous in people with preexisting heart disease or who are at risk of developing it.”

Dr. Vaduganathan's team estimated that more than two million American adults who say they have used marijuana also have established cardiovascular disease, according to data from the National Health and Nutrition Examination Surveys in 2015 and 2016.

According to Dr. Keyhani, who works at the San Francisco VA Medical Center, the combination of marijuana smoking and pre-existing heart disease is especially concerning because inhaling particulate matter of any kind can harm the heart and blood vessels.

“Marijuana is a leafy green, and combustion of any plant is probably toxic to human health if the resulting products are inhaled,” she explained. “Unfortunately, the research base is inadequate because marijuana hasn't been studied in randomized clinical trials.”

A major problem in attempts to clarify the risks of marijuana is its classification by the U.S. Drug Enforcement Administration as a Schedule I drug, making it illegal to study it rigorously in controlled clinical trials.

Scientists must then resort to the next best research method: prospective cohort studies in which large groups of people with known habits and risk factors are followed for long periods to assess their health status. “The challenge is to recruit a cohort of daily cannabis users,” Dr. Keyhani said. “It's absolutely important to look at the health effects of cannabis now that the prevalence of daily use is increasing. The absence of evidence is not evidence of absence.”

While there are currently no official guidelines, Dr. Vaduganathan's team urged that anyone known to be at increased risk of cardiovascular disease should be advised to minimize the use of marijuana or, better yet, quit altogether.

Written Communications - Lippitt

Jane Brody is the Personal Health columnist, a position she has held since 1976. She has written more than a dozen books including the best sellers “Jane Brody’s Nutrition Book” and “Jane Brody’s Good Food Book.”

Seven bodies, nothing stolen - Were killings at Riverside marijuana grow 'a message'?

By [Matthew Ormseth](#),

ANZA, Calif. —

The boy knew how his mother made a living. He also knew the danger inherent in it.

As recently as two months ago, he had stayed at a property in Aguanga, a small community in rural Riverside County, where his mother, helped by recent immigrants from Laos, grew marijuana.

By day, he watered the plants and lugged buckets full of soil and supplements that helped them grow; by night, he slept on a small cot in a trailer alongside his mother, her boyfriend and her friend.

Though he did not think his mother growing marijuana made her a bad person, the 16-year-old recalled an unease, the sense that violence could at any moment intrude on that dusty, far-flung property.

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"It's drugs," he said. "And anything can happen when you're dealing drugs."

Half an hour after midnight on Sept. 7, Riverside sheriff's deputies were called to the property, where they found a woman badly shot and in the last hours of her life. She would die at a local hospital. Elsewhere on the site, the deputies found the bodies of six people, all of them shot to death. The boy's mother, Phone Chankhamany, was among the dead.

One month later, Riverside County's worst mass killing in recent memory remains cloaked in mystery. The authorities have not said if they've turned up a motive or narrowed in on any suspects. The Riverside Sheriff's Department has declined requests for interviews and placed security holds on the coroner's reports, blocking their disclosure.

The victims — who, according to Chankhamany's son, were mostly new immigrants from Laos — have little if any paper trail. No property records, court cases or other public documents that might offer insight into their lives or leads to relatives who could.

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Yet what facts have emerged illustrate a brutal point: Violence haunts California's illegal marijuana market, which, law enforcement authorities concede, dwarfs its fledgling, legal

counterpart and comprises a sweeping array of players, from mom-and-pop grows to sophisticated drug trafficking organizations.

The murder scene in Aguanga was a large marijuana cultivation and processing site — a “major organized-crime type of an operation,” Sheriff Chad Bianco said. Everyone on the property — living and dead — was Laotian.

The dead were five women, ages 44 to 59, and two men, 53 and 64. In addition to Chankhamany, 54, their names were Souphanh Pienthiene, Thongpath Luangkoth, Samantha Sourignasak, Khamphour Nanthavongdovane, and Vikham and Khamtoun Silimanotham.

Chankhamany’s son, whom The Times is not naming for his safety, said his mother had overseen the grow. She was born in Laos and came to the United States about 16 years ago, he said in an interview at his uncle’s home.

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Several of his mother’s friends worked at the grow, he said, alongside a revolving cast of recent immigrants from Laos, who, unable to speak English and struggling to find employment, would work and live on the site until they made enough cash to move on.

“Usually, when they come to the U.S., it’s the first thing they do to make money,” he said.

About 20 people were living on the Aguanga property, the sheriff said. Some had stayed in a beige, two-story house on whose front door was taped a handwritten note that read in English, “Welcome to our home, please take your shoe off before enter the house,” and a similar message beneath it in Lao. Others slept in tents and a trailer.

A day after the shootings, Bianco said his detectives were pursuing the theory that multiple assailants had carried them out. If that theory has changed, the Sheriff’s Department will not say.

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Wade Shannon, assistant special agent in charge of the Drug Enforcement Administration’s operations in Riverside and San Bernardino counties, noted the slayings came during peak harvest time, yet there was no sign the site had been robbed. “This wasn’t a rip-off,” he said in an interview. “If you’re not robbing someone, you’re sending a message.”

Shannon theorized the growers were either operating in someone’s territory or eating into someone’s profits. “This was sending a message. The question is: Who did it?”

To consider who might have carried out the murders, consider where they took place: the Anza Valley, a longtime hub for marijuana cultivation, and beyond that, the Inland Empire, which Shannon described as “ground zero for drug trafficking in the United States.”

The region is favored by drug traffickers for the same reason it is favored by shipping companies: Interstates and other major thoroughfares weave through it, leading to various distribution points across the country. Huge truck yards in Rialto, Colton and Fontana offer a pool of potential couriers, and the U.S.-Mexican border — across, over and beneath which drugs and the proceeds of their sale flow — is not far away.

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Yet unlike other drugs such as methamphetamine, which is typically synthesized in “super-labs” in Mexico and smuggled north, much of the marijuana coursing out of the Inland Empire is homegrown, Shannon said.

Marijuana is bulkier than other drugs and more difficult to secrete in a cross-border shipment. “If you’re wearing baggy pants, you can hide a pound of meth in your pocket,” he said. “Marijuana, not so much.” For this reason, many drug traffickers prefer growing marijuana in the United States to raising it elsewhere and trying to slip it into the country.

Shannon divided the region’s illegal marijuana cultivators into three loose groups, each with a distinct modus operandi. Chinese nationals, he said, have set up sophisticated grows within suburban rental homes. They typically divert electricity before it reaches the meter and use it to power high-wattage grow lights and irrigation systems, he said.

They will grow inside a rental home for a few years, then abandon it. By that time, Shannon said, the house is all but ruined by the humidity, which breeds mold, and the reek of marijuana, which seeps into the drywall.

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Mexican drug trafficking groups, Shannon said, oversee the largest cultivation sites in the Inland Empire — fields that are carved out of public forest land, tended by low-paid laborers, irrigated with water siphoned from public sources and doused in illegal pesticides that can poison groundwater. A bonus of growing marijuana on public land, he added, is that if the operators are prosecuted and their property subject to forfeiture, the government cannot seize the land because it already owns it.

The third group in the Inland Empire are Laotian growers, Shannon said. Concentrated in the Anza Valley, they typically raise their crop in plywood sheds and grow houses erected on private land.

At the scene in Aguanga where seven people were slain, deputies found a crude, wooden grow house covered with a black tarp, as well as a lab used to extract THC from marijuana plants. They recovered more than 1,000 pounds of processed marijuana, valued in the millions, the sheriff said.

Chankhamany's son said he never learned to whom his mother sold her crop, although she once mentioned driving a load down to Tijuana. She was in this business solely to make money, he said. "She's not a bad person. It was weed — it wasn't like it was hardcore meth."

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Though his mother lived in the Temecula area and he in a different state, she called every day, he said, to ask how his day had gone and what he'd eaten. "She always said she loved me before she hung up," he remembered.

This summer, after finishing his freshman year of high school, he stayed with his mother in Aguanga, helping tend her crop from mid-July through the first week of August. He would have stayed longer, he said, had some friends from school not convinced him to return for a birthday.

"If I was still there," he said slowly, "I don't know what would have happened."

The boy recalled that two or three years ago, he noticed several faces were absent from the grow, faces of people he believed were business partners of his mother. When he asked about them, she said, "They're not friends anymore."

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He sensed they had not parted on good terms. Now, when he wonders who could have killed his mother, he revisits that exchange, those faces.

"I don't think it was a robbery," he said. "I think it was someone who didn't like my mom."

https://www.theepochtimes.com/the-true-cost-of-marijuana-a-colorado-town-that-went-all-in_3546091.html



The number of homeless people in Pueblo, Colo., has increased since 2014 when retail marijuana was legalized in the state. (Charlotte Cuthbertson/The Epoch Times)

US FEATURES

The True Cost of Marijuana: A Colorado Town That Went All-In

BY CHARLOTTE CUTHBERTSON

October 27, 2020 Updated: October 27, 2020

PUEBLO, Colo.—It's a common story across America: A city loses its main employer, usually a manufacturing company with well-paying, blue-collar jobs (that often go to China). The city's economy crumbles, and those who can move out, do.

Decades later, and looking peeling-paint tired, the city hasn't managed to recover, but drugs have found a permanent home.

In Pueblo, Colorado, the manufacturer was a steel plant beleaguered by a market crash in the 1980s and worker strikes in the 1990s. And one drug was given a red-carpet welcome.

For years, Pueblo has been looking for industries to revive its economy, and when recreational marijuana was legalized for retail sale in Colorado in 2014, many saw it as the answer. More people would be employed and the tax money would go to schools and infrastructure.

The county commissioner at the time, Sal Pace, went all-in on the industry, promoting Pueblo as the “Napa Valley of cannabis.” Pueblo is situated 100 miles south of Denver, with a population of around 160,000 people.

Marijuana grow operations and dispensaries sprung up quickly and now employ around 2,000 people, Pace told [Colorado Politics](#) in September. According to employment website Indeed.com, the majority of dispensary jobs in Colorado pay \$12 to \$15 per hour.

Pace said about half of the commercial construction in Pueblo County since 2014 has been related to cannabis.

“The cannabis boom in Pueblo is real and sustainable, and we’re well positioned to be a national cultivation hub after federal legalization,” Pace told the publication.

So far, 11 states have legalized retail marijuana and four others—New Jersey, Arizona, Montana, and South Dakota—are considering it. Marijuana is still an illegal, Class 1 drug according to federal law.



An emergency department sign in Pueblo West, Colo., on Sept. 29, 2020. (Charlotte Cuthbertson/The Epoch Times)

View From the ER

Two emergency room doctors in Pueblo see a different side of the equation and say the deleterious effects of cannabis legalization far outstrip any benefits.

Dr. Karen Randall, who trained in pediatrics and emergency medicine, spent years as an ER doctor in Detroit, but Pueblo turned out to be a whole other level.

“It’s like a horror movie,” she told The Epoch Times. Every shift in the ER brings in a patient with cannabinoid hyperemesis. In layman’s terms, that means someone is screaming and vomiting uncontrollably. The sound is wretched and apocalyptic. It’s caused by chronic cannabis use, usually high-potency products, and it stops when the person stops using cannabis.

Then there’s the psychosis.

“I was in Detroit for 18 years and the cannabis psychosis here is worse than anything I saw in Detroit,” Randall said. “They’re very violent. The combination of this high potency THC and meth just creates this incredibly violent person.”

THC (tetrahydrocannabinol), the main psychoactive ingredient in today’s marijuana products, is now being extracted to reach a potency of more than 80 percent. In the 1990s, the average potency of a joint was around 4 percent THC.

Dr. Brad Roberts said he’s seeing more and more patients with psychosis who have no previous psychiatric history and are testing positive only for THC.

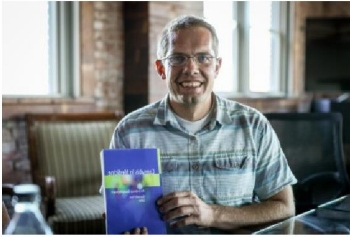
“There’s no PCP. There’s no amphetamines. There’s no alcohol. The only thing that comes up positive is cannabinoids. And they’ll admit that they did dabs right before it happened,” he said. “The ones I see that are true psychosis are teenagers—so 17, 18, 19.”

Dabs are a method of taking concentrated THC, usually through a vaping device or a glass rig. The concentrate is most commonly made by using butane to extract THC from the cannabis plant, and then it’s further processed to strip the butane out. Other forms of butane hash oil include waxes, shatters, and budders—which are similar, but have different textures.

Recently, a teenager “yelling incoherently” was brought into the ER with three police officers, five EMS personnel, and three security staff holding him down, Roberts said. The young man had been running along the middle of the street waving a metal rod at cars.

“I gave him 10 milligrams of intravenous Versed—after he had had 5 mg of Haldol, 50 mg of Benadryl, and 2 mg of Ativan [all sedatives]. And it hadn’t put him down. And he had been tased twice by the police,” Roberts said.

The teen later told Roberts he had been smoking concentrated cannabis waxes. Only cannabis showed up on his drug screen.



Dr. Brad Roberts, emergency room doctor, holds a new book written by medical experts, in Pueblo, Colo., on Sept. 29, 2020. (Charlotte Cuthbertson/The Epoch Times)

Roberts and Randall are trying to sound the warning bell on the negative effects marijuana legalization has had on their community and provide information that politicians might not be considering when faced with the legalization decision.

Since legalization in Colorado, Randall and Roberts have seen an increase in all drug use, not just marijuana. Methamphetamine use is up 143 percent, opiates are up by 10 percent, and cannabis is up by 57 percent, according to data from the ER drug screens over the past seven years.

“If you pump a community full of drugs, you’re going to have to expect everything that’s associated with them. You’re going to have to expect the crime, addiction,” Randall said.

“If you listen to what the industry says, we should be rolling in money because we’ve got about 50 dispensaries and we have over 100 legal grows. ... And so if you think about just that number, this community should be thriving, we should be rolling in dough.

“And we’re not. We’re the canary in the coal mine. Our kids are failing, our kids are using drugs more. I can’t find health care for them. I can’t find rehab, I can’t find places to put the kids in foster care.”

The Healthy Kids Colorado [survey](#) for 2019 showed that 20.6 percent of high school children in Colorado had used marijuana in the previous 30 days.

“While smoking marijuana remained the most frequent method of use in 2019, smoking decreased as dabbing significantly increased as the second most common method of

marijuana consumption among high school students,” the survey report stated. Vaping has also become more common.

The survey report concluded, “These are concerning trends since marijuana products associated with these methods of consumption often contain high concentrations of THC.”

Recently, two children younger than 14 ended up in the ER with Randall after each had ingested half of a candy bar that contained 500 mg of THC. Randall said the kids obtained the product from a buyer via Snapchat.

“We’re losing this generation,” she said. “What I see ... is the kids either smoke themselves, or they become the parents’ caretaker, they take care of their parents who are smoking—using drugs and drinking. And I don’t know which is sadder—you have an 8 year old that’s giving you the medical history of the parent, or the kid’s using.”



Dr. Karen Randall, emergency room doctor and pediatrician, in Pueblo, Colo., on Sept. 29, 2020. (Charlotte Cuthbertson/The Epoch Times)

Roberts said he believes the marijuana black market, prior to legalization, was a safer option, as the highly concentrated products now developed by chemists and botanists weren’t prevalent. “There is no part of this that is safer—it’s more frequently used, it’s higher potency use, and there are now all these different ways to use it,” he said.

In the ER, he asks his patients about smoking, drinking, and drug use, and said he’s “amazed” at how many people are smoking five or six joints a day. Or they’ll tell him, “I take a hit on the bong when I wake up, I usually go home for lunch and take a couple hits,” he said.

“Almost 100 percent of the people that use, use daily.”

Both Roberts and Randall say at least one-third of what they see in the ER on a daily basis is solely related to drug issues.

Many patients don't believe it when the doctors tell them it's their marijuana that's causing their hyperemesis or psychosis.

"They always say, 'It's not the cannabis. Pot is good for you,'" Randall said, "because it's been portrayed as super benign—it's healthy for you, it's natural."

Roberts said the last patient he told threw his papers on the floor and stormed out of the room.

Both have received threats, including death threats, for speaking out about the dangers of cannabis. They blame the strengthening cannabis industry lobby.

"They don't want me to talk about the dangers of cannabis because they want everyone in the world to think it's wonderful and thriving," Randall said.

Pueblo City Mayor Nicholas Gradisar said his main concern with the Pueblo cannabis industry is minors using cannabis, which is more readily available now.

"Obviously, it's illegal to sell or give marijuana to minors. Nobody thinks that's a good idea," he said. "There's some people that shouldn't use it, because they have that addictive personality—just like they shouldn't use alcohol. And the high-potency THC, it's sort of a dosing issue."

He said the edible cannabis products now must include a dosing recommendation on the packaging. "Obviously you get people that think they know better and they don't abide by that. But those are decisions that individuals make. Like I say, hopefully, those are adult individuals and not children."



A marijuana dispensary in Pueblo West, Colo., on Sept. 29, 2020. (Charlotte Cuthbertson/The Epoch Times)

Tax Revenue

The cannabis industry, by ensuring the city receives some tax revenue, has placed itself in a position in which it's hard to roll things back, Roberts said.

Gradisar said the city's eight cannabis retail stores generate about \$100,000 a month in taxes for the city.

"So economically, it's been a benefit to the city," Gradisar told The Epoch Times. "The costs in terms of law enforcement efforts have been negligible. When you compare them [cannabis retail stores] to bars, there's just no comparison to the number of calls or the incidents that take place in those establishments."

Gradisar said the increased issues with black market marijuana were a surprise, but law enforcement has been working to snuff it out.

Roberts and other concerned citizens tried and failed in 2016 to opt Pueblo out of retail marijuana.

"How is the city motivated to now cut that out?" he said. "It was a great business plan: 'Let me give a little bit of my profits to the city, that way the city will never shut me down. And the more I can make the city dependent on me, I'm safe.'"

Both doctors say the extra medical costs alone should be a deterrent.

Dealing with a case of cannabinoid hyperemesis costs around \$5,000 in the ER, Randall said. At least \$3,500 of that is for a CT scan. Her ER sees on average one patient a day with the affliction, which adds up to about \$1.8 million per year.

But, she said, most patients are on Medicaid, which means the medical care is federally subsidized, so local governments don't need to account for the whole medical cost.

Statewide, Colorado collected \$262.9 million from the regulated marijuana industry in fiscal year 2019, which made up 1.7 percent of the state's overall tax revenue. K–12 schools received \$102.2 million for school construction and school funding, an amount equivalent to 39.5 percent of total marijuana revenues.

The apportionment of state funds disbursed to Pueblo was about \$706,000.

Additionally, in fiscal 2019, Pueblo received local taxes related to cannabis sales and licensing totaling more than \$7,849,000. Of that, \$796,650 was spent on its college scholarship program. Other expenses it covered included \$1.3 million to health expenses, \$833,730 for animal control, and \$520,000 toward an art center.

Gradisar said the city is exploring the idea of expanding the industry by allowing hospitality rooms for the consumption of cannabis. But not much has moved forward yet, with the pandemic stymying progress.

“Cannabis has been around a long time, and I'm a fan of regulated cannabis—that we regulate it, we tax it, we control it,” he said. “And I think we've done a pretty good job in terms of putting those regulations in place.”



Pueblo West, Colo., on Sept. 29, 2020. (Charlotte

Cuthbertson/The Epoch Times)

Number on Medicaid

A high proportion—about 41 percent—of Puebloans are on Medicaid. The county population is just under 170,000, according to census data, and 70,500 are on Medicaid.

The proportion has increased from 2010 when around 34 percent were on Medicaid.

“There is no way to absorb that kind of cost on a continuum,” Randall said. She said many people moved to the area for cannabis, but they brought their chronic illnesses into an already poor community. Ads in the local newspapers suggest a myriad of illnesses that cannabis can alleviate or cure.

“This community just kind of absorbed a whole bunch of people ... who moved here to cure their diabetes with pot—which isn’t happening. And so in addition to all the problems that pot causes itself, we have all these people who moved here for the cure. Everybody’s looking for that miracle, and then they come into the ER with tremendous problems.”

Randall said it’s also difficult to attract medical providers to the area with such a large proportion of the population on Medicaid. “You can’t sustain a practice like that,” she said.

All but 4 of the 36 physicians in Randall and Roberts’s group live in Colorado Springs or Broadmoor, where the crime rate is lower and the schools have a better reputation.

Roberts, who grew up in Pueblo, has pledged to stay and do what he can to improve the city. He believes the way to turn things around is through education “to the point that people won’t use.”

He likens the issue to Big Tobacco, in that it took decades for people to understand that tobacco use was causing serious health issues and to make changes. “Same with opiates. Everybody was put on opiates, and if we didn’t give somebody opiates for their pain, we were bad doctors. And that’s how it was for years and years and years—until it got bad enough. And then when it gets bad enough, there starts to be change,” Roberts said.

“I think cannabis will do the same thing; it will eventually get bad enough. I don’t know where that bad enough is, but it’ll get bad enough that the pendulum will swing back.”

Meanwhile, he said, it’ll be “a bleak outlook” for many. “With cannabis, once you’ve damaged your brain and you develop schizophrenia, I probably can’t fix that. So there’s a certain number of people who are going to have mental health disorders,” he said.



A discarded marijuana canister in a homeless encampment in Pueblo West, Colo., on Sept. 29, 2020. (Charlotte Cuthbertson/The Epoch Times)

Finding a Sober Workforce

While the doctors say the medical and social impacts haven't yet reached the nadir, a local businessman says other areas are trending back up.

Pueblo native Ryan McWilliams has seen the best and worst of the city, but remains eternally optimistic about its future.

McWilliams, an engineer, employs dozens of people across multiple businesses in Pueblo.

His main challenge now is finding a sober workforce and attracting more skilled workers to the area.

Prior to 2014, before cannabis retail dispensaries and grow operations began popping up everywhere, McWilliams said 15 to 20 percent of possible hires were denied due to drugs or alcohol.

"Today, I think it's well over half, it's well over 50 percent," he told The Epoch Times.

"Our biggest issue with marijuana has been the lack of skilled workforce we can get. And almost zero unskilled workforce these days can pass a drug test, because they're all testing hot for marijuana."

McWilliams said he hires people for jobs ranging from general labor to skilled labor and construction, up to engineering. He works with the railroad industry, transportation companies, the aircraft industry, and cities.

“We don’t want to hire alcoholics, just like we don’t want to hire potheads. There’s no difference to me as an employer,” he said. “It impacts their workmanship, it impacts their safety, it impacts my safety.”

McWilliams said his company has a zero-tolerance policy, but some employers he knows have stopped drug testing their employees because they’re desperate for workers.

“They’re saying, ‘If we do test, we’ll lose half of our workforce, or a quarter of our workforce, and we’re already short-handed,’” he said. “So it’s created an issue where, for society in general, we’ve lowered our standards all the way across the board.”

McWilliams has a vision to create positive opportunities in Pueblo and help provide the economic drivers that the region still needs.

“This was not utopia. But at the same time, it was never at the level or at the magnitude that it is today, the volume of problems and the severity of problems is far worse than it was prior to legalization of marijuana,” he said.

One of his projects is to repurpose the old meatpacking plant that stood empty and broken, with around 150 homeless people living in it, when he took over. It’s now in the beginning stages of becoming a business and social hub in Pueblo.

“I’m currently pulling money and projects from other places—from London to Seattle to rural Georgia. I’m pulling money out of those projects, and closing down those projects, and pulling it to Pueblo, Colorado, because I think the upside here is so much bigger than it is everywhere else,” he said.



Businessman Ryan McWilliams stands by a rendering of one of his projects in Pueblo, Colo., on Sept. 29, 2020. (Charlotte Cuthbertson/The Epoch Times)

In August, the city announced that EVRAZ Rocky Mountain Steel is undertaking a multimillion dollar upgrade and putting in a new long-line rail manufacturing facility. The project is expected to create 1,000 jobs.

Wind tower manufacturer Vestas has a manufacturing facility in Pueblo. And the city is having discussions about new housing developments.

“There is no reason that the United States today should not have the capability to make absolutely everything we need,” McWilliams said.

As marijuana legalization expands to other states, Pueblo’s problems will be alleviated somewhat, McWilliams predicts.

“Marijuana is always going to be here, but it’s always going to be everywhere else. And the good part about Colorado now, and Pueblo, is we went through it, and just like this town has always done, we weathered the worst of the storm in that whole social experiment,” he said.

“My view is, we try to manage it the best we can. And we just outnumber those negative effects with positive companies coming in and positive influence and economic growth.”

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Marijuana Moment 10.27.20

Woman Who Died After Ingesting Marijuana Wrongful Death Lawsuit Filed on Behalf of Young Edibles

Home/Press Releases/Wrongful Death Lawsuit Filed on Behalf of Young Woman Who Died After Ingesting Marijuana Edibles

San Diego-based law firm CaseyGerry has filed a lawsuit in San Diego Superior Court on behalf of the parents of Le’Sharia Bre’Aun Steele (“Bre’Aun”) – a 28-year old flight attendant from Alabama who died in San Diego, California after consuming a KushyPunch Tropical Hybrid gummy – against the companies involved in the design, manufacture, distribution and sale of that product.

According to CaseyGerry attorney Robert J. Francavilla, the young woman experienced severe psychological and physiological symptoms after consuming a gummy, including trouble breathing, uncontrollable movements, increased heart rate, uncharacteristic behavior and panic attacks. She died hours after ingestion.

“These companies disguise and market their products as safe, fun and healthy, going so far as to represent to consumers that the products ‘deliver(ed) the wellbeing and relief to all those that seek it.’ What they do not tell consumers is that the use of their products carry extreme risk of serious injury or even death,” said Francavilla.”

Francavilla noted that the defendants represent to the public that their gummies, with apparently the same dosage as others, “hit heavier,” with more potency than competitors. “The defendants do not however, include important warnings related to these statements on their packaging and disregard and misrepresent the increased risks of injury and death attributed to ingesting a highly potent edible known for powerful and dramatic bodily effects,” he said.

Francavilla, with CaseyGerry associate Meagan L. Verschueren, is filing wrongful death and survivorship claims under theories of negligence, product liability, and misrepresentation on behalf of plaintiffs. Responsible parties include those involved in the design, manufacturing, testing, packaging, distribution and/or sale of the KushyPunch Hybrid gummies, including Passion Care, LLC, Desert Zen, Inc., Vertical Bliss, Inc., Kushypunch, Inc., More Agency, Inc. and UL Holdings, Inc. doing business as URBN LEAF.

“We are determined to fight for justice and set the platform for safer practices, full disclosure and clear warnings from the marijuana industry,” added Verschueren.
