Jan Kief, M.D., became immersed in the debate over whether to legalize recreational marijuana in 2012, the year she was president-elect of the Colorado Medical Society. That year, voters approved Amendment 64, a constitutional amendment allowing anyone over 21 years of age to grow and possess up to an ounce of cannabis. More than a decade earlier, the state legalized the drug for medical purposes.

Kief, an internal medicine physician, now speaks to others around the country about Colorado’s experience with medical marijuana. She shared some of the lessons learned as well as her thoughts about the consequences of legalizing marijuana for recreational use.

Why did you get so involved in this?
I was a chemist before I became a physician. I did my residency in internal medicine and emergency medicine. I worked in a big trauma center in Denver and saw lots of people coming in overdosed. I’m also a mother of five, and when I learned about the irreparable damage marijuana can do to the brains of adolescents, I became upset about what was happening in Colorado. I knew medical marijuana was being abused, and once I started immersing myself in the science I said, “I can’t ignore this.”

You say medical marijuana was being abused. In what way?
It’s been clearly shown that in medical marijuana states, it’s getting diverted to children. Seventy-four percent of teens in the Denver area who are in treatment said they used someone else’s medical marijuana on average 50 times. At one of the universities in Denver, because the legal age for medical marijuana is 18, it was almost considered a rite of passage during your first week of school to get a medical marijuana referral. You didn’t have to register with the state; you just needed a physician’s written referral.

And were many physicians giving these referrals?
A dozen physicians were writing more than half of the referrals. Most physicians said “No, I won’t touch this.” But there was no guidance on how to deal with it, and our major malpractice carrier told physicians that if they did recommend it, they’d be on their own in terms of protection against claims.

Were there concerns about the way the law was written?
It has some real big problems. It allows personal in-home cultivation and allows people to cultivate six plants. But if it isn’t enough to cover your pain, your caregiver can get approval for more. Some people were cultivating over 100 plants in their homes. The other issue is the caregiver model. In Colorado, a caregiver can oversee five patients and can petition to oversee more. Patients are supposed to have a bona fide relationship with their physician, but people were being bussed in to Denver from rural areas to get referrals.

Were there unintended consequences as a result of medical marijuana being legalized?
From 2000 to 2012, we saw hospital cannabis admissions more than double. It’s part of the potency thing. One of the biggest issues with marijuana now is that it’s so potent. In the 1960s, the level of THC, the psychoactive component, was maybe 2 percent. It’s now more than 10 times that. And in some of the medical strains we were seeing, it was 48 percent. In an ounce of marijuana concentrate, it was 84 percent. Also, auto fatalities involving drivers who tested positive for marijuana rose by 112 percent,
and drugged driving, where people tested positive for marijuana, tripled between 2009 and 2012.

**Given the experience with medical marijuana, what were your thoughts when the state legalized recreational marijuana?**

It was very frustrating. The advocacy group for legalization has big plans. They have infiltrated legislatures and influenced organizations at all levels. They want to see it legal in 10 more states by 2017. Physicians didn’t take any sort of stand early enough.

The governor appointed a task force in 2013 to make recommendations regarding implementation of Amendment 64. I was not on that, but it was pretty amazing to look at some of the people who were. Some big proponents of legalizing marijuana were on it. Every meeting I attended, they almost didn’t want to hear about the science.

**What was the sentiment among the medical community?**

We had 300 physicians on board with legalization. Their concern was people being in jail because they possessed small amounts. The statistics show that among sentenced people in state jurisdictions in 2008, 18 percent were sentenced for drug offenses but only 0.2 percent for possession. The rest were for trafficking. Those medical professionals and the public hung their hats on that issue. They weren’t going with the science.

**Does the medical marijuana industry in Colorado still exist?**

Yes. Some people still want to get referrals because it’s less expensive (the standard sales tax applies to medical marijuana; recreational marijuana is subject to sales tax plus special state sales and excise taxes and, in some communities, local sales and excise taxes); they can possess up to two ounces rather than just one, and they only have to be 18. Recreational marijuana is legal for those over 21.

**What can the 15 states that are currently considering legislation to legalize medical marijuana learn from Colorado’s experience?**

If you’re going to do this, you have to have good regulations. You don’t want home cultivation. Instead, you should have highly regulated dispensaries. We tried to get it where dispensaries are owned by the state like some states and municipalities do with liquor stores. It’s the best way to regulate a substance that can be abused and help ensure the quality and standardization of the product. You also want the caregiver to care for only one person and to make sure the physician really has a relationship with the patient.

Also, you need to have a baseline list of conditions that a referral can be written for. If there are too many or if the definition is too loose, it’s a problem. In Colorado, 94 percent of the more than 150,000 referrals made were for chronic or severe pain. Only 2 percent were for cancer, 1 percent for HIV and 1 percent for glaucoma. People would say “I have pain” and get a referral. You need to make the conditions very legitimate and really make it about compassionate care.

**Is there a better approach than legalizing medical marijuana for helping patients get the benefits?**

There’s an organization called Project SAM—Smart Approaches to Marijuana—that’s calling for rapid expansion of research into cannabis-based medicines. Marinol is one example. It has been available in the United States for chemotherapy-related nausea for several years. Sativex is in the FDA’s final stages of approval for cancer pain, and Epidiolex, which is useful in children with seizures, is available through the FDA or the manufacturer for investigational use.

**What can physicians do?**

That’s a good question. I think we need to be very open to the science. People look to us for informed opinions and we’re not as informed as we need to be. Physicians, teachers, parents, journalists, politicians, the faith community all need to come together to promote research, promote accurate information, promote access to medications. We need to keep this from becoming another Big Tobacco.

Kim Kiser is senior editor of *Minnesota Medicine.*

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