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**Cc:** Jeannie Lowell

**Subject:** Colorado Traffic Deaths and ER Admissions

Dear Members of the House Committee on Judiciary,

This morning, Col. Matthew Birmingham of the VT State Police testified in committee that Colorado has seen "a 32% increase in marijuana related traffic deaths in just one year after 2013", a "29% increase in the number of marijuana related emergency room visits", and a "38% increase in the number of marijuana related hospitalizations".

All of these claims are taken from the Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) [3rd Report](#), but unfortunately none of them are actually true.

### **Traffic Deaths:**

RMHIDTA arrived at the claimed 32% increase by comparing the number of fatalities in which a driver (whether or not at fault) tested positive for THC at a blood level of 2 nanograms per milliliter (ng/ml) over just 7 months in 2013 (n=71), to those who tested positive at just 1 ng/ml over the full 12 months of 2014 (n=94). But Col. Birmingham did not tell you that he was comparing just 7 months of data in one year to 12 months of data in another, nor that the threshold was cut in half in order to goose the result.

The RMHIDTA report includes an note (see p. 23) explaining, however, that had the threshold not been reduced, only 77 of the 94 drivers in 2014 would have tested positive at the original 2 ng/ml level.

The RMHIDTA report also shows that there were 78 positive tests in 2012, the last year prior to legalization for which a full 12 months of data was available.

If you set aside the part-year data for 2013, and compare full-year data for 2012 to full-year comparable data at 2 ng/ml for 2014, the result is that the number of positive tests actually *declined* by 1.5%, from 78 to 77, in the year immediately following legalization.

### **ER Admissions and and Hospitalization:**

The RMHIDTA report admits, in various notes throughout the document that the data on admissions prior to legalization "reflects incomplete reporting state-wide" (p. 77) and "does not represent complete, statewide participation" (p. 80). The report goes on to warn that "inferences concerning trends should not be made" (p. 77), and that the "increases observed...may be due partly, or completely, to increases in reporting by emergency rooms." (p. 80)

But not only does the report state that the increases are more likely due to more doctors participating than more patients coming into hospitals, it even warns that the nature of the data

itself "does not necessarily prove marijuana was the cause of the emergency admission or hospitalization." (p. 76)

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I urge members to look very carefully at any claims made to the committee based on the RMHIDTA report, which has been roundly criticized in the past for its obvious bias and results-oriented data manipulation.

With best regards,  
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Middlebury, Vt.