UNITED STATES DEPARTMENT OF JUSTICE

DRUG ENFORCEMENT ADMINISTRATION

Hearing

IN THE MATTER OF:	DEA Docket No. 1362
Schedules of Controlled Substances: Proposed Rescheduling of Marijuana	Hearing Docket No: 26-96

Wednesday,
July 8, 2026

700 Army Navy Drive
Arlington, Virginia

The above-entitled matter came on for hearing, pursuant to notice, at 9:00 a.m. EDT

BEFORE: THE HONORABLE DEREK C. JULIUS,
Chief Administrative Law Judge

APPEARANCES:

On Behalf of the Government:

JARRETT T. LONICH, ESQ.
DAVID C. MALEY, ESQ.
KAYLA L. KREINHEDER, ESQ
MACK J. SWAN, ESQ.
Office of Chief Counsel
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[redacted]

On Behalf of the National Drug and Alcohol Screening Association:

DAVID G. EVANS, ESQ.
[redacted]

On Behalf of Smart Approaches to Marijuana:

JOHN M. MCNICHOLS, ESQ.
Torridon Law PLLC
[redacted]

On Behalf of the States of Nebraska, Idaho, and Indiana:

JOHN M. MCNICHOLS, ESQ.
Torridon Law PLLC
[redacted]

On Behalf of DUID Victim Voices:

PATRICK D. KENNEALLY, ESQ.
CONNOR MIGHELL, ESQ.
Burke Law Group, PLLC
[redacted]

DAVID G. EVANS, ESQ.
[redacted]

On Behalf of Kenneth Finn, M.D.:

PATRICK D. KENNEALLY, ESQ.
CONNOR MIGHELL, ESQ.
Burke Law Group, PLLC
[redacted]

DAVID G. EVANS, ESQ.
[redacted]

ALSO PRESENT:

GRAYSON E. PHILLIPS, ESQ., Law Clerk

C-O-N-T-E-N-T-S

P-R-O-C-E-E-D-I-N-G-S

9:31 a.m.

JUDGE JULIUS: We are on the record. Today is July 8th, 2026. This is day 7 in the matter of Schedules of Controlled Substances, Proposed Rescheduling of Marijuana, DEA Hearing Docket No. 26-96, DEA Docket 1362.

First order of business, I'll take attendance of who is present today. Mr. Lonich, would you please state for who's here on behalf of the government today?

MR. LONICH: Yes, Your Honor. For the government, Jarrett Lonich, Kayla Kreinheder, David Maley, and Mack Swan.

JUDGE JULIUS: Welcome, Counsel. And on behalf of Smart Approaches to Marijuana?

MR. McNICHOLS: John McNichols, Your Honor.

JUDGE JULIUS: And the Opposed States?

MR. McNICHOLS: John McNichols.

JUDGE JULIUS: And on behalf of Dr. Kenneth Finn, MD?

MR. KENNEALLY: Good morning, Your Honor. Patrick Kenneally as well as Connor Mighell.

JUDGE JULIUS: Very good. On behalf of DUID Victim Voices?

MR. KENNEALLY: Patrick Kenneally, Connor Mighell, Your Honor.

JUDGE JULIUS: And I see Mr. Evans is with us. Are you here, Mr. Evans, on behalf of National Drug and Alcohol Screening Association?

MR. McNICHOLS: Yes, Your Honor, and Dr. Finn, and DUID. Your Honor, if I may, I'm going to be leaving tomorrow morning. I just wanted to thank you for your judicial demeanor throughout this whole process. You've been kind, compassionate, and yet firm, and you've made very thoughtful decisions. So, I just wanted to let you know I appreciate it.

JUDGE JULIUS: Well, you're very welcome. I always strive to give a full and fair hearing to every party that appears before me –

MR. EVANS: Yes.

JUDGE JULIUS: In this court and courts that I've presided over before, so I'm glad that came across.

MR. EVANS: No, it does.

JUDGE JULIUS: Thank you. And my

records show that we had Phillip Drum, PharmD, as well as Tennessee Bureau of Investigation were not appearing today. Anyone here on their behalf? I take that as a no. Thank you, everyone, for the roll call today. We finished up yesterday with the opening statements, on behalf of Dr. Finn.

Mr. Kenneally, if you'd like to call your first witness.

MR. KENNEALLY: Perhaps before we can get going, there's just one small matter that I wanted to bring to the court's attention.

JUDGE JULIUS: Sure.

MR. KENNEALLY: Judge, after Ed Wood's testimony yesterday, I inquired with Dr. Finn as to whether or not he had also reviewed the record, and he indicated to me that he had looked at days 1 and days 2. He indicated that the reason that he did that is not because he wanted to get an upper hand with respect to his testimony. He said they were emailed to him, and by virtue of the fact that they were emailed directly to him, he thought that it was fair game to look at, and he only did days 1 and days 2. So with that, I understand that the DEA may

have a motion.

JUDGE JULIUS: Understood. I appreciate the candor, Counsel. Mr. Lonich?

MR. LONICH: Yes, Your Honor. Just for the record, we understand the Court's ruling from yesterday, and we appreciate counsel's disclosure. However, the government's position is that that is in violation of the tribunal's order, and the government is now in a position, it has presented its case in chief, it has its witnesses, and now every witness that has come forth since then potentially is a de facto witness, and they are -- excuse me -- rebuttal witness, and they potentially have the ability to tailor their answers to Counsels' questions based on that knowledge. We understand the Court's ruling that's our position. We can take it up in brief, and at the very least, Your Honor, we would appreciate if the tribunal reissued maybe an oral order reminding the parties to refrain from doing so.

JUDGE JULIUS: Understood. Thank you, Mr. Lonich. Mr. Kenneally, do you have anything further to say?

MR. KENNEALLY: Well, I mean, I think

it probably can't be helped with respect to all parties in view of the fact that the attorneys are here listening to the testimony and sort of getting a sense of what the issues are, that some of the testimony as well as the questions are ultimately going to be affected by that.

Nothing Dr. Finn is going to say is going to sort of be directly rebutting, although the purpose for why he wanted to participate in this hearing is to, a certain extent, rebut the government's case. So some of it is going to be antagonistic to it as well as sort of directly addressing some of the things that the government talked about. We would have no problem with extending Dr. Finn's cross-examination. We understand that this is new information for the DEA. We understand that we've also served some exhibits on them last Sunday, so if they wanted, I understand we're ahead of schedule. If they wanted to push back Dr. Finn's cross-examination, we could make him available at any other day after they've had the opportunity to ultimately prepare. But I think that in view of the fact that we've disclosed it to the extent that his testimony was affected,

that is something they could explore on cross-examination, and we would welcome that.

JUDGE JULIUS: Thank you, Mr. Kenneally. Anything further from the government, Mr. Lonich?

MR. LONICH: No, Your Honor.

JUDGE JULIUS: Okay.

MR. LONICH: We maintain the same position.

JUDGE JULIUS: Thank you. I understand the position of both parties. I do understand the situation that we have because certain witnesses are also heads of organizations which make them parties, they have received transcript copies that were emailed by the Court to the parties as well as counsel. We've reviewed the preliminary order that the Court sent out. We did say that witnesses would not be allowed in the courtroom. We did not specifically say they should not read transcripts. I think perhaps that was within the spirit of that, but I also understand that they have directly received these and may have believed that they could read those. I will go ahead and, I suppose, orally supplement the preliminary order to the extent

that we have any further witnesses. They should be instructed not to read any transcripts. I'm not going to exclude Dr. Finn's testimony based upon the fact that he has reviewed day 1 and 2, I believe you said, of the --

MR. KENNEALLY: Yes, Your Honor.

JUDGE JULIUS: Of the transcripts. I think it may go to weight. Those arguments can be made. Certainly, any impact that had can be explored on cross-examination. It sounds like counsel is open to extending --

MR. KENNEALLY: Of course.

JUDGE JULIUS: Cross-examination if need be, and so should it come to that, I will certainly entertain any motions for extended cross-examination just to delve into to what extent there may have been some impact by having read those transcripts.

MR. LONICH: Yes, Your Honor. Understood.

JUDGE JULIUS: Okay, any other preliminary matters from any other party?

MR. LONICH: Not from us, Your Honor.

JUDGE JULIUS: Okay. Then feel free to call your first witness, Mr. Kenneally.

MR. KENNEALLY: Your Honor, we would call Dr. Kenneth Finn to the stand.

JUDGE JULIUS: Okay. Good morning, sir.

DR. FINN: Good morning.

JUDGE JULIUS: Before you have a seat, if I could get you to raise your right hand. Do you swear or affirm that everything you say in these proceedings will be the truth, the whole truth, and nothing but the truth?

DR. FINN: Yes.

WHEREUPON,

KENNETH FINN, M.D.,

having been first duly sworn, testified as follows:

JUDGE JULIUS: Thank you very much.

THE WITNESS: Thank you.

JUDGE JULIUS: You may be seated. And before Mr. Kenneally begins his questioning of you, I'll just give you some brief instructions on the process of testifying, just for clarity of the record.

THE WITNESS: Yes, sir.

JUDGE JULIUS: Please wait until the full question is asked before you start your

answer. Pause for just a moment before you begin your answer to see if the question draws an objection. If you hear the word objection, hold on. I'll address the objection, and then I'll instruct whether you should answer the question or not. If you need the question repeated, you can ask to have the question repeated. If at any time you get a question you don't understand, please state that you don't understand the question. We'll get it rephrased in a way that you do understand. And if you do go ahead and answer a question without saying you don't understand, we will assume that you understood the question.

THE WITNESS: Okay.

JUDGE JULIUS: Okay? Thank you very much. Mr. Kenneally, whenever you're ready.

DIRECT EXAMINATION

MR. KENNEALLY: Good morning, sir. Would you please introduce yourself to the judge by stating your first and your last name and then spell your last name for the record?

A My name is Kenneth Finn, F as in Frank-I-N-N.

Q All right, and you're a doctor?

A Yes, sir.
Q Where'd you go to med school?
A University of Texas in Houston.
Q And what year did you graduate?
A 1990.
Q All right, and after that, did you have an internship?
A Yes.
Q Would you tell the judge about that?
A I did an internal medicine internship at Presbyterian Hospital of Dallas.
Q All right. And did you do a residency thereafter?
A No, I did my residency at the University of Utah in Salt Lake City and completed that in 1994.
Q Okay, how many years was the residency?
A Three.
Q Are you licensed to practice medicine?
A Yes.
Q In what states?
A Colorado, Utah, and Arizona.
Q And could you tell the judge when you were licensed in each one of those states, please?

A Colorado, 1994. Utah, 1990. And Arizona, 2025.

Q Okay. Doctor, what does board certified mean?

A Board certification is a bar a physician needs to meet in order to have qualifications to practice in their specialty.

Q And are you board certified in anything?

A Yes.

Q Tell us about that.

A I'm board certified in physical medicine and rehabilitation. I'm also board certified in pain management, which was a board exam offered through the joint boards of anesthesia and physical medicine and rehab. And I'm also board certified in pain medicine.

Q And how long have you been board certified in pain medicine and those other two?

A Oh, 25-plus years.

Q In each one?

A Yes.

Q Okay, let's talk about your employment history.

A Okay.

Q All right, after you graduated from medical school, you went to work for the Denver Spine and Rehabilitation Institute?

A Denver Spine and Rehab, P.C.

Q Okay. Tell us about that.

Q What were your responsibilities there?

A I was an employed physician at that time, and I worked with them for about two years, and I evaluated and treated patients with pain disorders.

Q Okay, what was the next step?

A I went on private practice from 1996 through about 2024.

Q All right, and that's with Spring Rehabilitation?

A Springs Rehabilitation, yes.

Q All right. Tell us about your job responsibilities there. What did you do for them?

A Well, I was a business owner in private practice, and I did very similar work in terms of managing and evaluating patients with pain disorders. I did a lot of work in the workers compensation world and personal injury world as well.

Q All right, did you work at any other clinics while you were working at the Spring one?

A We opened an office in Denver called Interwest Rehabilitation that we hired a physician to take over, and we leased the practice to him. And we also tried to open an office in Scottsdale, Arizona, but we couldn't find a doctor that wanted to work.

Q Okay. So how often are you working in Colorado versus Arizona versus Utah?

A I am full-time in Prescott, Arizona, working in a medical clinic as a hospital-employed physician.

Q Okay.

A And I do the same type of work evaluating and treating patients with musculoskeletal and pain disorders, spending part of my time doing interventional pain management.

Q Okay. What's a physiatrist?

A Physiatrist.

Q Excuse me. What's a physiatrist?

A A physiatrist is a specialist in physical medicine and rehabilitation, where we

treat and manage patients with musculoskeletal and pain disorders.

Q Do you consider yourself to be a physiatrist?

A Yes, sir.

Q All right. What's the largest professional organization for a physiatrist?

A The American Academy of Physical Medicine and Rehabilitation.

Q Are you a member?

A Yes.

Q Tell us about your membership.

A I've been a member since 1991, and it's just a membership of the organization. We have to maintain our certification every 10 years, and now every 5 years, where we have to pass, you know, qualifying exam, pass exam questions to maintain our certification.

Q Okay. What's the American Board of Pain Medicine?

A The American Board of Pain Medicine is an organization that is not recognized by ACGME, or American College of Graduate Education.

Q What does that mean?

A ACGME certification are kind of the

typical medical boards like PM&R, like anesthesia, like oncology, et cetera. But in the world of pain, there's not a lot of doctors that want to treat and manage patients that have pain because --

Q Why not?

A Well, we're in the midst of an opioid epidemic, which I think we're making an impact on. I think the opioid deaths are getting lower. But the American Board of PM&R and the American Board of Anesthesia were really the only large bodies that allowed people to become certified in some sort of pain management.

Q Okay.

A The American Board of Pain Medicine was created in the early ‘90s for specialists outside of those two fields, like in neurosurgery, neurology, and psychiatry, that still had an interest in taking care of patients that had pain disorders.

Q Okay.

A So that board was created over 30 years ago, and I sat on their exam council for more than 25 years writing exam questions for physicians that are interested in having that

higher level of knowledge and that other feather in their cap to say that they have adequate knowledge to take care of those types of patients. I was also the President of the American Board of Pain Medicine for several years. I've been on their board of directors for many years and their appeals committee. I was very involved in that organization.

Q Okay. And what exactly do they do?

A The American Board of Pain Medicine?

Q Yes.

A Again, we want to make sure that physicians that may be anesthesia or PM&R trained or those that are outside those boards like psychiatry, neurology, and neurosurgery have that level of knowledge to take care of these patients adequately and safely.

Q Okay, have you taught at any medical schools?

A Yes.

Q Tell us about that.

A I was an associate clinical professor at the University of Colorado, Colorado Springs branch for several years.

Q Okay. Doctor, when did you first

become interested in marijuana and whether or not it had a medical application?

A Well, having been in Colorado, which kind of went down this path in 2000 and 2001 when they implicated -- or they initiated the medical marijuana program, after several years of dormancy, the program -- there was no infrastructure. There were no dispensaries. Physicians were fearful for recommending marijuana use due to fear of licensure loss. But after the Ogden memo and the dispensaries opened up across the state, where even today there's more marijuana --

Q What's the Ogden memo?

A The Ogden memo was a federal, you know, where they're going to leave the states that have medical marijuana programs alone.

Q Oh.

A And after that memo passed, after some politicking at the state level, the dispensaries opened across the state of Colorado, where even today there's more marijuana businesses than there are Starbucks and McDonald's combined. And then I started to see an influx of patients coming to me that were taking a high dose of

opioids, which in and of itself is a problem. They were reporting very high levels of pain, you know, 8, 9, 10 out of 10 pain, horrific pain, and they were using marijuana for pain.

Q Okay.

A And over time, you know, with less stigma of marijuana use, I was having more open conversations with these patients. When I pinned them down, I said, okay, well, marijuana's supposed to be a good opioid substitute and analgesic. Let's taper you down off of your opioids, and then you can use all the marijuana you want. And the vast majority, nearly 100 percent, most of them, would tell me, well, I don't want to do that. And I said, well, why? Because, you know, marijuana's supposed to be a good pain analgesic, and my patients were telling me it wasn't doing what it was supposed to do and that the opioids were more effective in managing their pain.

Q All right. And while you were treating all of these patients and sort of initially mustered an interest in the subject, did you become interested in the public health effects that marijuana might be having on Colorado and

some of the other states that you were practicing in?

A Yes, because what the patients were reporting to me kind of went against the grain of what the public opinion was, and so it kind of piqued my curiosity. So I took a deep dive into the science. I took a deep dive into the literature, which was a little more scarce at that time. We're talking about mid-2000s, 2005 to 2009. You know, read Robert Pertwee's book, which was an amazing compendium of the science, and I kind of ended up down this road where I ended up on the Governor's Task Force for Amendment 64.

Q What is that? Tell us about that.

A That's the constitutional amendment in the State of Colorado that allowed recreational use of marijuana, and I was --

Q What was your role on the task force?

A I served on the Consumer Safety and Social Issues Work Group, and then I also served four years on the Colorado Medical Marijuana Scientific Advisory Council.

Q And while you were on those, were you considering the public health impacts of

marijuana?

A Yes. I was learning a lot at that time.

Q Okay. Are you published in any medical journals, peer-reviewed or otherwise, journals of pain, public health impacts of marijuana?

A Yes, I've published several articles.

Q Tell us about that.

A I talked about public health implications. I talked about opioid epidemics in the Journal of Pain and other publications. I ended up writing a medical textbook called Cannabis in Medicine: An Evidence-Based Approach, where I had 70 authors from 40 countries and 20 chapters kind of outlining all variety of issues in one-stop shopping. I mean, and a year and a half of my life I won't get back. And I have a much higher respect for people that edit things.

Q What does editing entail? Like, what does -- what was your role?

A My role was to review each submission, checking for grammar, punctuation, cross-referencing their references to assure that everything was true and valid. And it was a

large undertaking. Of course, today you can go to PubMed or Google Scholar and look up any particular article you're interested in. But this was the first compendium kind of putting all those pieces together in one place. And there was not, and as far as I know, is still not a book of that degree.

Q Okay. Were there any chapters dealing with the public health effects of marijuana?

A Yes. We had a chapter on driving impairment. We had a chapter on, you know, physician responsibility and licensure issues. Then we covered a whole variety of topics from the brain to the heart to the lung to the emergency room to pediatrics to adolescence. Suicide, depression, psychosis, a whole variety of subjects were within that book.

Q Okay and it looks like in 2016 you published an article called The Hidden Costs of Marijuana Use in Colorado: One Emergency Department's Experience. What was that about?

A Well, I was curious, you know, because I was reading a lot about the public health implications on cannabis use. But just like all the other substances that make a lot of money

for the respective industries, we know that there are public health implications. I mean, alcohol and tobacco kill hundreds of thousands of people a year. They make a lot of money for the respective industries, but we know there's a public health cost to it.

So, in a medium-sized hospital in Colorado Springs, we looked from 2009 to 2014, just on the cusp of legalization, of what the healthcare costs were to that one particular hospital. What we found were several things. Number one, I did not realize how complicated hospital billing is. I'm a pretty simple person. I say, give me a patient name, a date of service, and a drug test --

Q Yeah.

A And a bill and a charge.

Q Okay.

A And we had to cross-reference a lot of data, and that's why it took so long to publish. And at the end of the day, we found that that one particular hospital lost $20 million just from marijuana-related emergency room visits.

Q Okay. Doctor, just for the sake of time, I'm going to try to run through these.

You've also -- I'm just looking at your CV here.

A Yes.

Q Exhibit 1.

A Okay.

Q It also looks like you published an article called The Clinical Conundrum of Medical Marijuana in Pain Medicine News in 2017. You published Why Marijuana Will Not Fix the Opioid Epidemic in Missouri Medicine in 2018 as well as in 2024, Cannabis and the Overdose Crisis. Do all of those articles deal with the public health effects of marijuana?

A Yes.

Q Okay. Doctor, tell the judge about your experience either as a patient or in prescribing marijuana as part of your practice.

A Well, interestingly, because based on my discussions with my patients, and they were telling me it wasn't working and how easy it was to get a marijuana card, out of curiosity I became a registered medical marijuana patient in the State of Colorado. And this was during the epidemic, the COVID epidemic, so it was a telehealth visit. It cost me $250. I didn't make anything up. I was a very active person,

who played collegiate soccer. I'm still very active skiing, mountain biking, hiking, and my body has taken a beating. But particularly my knee issues, I've had multiple surgeries, and I was telling my recommending provider my knees hurt. In a matter of 60 seconds, I was approved for severe pain. And the recommending physician never asked me what my level of pain was, which on a day-to-day basis is about 0 to 2 on a 10 scale, never asked for a medical record review, never asked if I tried treatments like physical therapy, which medications I've tried, didn't ask if there may have been any drug-drug interactions with cannabis use. And so, within a minute, I won it and then a year later, I got my renewal for my medical marijuana card, and there was no fanfare. There were no questions asked. Same. Yeah, my knees still hurt. At that point I started asking my recommending physician some pointed questions, such as if I have an adverse event? What if I have chest pain? What if I have palpitations? What if I feel a little depressed or suicidal? And the recommending physician is required in the State of Colorado to be completely, fully licensed,

unrestricted licensed to practice medicine.

Q Okay.

A And defer to my primary, so they were not able to take care of me if I had a problem with the products that they were recommending.

Q Okay, having worked as a pain doctor in Colorado and Arizona, are you familiar generally with how marijuana is prescribed in those states or certified or licensed?

A They're typically recommended. There really is no prescription, and I think Colorado has a very -- more broad, I guess, structure.

Q Yeah.

A I mean, even an optometrist that is not a physician can make a recommendation of medical marijuana in --

Q Okay.

A -- the State of Colorado.

Q Do you have a financial interest in the marijuana industry?

A No.

Q Okay. Do you have a financial interest in a competitor drug, in a drug that's a competitor to the marijuana industry?

A No.

Q Okay. Doctor, prior to coming to court here today, did you have the opportunity to look at your CV? Is it fair, accurate, and authentic and labeled Exhibit 1?

A Yes.

MR. KENNEALLY: Judge, at this time I'd ask to enter his CV into evidence. I'd also ask to tender Dr. Finn as an expert in pain medicine and the public health effects of marijuana.

(Whereupon, the document referred to was marked as Dr. Finn’s Exhibit No. 1, for identification.)

JUDGE JULIUS: Any objection to Exhibit 1?

MS. KREINHEDER: No objection.

JUDGE JULIUS: Okay. Dr. Finn, Exhibit 1 will be admitted, and we will provisionally accept the expertise per the preliminary order.

(Whereupon, the above-referred to document marked as Dr. Finn’s Exhibit No. 1 was received into evidence.)

MS. KREINHEDER: Your Honor, the government just asked that we have the opportunity to address that in the post-hearing brief.

JUDGE JULIUS: Absolutely. Thank you, Counsel. Please proceed.

MR. KENNEALLY: Thank you. Doctor, you offer quite a number of exhibits.

THE WITNESS: Yes, sir.

BY MR. KENNEALLY:

Q Why so many?

A There's a lot out there.

Q Okay. Let's talk about Exhibits 2 through 108 and 111 through 124. Prior to coming to court here today, have you had the opportunity to review all of those exhibits?

A Yes.

Q All right. And are these true and accurate copies of the published articles, reports, and documents they purport to be?

A Yes.

Q Do they fairly and accurately reproduce the originals as published?

A Yes.

Q Were these articles, reports, documents published by authoritative sources regularly relied on by pain physicians and public health specialists in your field?

A Yes.

Q Are these the kind of materials that experts in pain medicine and public health specialists rely on in forming their opinion?
A Yes.
Q Do these materials bear on whether marijuana has a currently accepted medical use?
A Yes.
Q Do these materials bear on whether marijuana has an accepted level of safety and its potential for abuse?
A Yes.
Q All right. Let's talk about Exhibits 111 through 124. Do you work a full-time job?
A Yes.
Q As you discussed, were you recently moving?
A Yes.
Q Where were you moving from?
A Well, I was recently getting ready to put a house on the market in Colorado Springs and was moving from -- or driving from Colorado Springs to Prescott, Arizona.
Q Okay, and this was during the time that you were gathering the exhibits, correct?
A Yes.

Q And how many days did you have to gather the exhibits?

A Not many, I didn't count, but very few.

Q Okay. And are the exhibits that you neglected to include in your original summary -- are they relevant and material to your testimony? And that is, for the record, Exhibits 111 through 124.

A Yes.

Q Okay. And did you provide notice of your intent to use these exhibits to the DEA last Sunday, three days ago?

A Yes.

Q Okay. Let's talk about Exhibits 109 through 110. Do you know Drs. Rossheim and Doctor Stuyt, for the record, Judge, that's S-T-U-Y-T, personally?

A I know Dr. Stuyt personally. I do not know Dr. Rossheim personally.

Q Okay, but you do know of Dr. Rossheim?

A Yes.

Q Okay, and who are they?

A Dr. Rossheim is a public health specialist, and Dr. Stuyt is a psychiatrist, board-certified.

Q All right. And have you had the opportunity to review their affidavits prior to coming to court here today?

A Yes.

Q All right. Are they true and accurate copies of the affidavits provided by Dr. Rossheim, as well as Dr. Stuyt, in support of your testimony on the public health risks associated with rescheduling marijuana?

A Yes.

Q All right. Do these materials bear on whether or not marijuana has a currently accepted medical use?

A Yes.

Q All right. Do these materials bear on whether marijuana has an accepted level of safety and its potential for abuse?

A Yes.

Q Judge, at this time I'd ask to enter as a group exhibit, Exhibit 2 through 124.

(Whereupon, the document referred to was marked as Dr. Finn's Exhibit Nos. 2 through 124, for identification.)

JUDGE JULIUS: Any objection to 2 through 124 of the Dr. Finn exhibits?

MS. KREINHEDER: We object to some of them for various reasons.

JUDGE JULIUS: Just take it one by one.

MS. KREINHEDER: No. 2, this appears to be anticipated testimony from this witness in a different matter. We object that it's irrelevant here, and the best evidence is the live testimony of Dr. Finn here today.

JUDGE JULIUS: Mr. Kenneally, do you have a response to the objection?

MR. KENNEALLY: Judge, this was his anticipated testimony at the last hearing. It's relevant just because he provides reference to a number of other exhibits, giving the government notice with respect to those. He's going to talk about some of those exhibits during his presentation here today. We agree that the best evidence is going to be Dr. Finn's testimony. If the government wants to cross-examine him, with respect to anything the government or any of the exhibits. We are more than fine with that, and we think that you, as the Judge, can consider it for what it's worth.

JUDGE JULIUS: Understood. I'll admit Exhibit 2. It'll go to weight. Next objection?

(Whereupon, the above-referred to document marked as Dr. Finn’s Exhibit No. 2 was received into evidence.)

MS. KREINHEDER: We also object to Exhibit No. 8 because this is duplicative. This exhibit has already been brought into evidence in this matter.

JUDGE JULIUS: Mr. Kenneally?

MR. KENNEALLY: Sure. Strike it.

JUDGE JULIUS: Okay.

(Dr. Finn's Exhibit No. 8 withdrawn.)

MR. KENNEALLY: We have no objection if it's already in. Could Counsel just kind of identify –

JUDGE JULIUS: Identify what it is.

MR. KENNEALLY: What it is, just for me so I know when I'm referring to it, what it's already been entered into evidence?

MS. KREINHEDER: This is the declaration and attachments that were brought in yesterday under SAM.

MR. KENNEALLY: SAM.

MR. LONICH: That's SAM Exhibit 7.

MR. KENNEALLY: Okay.

JUDGE JULIUS: Mr. Kenneally?

MR. KENNEALLY: Judge, I have no objection to striking Exhibit 8, and I appreciate them pointing that out to us.

JUDGE JULIUS: We'll go ahead and we'll strike Finn Exhibit 8, since it's already SAM Exhibit 7 anyway.

MS. KREINHEDER: Additionally, Your Honor, Exhibit No. 108 has already been brought into evidence in this matter. So it's duplicative.

JUDGE JULIUS: So that's already in evidence, you're saying?

MS. KREINHEDER: Yes, Your Honor.

JUDGE JULIUS: Any objection to striking that as well?

MR. KENNEALLY: Not at all, Your Honor. Could I just get for record –

JUDGE JULIUS: Yes.

MR. KENNEALLY: Could somebody identify for me what that is, just so I know?

MS. KREINHEDER: Sorry.

MR. KENNEALLY: If counsel knows and I don't mean to delay. We can keep going, and they can let me know later, too.

MS. KREINHEDER: I believe NDASA

brought this in a number of days ago. It's the pre-hearing statement from the prior scheduling hearing for --

JUDGE JULIUS: Oh, yes.

MS. KREINHEDER: CIVEL.

JUDGE JULIUS: The CIVEL pre-hearing, yes. I recall this as well.

MR. KENNEALLY: Okay.

JUDGE JULIUS: We'll take a look at it during the break and if it's not, we'll re-raise that, but I believe that it is. So we'll strike that as duplicative, with a caveat if it's not.

(Dr. Finn Exhibit 108 withdrawn.)

MS. KREINHEDER: And, Your Honor, as to Exhibits 109 and 110, we object that Dr. Finn is not the proper witness to lay the foundation for these exhibits. They're statements on behalf of other witnesses.

JUDGE JULIUS: Mr. Kenneally?

MR. KENNEALLY: Well, I would just point out that in the pre-hearing order, I believe at the end, the Court advised the parties by virtue of the fact that they're limited to only two witnesses to get those affidavits needed to support their position.

They are, I would say, self-authenticating by virtue of the fact that they are signed. Dr. Finn's testified that they're relevant and material to his testimony. I'd ask at this time that they come in subject to any cross-examination and subject to Your Honor's discretion as to how much weight he'll provide.

MS. KREINHEDER: Your Honor, we believe these are hearsay and that the doctor has not laid the foundation as to how he received these items and their foundation.

JUDGE JULIUS: Yes, ma'am. Okay, regulations do allow affidavits in administrative hearings and we did encourage the submission given the limited time for in-court testimony. I am inclined to admit them and have it go to weight with regard to the inability to cross-examine and things like that, but I will go ahead and admit 109 and 110, and arguments as to their weight can be made.

(Whereupon, the above-referred to documents marked as Dr. Finn’s Exhibit Nos. 109 and 110 were received into evidence.)

MS. KREINHEDER: Sure.

JUDGE JULIUS: Any other objections?

MS. KREINHEDER: No more objections.

JUDGE JULIUS: Okay. So with the exception of Finn Exhibits 108 and 8, 2 through 124 will be admitted, Dr. Finn exhibits, with the exception of 8 and 108. Now please proceed, Mr. Kenneally.

(Whereupon, the above-referred to documents marked as Dr. Finn's Exhibit Nos. 2 through 124, except 8 and 108, were received into evidence.)

MR. KENNEALLY: Thank you. Your Honor, well, let me ask Dr. Finn a question. Dr. Finn, in preparing your testimony, did you come up with a demonstrative exhibit that was previously marked Demonstrative Exhibit 125?

(Whereupon, the document referred to was marked as Dr. Finn's Demonstrative Exhibit No. 125, for identification.)

THE WITNESS: Yes.

BY MR. KENNEALLY:

Q Okay, and will that help you with your testimony here today?

A Yes.

Q Okay, and you're seeking to admit that as a demonstrative exhibit at this time, is that

correct?

A That's correct.

Q Okay. Your Honor, we provided the DEA with that last night, unfortunately. It was being finished, final touches being put on it. We have provided it to your clerk, and I would ask that be pulled up for display while Dr. Finn is testifying.

JUDGE JULIUS: Any objection from the government?

MS. KREINHEDER: No objection.

JUDGE JULIUS: Okay, please proceed.

MR. KENNEALLY: Okay.

JUDGE JULIUS: And are you moving for its admission, or are you just asking to display it?

MR. KENNEALLY: I will move for its admission at the end, but only for purposes of demonstration.

JUDGE JULIUS: I see.

MR. KENNEALLY: And only for the record, so that the record is clear into whoever's following. Okay.

JUDGE JULIUS: Understood.

MR. KENNEALLY: Thank you.

JUDGE JULIUS: Just wanted to make sure I wasn't failing to rule on something.

MR. KENNEALLY: Okay. Doctor, as a physician and a researcher who's written numerous articles and the definitive treatise on cannabis in medicine, do you know what an evidence hierarchy is?

THE WITNESS: Yes.

BY MR. KENNEALLY:

Q And what is that?

A Well, when you're looking at the GRADE system, which is an acronym, and you look at the best quality studies, you're looking at randomized controlled studies at the highest quality and observational studies at the lowest quality.

Q Okay, what about meta-analysis and systematic reviews? Where do those stand?

A Those are very high quality.

Q Okay. Has this been form -- has this evidence hierarchy been formalized into any sort of scientific system that's recognized by people in your field?

A Yes.

Q Tell me about that.

A Like CDC and AHRQ utilize the GRADE system, and I think it's kind of the standard to look at studies based on their design, et cetera and kind of rank them in terms of are they good quality studies or are they low quality or moderate study.

Q And then, just for the record, this GRADE system, is that what you were referring to in terms of the formalization of this evidence hierarchy?

A Yes.

Q Okay, and meta-analysis and systematic reviews are at the top?

A Yes.

Q RCTs?

A Correct.

Q Observational studies?

A Yes.

Q Okay, and then below that, is there, like, case studies or --

A Personal anecdote stories.

Q Yeah. All right, now under the CAMU test the FDA considered whether there's widespread current experience with medical use of marijuana in the United States by licensed

HCPs and concluded that there was. Let's start with the medical use part, okay? Does the way in which marijuana is prescribed through the state programs, in your opinion, do you consider that to be medical use?

A No.

Q Tell us why.

A You know, I speak at a lot of organizations. I mean, I've recently spoken to Stanford University for the third year in a row, UCLA, VA Medical Center, MD Anderson Cancer Center, Mayo Clinic Jacksonville, Texas Pain Society for at least the past 10 years. In my interaction with my colleagues, they simply don't know the evidence. I mean, why would they keep bringing me back to hear more about the literature and the data? Because it does change. I mean, the landscape changes on a daily basis. I read between one and three articles a day in this space, and it's just constantly changing and evolving. So I try to keep up with the medical literature, but when it comes to recommendation, not a prescription necessarily, for medical marijuana, my colleagues really have no idea.

Q Okay, what about dosing? Like, is it dosed in a way that you would consider medical use?

A No. When you write a prescription, for example, you have to have the drug name, the dose in milligram or microgram. You have to write take it once a day, three times a day, and you dispense a certain number of tablets or capsules or what have you with a number of refills or whatever. Depending on its current control, you might have to, like a Schedule II substance, for example, you can only give one month's supply at a time. So you have to be cognizant of any medication you're writing a prescription for. When it comes to recommendation of marijuana, there are no dosing guidelines. There are no safety studies. There's no knowledge across my field, in particular, on its utility.

Q Why is that a problem?

A Because patients are using things that might be harmful to them and I think that could be a problem because there's an adverse event that a patient is using, I think the physicians really need to be able to counsel their patients

on what they're using.

For example, a patient comes to me and says, well, I drink a fifth of whiskey a night for my pain. I have to counsel that patient on why that's not good for them. If they say, well, I'm smoking cigarettes to ease my anxiety, I have to counsel that patient on why that's not good for them. I did publish a paper in the Journal of Legal Medicine trying to have these conversations with patients because, again, my colleagues not only in the pain field but across the board in oncology and primary care, they just simply don't know what they're up against in case they make a bad recommendation.

Q What about a treating relationship? Do you see that with these licenses or these certifications?

A Oh, absolutely. I mean, as a registered medical marijuana patient in the State of Colorado, I really needed to have, and by law and by Constitution, what would be described as a bona fide doctor-patient relationship. All of my patients, myself included, cannot tell me who their recommending physician was. I can't tell you who that was.

My medical records, by law, are required to be kept and available, and when I requested my medical records on me, they don't exist.

Q Okay.

A So this is somewhat of a ruse where the recommending physicians are not following state guidelines in terms of doctor-patient relationships and maintaining medical records.

Q What about safeguards with regard to some of the things that you would otherwise get with an FDA prescription? Are those present?

A No.

Q Tell us about that.

A Well, in the states that, like, for opioids, for example, is that what you're talking about?

Q Well, I'm just talking about some of the things that would go along with a prescription. Is there an insert? Are there other things that could advise a patient with respect to patient safety that make it more medical as opposed to what's going on with the marijuana licenses as well as the certifications?

A Yeah, there's no package insert with

medical marijuana products. There's no --

Q Why do you need a package insert? Why is that important?

A Well, you have to describe warnings and precautions. You have to understand drug interactions, et cetera. For example, I can tell you not one person in this room probably knows that CBD has 722 drug interactions and not very few people in this room probably understand that Epidiolex, which is FDA-approved CBD, which, by the way, the people that got that medication, Epidiolex, through the FDA wrote my chapter on seizure. It's a very dense chapter, kind of a snoozer, but that being said, we know that if you go to the Epidiolex website and you look at warnings and precautions, the first thing you're going to see is hepatocellular injury or liver damage. You're going to see suicidal ideation and behavior, and you're going to see sedation and somnolence. I mean, I've had patients come to me, a little old lady with osteoarthritis of her knee that's taking ibuprofen and wants to take her CBD products, and I have to counsel that patient that that's not good for her because she is at higher risk

of developing a liver problem. And if anybody that's taking CBD that may have a significant drug interaction, that's a moderate drug interaction, you have to follow their liver functions by lab, and I can tell you not one doctor I talked to knows this, and so that's why I do what I do, is to educate them.

Q Okay.

A I have had a patient that had a familial bleeding disorder and was on chronic warfarin therapy, which, by the way, is plant-based, and was stable with something called an INR or international normalized ratio, which kind of gives you the level of how thin their blood is and he was stable, about 2.8, 3.0 is kind of where he wanted to be. Then he gobbled up a bunch of CBD products, had a coughing episode, ended up with what's called a retroperitoneal hematoma and a lumbar plexus injury, and his INR was 7.9, which is very, very thin blood. He was at risk for a fatal GI bleed or a fatal hemorrhagic stroke. That's why I continue to do what I do because my colleagues in pain and my colleagues in general medicine just don't know this stuff.

Q Okay. So then the -- if we can go -- you -- you threw a lot at us there.

A Sorry.

Q So let me try to go back and see if we can summarize it. Part of appropriate medical prescribing, is it fair to say, Doctor, involves these FDA inserts that provide certain warnings as well as warn of contraindications, things of that nature? Is that fair to say?

A Yes.

Q Okay. Doctor, let me step back and just ask you a more general question with regard to chronic pain. This notion of the idea that marijuana can sort of treat chronic pain writ large, how many different causes of chronic pain are there?

A Well, that's kind of one of my concern. Chronic pain is a huge beast, and it's kind of a big umbrella, and under pain in general, you have different kinds of pain. You have neuropathic pain. You have musculoskeletal pain. You have psychogenic pain, pelvic pain, lumbar radicular pain, cervical radicular pain. You have --

Q And is it plausible to treat all of

those different conditions with one type of medication or one type of treatment?

A There is no magic bullet. Medications that are approved by the FDA for neuropathic pain, for example, are not going to help somebody that has axial lumbar or low back pain and vice versa. The medications designed, like anti-inflammatories and opioids, that might help somebody with a chronic back issue are not going to help somebody with neuropathic pain. There's not one magic bullet for pain.

Q Okay. Doctor, I'm referring you to your Exhibit 125, and could we kindly go to slide 2, please? Doctor, can you see that?

A A little bit.

Q Oh, do you need -- you got your readers on?

A I do. I have my -- yeah, you know --

Q Does that help?

A You hit that age, and you're like, okay, got to start using the readers.

Q Can you see that now, Doctor?

A Yes, sir.

Q Okay. Judge, for the record, this is slide 2 of Exhibit 125. Doctor, what are we

looking at here?

A We're looking at the number of physicians that are making recommendations in the state of New York, Florida, and Colorado.

Q And what are those?

A Very low numbers, 3.4 percent of physicians participating in the state medical program in New York. Only 3.6 percent of physicians providing direct patient care are approved to order medical marijuana. And in Colorado, where I spent 30 years of my career, under 2 percent of all licensed physicians are currently certified to issue medical marijuana recommendations.

Q Okay. Could we go to slide 3, please, of Dr. Finn's Exhibit 125? Doctor, what are we looking at here?

A Again, looking at different states: Colorado, Florida, and Oregon. A very small number of licensed physicians in the state of Colorado, three for example, made more than one-fourth of the recommendations in 2022, and about four percent of all of the physicians in the state even made one recommendation. And I personally have made recommendations for my

patients in the past until I started seeing them come back with adverse events, and then I learned more about the marijuana and the plant and I stopped making those recommendations.

In Florida, 88 percent of all the medical certifications were issued by 21 percent of the qualified physicians. And in Oregon, for example, nine doctors approved more than half of all the patients in the state medical marijuana program.

Q Okay, were you practicing through the opioid epidemic?

A Yes.

Q All right. Do you see similarities between the practice and prescribing patterns of the opioid epidemic and medical cannabis?

A Yes.

Q Tell us what those are.

A For example, if you look at the State of Colorado when three doctors make a fourth of all the recommendations, it's somewhat reminiscent of the pill mills of yesteryear. My personal example, my physician wouldn't take care of me. She sole purpose was to make medical marijuana recommendations and not follow

up with the patient, not discuss other normal things that physicians have with their patients.

Q Okay. Why was the opioid epidemic so easy to see that it was happening?

A Well, in the beginning, it wasn't easy to see. I think some of the pharmaceutical companies like Purdue Pharma were marketing to physicians, hey, we have this new drug, OxyContin, it doesn't -- you know, low risk of overdose, low risk of addiction, and the physicians bought off on it. And I think it kind of crept up on the physicians, and it became a huge problem. I mean the opioid epidemic has been a scourge.

Q In your experience dealing with your pain patients using marijuana, are they aware of the association between the marijuana that they're using and some of the mental health downsides that we're going to talk about?

A No.

Q Okay. In your experience as a practitioner, as well as your experience as a patient, do the dispensaries themselves warn users of the potential mental health dangers?

A No.

Q All right, are you concerned about a growing epidemic with respect to marijuana?

A Yes.

Q Why?

A For multiple reasons, I think the breadth, scope, and depth of the impacts of cannabis are much greater than the breadth, depth, and scope of some of the other legal substances that we've done a horrible job with.

Q Mm-hmm.

A You know, for example, and it's important to understand that not everybody that uses marijuana is going to have a problem, just like not everybody that has a beer is going to get in a car crash or become an alcoholic, or not everybody that smokes a cigarette is going to get lung cancer or have addiction or not everybody that uses an opioid is going to overdose and die. I think the same argument applies to marijuana. But what I've learned over the years is that the things that are happening in our communities, kind of, you know, under the nose of and banner of legalization, is that there's a lot of harm happening, and nobody's paying attention to this.

Q Okay. Could we go to slide 4, please? All right. Doctor, what's the International Association for the Study of Pain?

A The IASP is probably the largest pain organization on the planet. They did a nice paper several years ago. I mean, I think the Presidential statement showed that due to lack of high-quality clinical evidence, they do not endorse the general use of cannabis or cannabinoids for pain relief.

Q How did they arrive at that conclusion?

A If you go to their website and their position statement, you can look and see there were actually 13 articles published under that Presidential statement, and under those 13 articles, there were dozens of world-renowned researchers that were looking at this at different angles. And at the end of the day, they concluded there's no good evidence that it works for chronic pain.

Q All right. What's the British Pain Society?

A Very similar, more narrow based in England or -- or Britain. And they looked at the same data, and they conclude that there's no

evidence to support the routine use of cannabis in pain management.

Q Is that an authoritative and revered organization when it comes to pain and medicine?

A Yes.

Q Could we please go to slide 5 for the record? Doctor, what's the U.S. Department of Veterans Affairs?

A That's a federal organization that kind of falls where the military get their healthcare, like the VHA, et cetera.

Q Okay. And is this an authoritative organization on veterans medical issues?

A Yes.

Q All right, and what's their position with regard to marijuana and pain?

A There was no conclusive information about the benefits of cannabis in chronic pain or PTSD populations.

Q All right. Doctor, are you familiar with the U.S. Association for the Study of Pain, the American Chronic Pain Association, the American Headache Association, and the American Society of International Pain Physicians?

A Yes.

Q Are you familiar with NANS?
A Yes.
Q What is that? I asked you that because I couldn't remember.
A I know, thanks. Thank you. It's the I think it's the Neuromodulation Society.
Q Right. Okay.
A National Academy of Neuromodulation Society.
Q All right. And what do all these organizations have in common?
A They don't have a position on the use of cannabis in pain.
Q Okay, and are all of these authoritative and revered organizations when it comes to the practice of pain and medicine?
A Yes.
Q All right. Could we go to slide 6, please? All right. This is the citation for the HHS report that's at issue here, and did you have an opportunity to read that report?
A Yes. It was pretty dense.
Q Okay. And was there a study from the University of Florida in the report with respect to pain?

A Yes.
Q All right. And was that study generally available to people like you to review?
A No.
Q All right. Why not?
A It was not published in any peer-reviewed journals. I couldn't tell you who the primary investigator or author was.
Q Okay.
A It was not available. I can't compare it to or reproduce the study effects. It's just -- it's a big question mark in my mind.
Q Did you review the studies and the sections dealing with the systematic reviews of HHS and the University of Florida when it comes to their analysis of the literature on pain?
A Yes.
Q All right. And did you find either of these studies credible?
A No.
Q Tell us why.
A Well, I think they reviewed 27 randomized controlled trial, 18 of them showed no benefit, 1 of them actually showed worsening.

So two-thirds of the studies they looked at showed no benefit in pain.

Q Okay. Doctor, when it comes to these studies, how did the actual drug that was administered differ from the products on the shelves at a dispensary?

A Well, they didn't really use the dispensary products that they were evaluating and the studies were low number, short duration. The product potency was so much lower than what's available in the dispensaries.

Q Okay. Doctor, the HHS study concluded that the evidence for pain was mixed and inconclusive. In the field of pain medicine, does mixed and inconclusive equate with credible?

A No.

Q Did you review the sections on anorexia as well as nausea?

A Yes.

Q Okay, and you reviewed the literature that was reviewed as part of the systematic reviews of both HHS as well as the University of Florida, correct?

A Correct.

Q Okay. Did you find either of those studies convincing?

A No.

Q Tell us why.

A Well, I believe in the -- I want to say -- the anorexia piece, they -- they looked at six studies and they threw three of them out due to high risk of bias. In the, anorexia studies, they actually tried to look at over 4,000 studies and were able to narrow it down to three and those were terribly weak. I think one study I recall involved only seven patients using products that aren't even available in the U.S.

Q Okay. Could we go to slide 7, please? Thank you. All right. Doctor, on the right side of your screen, what are we looking at?

A This is the NAS position on cannabis and pain.

Q And for the record, NAS, you're referring to the National Academy of Sciences, their 2017 systematic review and meta-analysis?

A Yes, sir.

Q Okay. And the highlighted section, could you read that, please?

A For the purposes of this discussion,

the primary source of information for the effect of cannabinoids on chronic pain was reviewed by Whiting et al., 2015.

Q Okay. So it looks like they were primarily, for their analysis, relying on another study, Whiting. Is that correct?

A Yes. They heavily leaned on Penny Whiting, it's not Peter Whiting, it's Penny Whiting in her 2015 paper.

Q Oh, okay. And did you have the opportunity to look at that Whiting paper?

A Yes.

Q Okay. Tell us about the Whiting paper, please.

A The Whiting paper concluded that there was moderate evidence for the use of cannabinoids in chronic pain. However, the devil was in the details, and if you look at that, most of the diagnoses were uncommon or less common in the world of pain. Number two, they were using products that were already FDA approved or not available in the U.S., and they only looked at a very small number of studies that were using what people are consuming in the dispensary products.

Q Well, how many RCTs were they able to identify that they wanted to include in the study?

A 28.

Q Okay. And of those 28, how many tested products with THC concentrations like those being sold at dispensaries?

A None.

Q Okay. And of those, how many found that marijuana was effective at treating pain?

A Very few.

Q Okay. And of those 28, how many involved smoked cannabis?

A Four.

Q Okay. And of those four, how many found that marijuana was effective at treating pain?

A One.

Q Tell us about that study.

A That was the Abrams study from 2007, which had some intrinsic weaknesses. When you're talking about chronic pain, by definition, it's somebody who has had pain more than three months. And the products they were using were about 3.5 percent THC. It was an

inpatient study, so very, very controlled and not real-world utilization of product. And they had three puffs a day for five days.

Q Okay, and –

A And that's what they were hanging their hat on for the use of pain.

Q And in the Abrams study, what were the subjects being treated for?

A A very narrow pain diagnosis called HIV-associated peripheral neuropathy.

Q All right. And, Doctor, in your decades of experience how many times have you treated a patient for that condition?

A One.

Q Can we go to slide nine? Doctor, what's this article?

A This is nice meta-analysis systematic review of all the data published by Michael Hsu and Kevin Hill from Harvard, looking at the therapeutic use of cannabis and cannabinoids published less than a year ago.

Q Okay. What were the findings with respect to pain?

A Well, I think in respect to pain -- well, in total, I think they identified over

2,000 articles, and they admitted, I think, over about 125, 126 articles. At the end of the day, they found that cannabis and cannabinoids really aren't helping the conditions that it's supposedly supposed to help for.

Q Okay. Why do you regard this study as authoritative or credible?

A Number one, it was the most recent comprehensive review of the literature, and they took everything into consideration, and they found very small benefits in certain conditions and again did not support the use for cannabis or cannabinoids in chronic pain.

Q Next slide, please. For the record, this is slide 10. Doctor, what are we looking at here?

A We're looking at the Colorado State Medical Marijuana Registry and reported medical conditions.

Q Why is this important?

A Again, you can see that -- well -- and this data changes over time, and you can go to the registry website at any time. But the vast majority of patients that are being recommended for the use of cannabis is severe pain. And

again, in my personal experience, I was approved for severe pain even though I did not have severe pain. Interestingly, one of the qualifying medical conditions was the use of cannabis in lieu of opioid which, again, I think might be important, and it was kind of a midnight move by the state of Colorado during the holidays several years ago. I do a lot of work with the Colorado Department of Public Health and Environment, and they do a very good job at publishing data and information, but you have to go look for it. They don't publicize it.

We asked the state, both the Medical Marijuana Registry and CDPHE, which is the Colorado Department of Public Health and Environment, to do the right study and say, well, look, you're having more patients that are using marijuana in lieu of opioid for severe pain. Let's cross-reference those patients to the PDMP, the Prescription Drug Monitoring Program. And in fact, are people falling off of the PDMP and maintaining/becoming a marijuana patient on the registry? And they wouldn't let us do that. I think that's very important

research to do to prove are these people really substituting their opioids with marijuana or not, and they won't let us do that research.

Q Okay.

A Despite, you know, saying we'll do IRB review and, you know, keep patient confidentiality and all the other business.

Q Next slide, please. Judge, for the record, this is slide 11. Doctor, there's five studies: Shover et al. 2019, Alser et al. 2020, Segura et al. 2021, Barnes et al. 2022, and Mathur et al. 2023. Now, Doctor, in your opinion, can marijuana serve as a substitution therapy for opioids?

A That's a convoluted answer I'm going to give you. I mean, I may sound like a nihilist, but I honestly believe that there are components of the plant that may have benefit. So I'm not a nihilist. When you look at the basic science, yes, there are anti-nociceptive or pain-relieving qualities to the plant, but when you translate that into real-world dispensary cannabis people are using, it falls completely flat.

Q Okay.

A I think opioid overdoses thrived under the banner of legalization.

Q Okay. How do the studies before you here inform your view as to whether or not marijuana can serve as an effective opioid substitution?

A It doesn't seem to impact as a good opioid substitute and actually may have been contributing to the opioid epidemic.

Q Okay. And could you walk us through some of these studies and their findings to explain that?

A Well, I think the Shover study was very good. I think it was Chelsea Shover and Keith Humphreys from Stanford that were looking at the Bachhuber study from 2014. They used the same methodology. I mean, there were some intrinsic weaknesses to most studies, like they all do. You can poke holes in most studies. But what they looked at, the Bachhuber study said, Well, look, we have this medical marijuana and our opioid overdoses are down. And then Keith Humphreys and Chelsea Shover used the same exact methodology and demonstrated, well, no, that's not really the case, and actually the opioid

overdose deaths have increased nearly 23 percent, not declined.

The same with the Alocer study looking at the overdose death rates have gone up in Colorado. The Segura study looking at state medical cannabis laws in the U.S. showed the same thing. Our study that we did Archie Bleyer was a pediatric radiation oncologist at MD Anderson Cancer Center --

Q And for the record, that's -- it says Exhibit 126 on, but it should be Exhibit 124. I apologize, Your Honor. Just for the record. I'm sorry, Dr. Finn, please go ahead.

A Yes. Archie Bleyer is a practicing pediatric radiation oncologist originally from MD Anderson Cancer Center but now practices at the University of Oregon Health Science Center. This study, it has its intrinsic weaknesses. It was an ecological study, falls under the same fallacy as the Bachhuber and the Chelsea Shover study. But we were trying to merely demonstrate and describe the fentanyl and opioid overdose mortality in states that were legalizing for medical and recreational purposes compared to those states that were not, and I think the

graphic is somewhat telling.

Q Okay. Can we go to the next slide, please? For the record, Your Honor, this is Exhibit 12. Doctor, what are we looking at here?

A We're looking at the overdose deaths in the state of Arizona as of June 7 of this year.

Q And what does this tell us?

A That the overdose death rates are not falling off as expected under the banner of legalization.

Q Okay. And you practice in Arizona?

A Yes.

Q Okay. Next slide, please. Doctor, please tell us about this slide. For the record, this is slide 13.

A This is also the Colorado data on drug overdose deaths as of June 7, 2026.

Q And what does this show us?

A That the death rates -- the overdose death rates -- have increased.

Q Okay. Could we go to slide 14, please? Doctor, tell us about this.

A I like this slide because it can be pretty -- it can explain a lot. And again, if

you go back to the year 2000 when we voted on Amendment 20 where we legalized for medical purposes --

Q And this is Colorado that you're talking about?

A This is the State of Colorado, and this comes from the Colorado Department of Public Health and Environment.

Q Okay.

A So, we legalized for medical use in the year 2000, and we implemented the program in 2001. And as you can see, the drug overdose deaths were fairly flat until around 2009 where they started to increase, and then we voted to legalize for recreational purposes in 2012, implemented in 2014. That's when I spent time on the governor's task force. And then right before COVID, it actually looks like the COVID curve -- we've had a significant spike in overdose deaths driven predominantly by fentanyl. But you can see some of the other drugs that play well in the sandbox, like stimulants, like cocaine and methamphetamine, also increase. And I think heroin, interestingly, as cheap and readily available as

it is, kind of remained flat. I think that has been replaced by the fentanyloids.

Q Okay. Next slide, please. For the record, this is slide 15. Doctor, this is another graph entitled Drug Overdose Deaths by Category of Specific Drug Involvement, Colorado Residents 2010 to 2025. Why do you think this slide's important?

A I think it's important because it's the most recent data. Again, I only got this graphic probably a month ago because that's when they finalized the data. As you can see, this goes back to the prior slide where things started to change, and they actually had to compress the data or the graph to fit it on a screen because the death rates got so bad, especially during COVID. Between ‘23 and ‘24, we were hopeful that we're turning the corner. The overdose deaths started to decline, but unfortunately, we had another spike in the overdose death rates for opioids, stimulants, like cocaine and methamphetamine. Interestingly, there's been a notation of the presence of cannabis in Colorado's overdose death data. I don't know what to make of it.

People are not overdosing and they don't die they don't stop breathing when they use cannabis, and more likely than not, it's a companion drug. But again, these drugs tend to play well in the sandbox. And I've tried to work with the state CDPHE and the state coroners to try to tease this apart. Is this synthetic THC? Is it dispensary cannabis? I guess we don't know, but I call it cannabis creep. It's kind of starting to creep into the overdose data, and there's not a lot of states that are tracking this information. That's very concerning.

Q Okay. So Doctor, based on your practice and experience, both in Colorado as well as Arizona, as well as based on your review of the literature, do you find any credible or convincing evidence that marijuana use has reduced opioid or other overdose mortality?

A It has not.

Q Can we go to slide 16? Doctor, here's one last slide. It looks like it is entitled Joint Point Average Annual Percent Change (AAPC) Analysis of Annual All Opioid and Fentanyls Overdose Deaths 1999 to 2023. Could you walk us

through this slide as well, please?

A Yes, Archie Bleyer gave me permission to use this slide, and --

Q Who is Archie Bleyer?

A Archie Bleyer was the primary investigator in our paper --

Q Okay.

A That we talked about earlier. Looking at a graphic of two states that went down this road early on, Oregon and Colorado, compared to the states that were non-legalizing at the time of this graphic of 2021. I think the disparity between those states that were legalizing and non-legalizing is pretty striking. You can see that the states that were legalizing had a significant rise in the fentanyl overdose compared to those states that were not.

Q Okay. Can we go to 17, please?

JUDGE JULIUS: Can I get clarification on what you mean by legalizing in that context?

THE WITNESS: Yes, sir.

JUDGE JULIUS: What was legalized?

THE WITNESS: Can you go back to that slide?

JUDGE JULIUS: Yeah.

MR. KENNEALLY: Can we? Yes. So for the record, Judge, we're back on 16.

THE WITNESS: So back on 16, you can see in Oregon and Colorado, in 2001 in Oregon and around 2001 in Colorado, we legalized for medical purposes. Then further down the road in 2014-15, Colorado legalized for recreational, and Oregon went down that pathway a few years later. And after those things happened, the fentanyl death rates spiked.

JUDGE JULIUS: Okay. Thank you.

MR. KENNEALLY: Slide 17, please. All right, Doctor, this has two studies, Exhibit 111 and 112, one by Jack Wilson and one by Mark Olsen. Could you walk us through those studies and what the findings were?

THE WITNESS: Well, those studies were -- I think Mark's study was older, the 2018, and they both came to the same conclusion that people that use cannabis may be more likely to develop opioid use disorder and opioid misuse. The thing I like about Mark Olfson's study, kind of a double-edged sword, was that he went back to the year 2000. There were two waves he looked at, you know, 2000-2002, 2003-2004, so

like a three-year gap between. And what he found is that cannabis users were more likely to develop opioid use disorder or misuse their opioids.

The concerning factor I have regarding that study is the fact that those products, the potency was so much lower than the products that are available today. I would love to see if we can duplicate that study. But Jack Wilson's study kind of came to the same conclusion. People that start using cannabis have a higher risk of developing opioid use disorder and opioid misuse. I think it boils down to the basic science, the interaction between the opioid and cannabinoid systems are very tight which I can explain later if you're interested.

BY MR. KENNEALLY:

Q And when it comes to the YRBS data, was that data that was used in the HHS report?

A No, not that I'm aware of.

Q Okay. Well, what does that data show with respect to adolescent misuse of opioids?

A This is the Youth Risk Behavior Survey data from 2020 showing that the number one risk factor for an adolescent to misuse opioids was

having ever used marijuana in their lifetime. And that's concerning, I mean, obviously kids they drink alcohol, they smoke cigarettes, they vape nicotine, et cetera, and they're going to get their hands on anything adults are.

Q So, Doctor, could you make a stronger case that marijuana use actually causes opioid use as opposed to substitutes for it?

A I don't know if I'd go as far as saying that it causes opioid use, but the data's showing that the can -- and like I said, not everybody that uses marijuana is going to develop an opioid use disorder. I think that's been very clear. But the data shows that people that are using marijuana have a higher risk of developing opioid use disorder or misuse their opioids.

There was a very good paper that came out from the American Academy of Pediatrics, which I was very surprised at. I can't remember the year. I want to say it was around 2020 that cannabis, particularly in the early onset users, has a higher addictive potential than opioids in the same age group. I was very surprised about that. If you delay onset of use to later -- and

we're talking about 12 to 17 years of age -- they had a very similar addiction rate about one year, about seven percent. But if you look three years down the road, three years seems to be the number that people look at, the early onset cannabis users had a higher addiction rate than their opioid early onset users.

Q Well, that's a good question. So based on your review of the literature and based on your experience, tell us about the addictive properties and qualities of marijuana, especially as compared to other drugs like nicotine and opioids.

A Well, I think we're in uncharted waters because I think the science is only starting to catch up with the industry. I mean, these products in the market that are pushing, you know, anywhere from the flower nowadays, the average about 17 to 20 percent when back in the '70s or '80s was maybe 2 to 4, maybe 8 percent. So much stronger products now. But now if you get into the world of wax, dabs, and ~~c~~shatter, you're talking about products that are pushing 80, 85, 90, sometimes claiming 100 percent THC. And we're noticing that the problems associated

with them we're just starting to figure it out. So we don't know what the long-term problems are going to actually be.

Q Okay. Can we go to the next slide, please? That would be slide 18 for the record. All right. We have a bulwark of studies here, and I don't want to spend too much time with it, but it's Exhibit 12, 17, 25, 28, 30, and 32. Doctor, could you walk us through the findings of these studies, please?

A Well, I think it's important to understand that the primary target organ in the world of cannabis is the brain. You know, based on the product itself, it's fat-soluble; the brain is a fatty organ, and the target of cannabis is the brain. And when you're looking at these particular studies on psychosis, what's starting to be very clear is that people that are using cannabis either daily or near daily or high potency are showing an increased risk of psychosis and schizophrenia.

Q Okay. And next slide, please. Judge, for the record, this is 19. Doctor, this is the Carsten -- and I have a very difficult time with this last name, but I'll try it, Hjorthøj study

called Association Between Marijuana Use Disorder and Schizophrenia Stronger in Young Males than in Females. Doctor, why is this an important study to highlight?

JUDGE JULIUS: Hold on. Do we have an objection?

MS. KREINHEDER: Objection, Your Honor. This expert has been offered as an expert in pain management and not in psychiatry. We think this is outside the scope of his expertise.

JUDGE JULIUS: Mr. Kenneally?

MR. KENNEALLY: He's been offered as an expert, he's been tendered as an expert in pain medicine as well as the effects of marijuana on public health. Psychosis has an effect on public health. I think it's directly in line with his testimony.

MS. KREINHEDER: But this is an issue of mental health specifically, not public health.

JUDGE JULIUS: I'll overrule the objection. It can go to weight. Please continue. Also, he's been testifying for a little over an hour. If you want to find a good place to pause, and we can take our break.

MR. KENNEALLY: You got it.
JUDGE JULIUS: Thank you.
MR. KENNEALLY: Doctor, why is this an important study for the judge to be aware of?
THE WITNESS: Before I answer that question, I want it known that I am certified in cannabis science with the University of Colorado Pharmacology Department. Number two, I speak to psychiatrists. I've spoken to the American Society of Addiction Medicine several years ago in Denver. I can tell you I didn't -- this was not a career choice. I know more than the average bear. I know more than a lot of psychiatrists, so I think I can speak to the mental health impacts of cannabis from a public health perspective and angle.
BY MR. KENNEALLY:
Q Thank you for that, Doctor. Now turning your attention back to slide No. 19, tell the judge about this study and why it's so important.
A This was a Danish study. It was 6 million Danish people over 50 years, and they concluded that in the world of schizophrenia, about 30 percent of those patients that had

schizophrenia may have averted the diagnosis if they averted their cannabis use disorder.

Q So let -- nearly a third of the men could have avoided developing schizophrenia at all had they not used cannabis?

A Correct. And it's important to understand that the rates of schizophrenia didn't go up. The association between use of cannabis and schizophrenia went up.

Q Doctor, why is this a credible study?

A Very long duration, huge numbers.

Q What kind of numbers?

A 6,000,000.

Q Can we go to the next slide, please? Doctor, this is another important study that you wanted the judge to know about. Could you tell us about that, please? For the record, this is slide 20, Exhibit 24.

A Yes. This is an important slide just because it kind of outlines the neurobiology of cannabis and the development of cannabis use disorder and psychosis. It's very science-y, very science-driven, but I think that's important for medical providers to know the science when they're talking about things like

psychosis or use disorder.

Q Okay. Next slide, please -- well, if we could back up just one. I apologize. Now, Doctor, are you aware of this distinction between causation and correlation?

A Yes.

Q Okay. And with regard to clinical studies, like, can one clinical study ever show causation?

A When you're talking about -- are you referring to psychosis in particular, or are you talking about in general?

Q Psychosis in particular.

A Well, that's a difficult question to answer because a lot of the data show a very strong correlation. But if you go back to the Bradford Hill criteria, which was the criteria that connected nicotine and tobacco to lung cancer, there are certain criteria that you have to fulfill in order to come to the conclusion there's a causal relationship. I think Marta Di Forti's paper here kind of outlined that that causal relationship is probably there.

There's a paper that Christine Miller and the Danish researcher published several

years ago using the Bradford Hill criteria, and were able to demonstrate a causal relationship between cannabis use and psychosis.

Q Doctor, in your opinion, is there a causal relationship?

A Yes.

Q Next slide, please. Slide 21. Doctor, this is your Exhibit 22, an Edward Chesney study. Tell us about this.

A Eddie Chesney, he was from London in the UK, and he published this nice paper looking at withdrawal from cannabis. I mean, like any other substance like alcohol or nicotine or benzodiazepines or opioids, there can be withdrawal syndrome. This paper outlined the withdrawal of cannabis can precipitate first-episode psychosis or aggravate or relapse a preexisting psychosis.

Q Okay. So withdrawal from cannabis isn't just headaches and lack of sleep. It can actually cause psychosis?

A Yes.

Q Judge, this will be my final slide, and then I suggest we take a break. We're on slide 22 for the record. Doctor, it looks like we're

looking at the names of a number of medical organizations. Could you walk the judge through this slide, please?

A Yes. The organizations that support my position in what we've discussed so far are the American Psychiatric Association, the American Academy of Pediatrics, the American Society of Addiction Medicine, NIDA (National Institute on Drug Abuse), the Royal College of psychiatrists, and the World Health Organization, or WHO.

Q Okay.

A Can I make one other comment?

Q Doctor, do you have another comment to make on this slide?

A On psychosis in general, I do.

Q Please.

A One of the world's most quoted researchers, Sir Robin Murray, who was the one of four psychiatrists inducted to the Royal Society of London -- the first psychiatrist was -- was Sigmund Freud. But Robin is a friend of mine and a colleague, and he's one of our advisors at ISA~~A~~IC. He went on record that every psychiatrist in Europe knows that cannabis causes psychosis.

MR. KENNEALLY: Judge, now might be a good time for a break, and I have about another half hour, I'd say.

JUDGE JULIUS: Okay. Sounds good. We'll take a 15-minute break. When we come back, we'll finish direct. We'll see what time we're at and decide whether to take our lunch break early or where to go from there, okay? We'll be in recess until 11:00 -- let's see if I can do my math here 11:07? It's an odd number.

(Whereupon, the above-entitled matter went off the record at 10:52 a.m. and resumed at 11:07 a.m.)

JUDGE JULIUS: During the break, we took a look at the exhibits. We just wanted to confirm a couple of things. This is with regard to Dr. Finn, Exhibits 8 and 108. So, on the table of contents, Exhibit 8 is listed as the Drug Enforcement Administration Marijuana Scientific Data Review as it relates to the Controlled Substances Act. The document that is at Exhibit 8 is the notice of proposed rulemaking that is in my binder. Is that the correct document substantively?

MR. MIGHELL: One moment, Your Honor.

JUDGE JULIUS: Sure.

MR. MIGHELL: Yes, Your Honor. This is the correct exhibit.

JUDGE JULIUS: Okay. So that is already an ALJ, so it'll be a duplicate, but we just want to make sure we're not missing substantive documents. Yes, 8 still remains excluded because it's already in the record as an ALJ exhibit.

With regard to 108, let's see. The table of contents has that listed as the pre-hearing statement by CIVEL, which was an NDASA exhibit. But what is at the tab 108 is the preliminary order from Judge Mulrooney in the prior hearing, not the pre-hearing statement from CIVEL.

MR. KENNEALLY: Judge, perhaps we could resume questioning. Mr. Mighell can try to straighten this out for us, and then after we finish questioning, I'm sure he'll have --

JUDGE JULIUS: That works.

MR. KENNEALLY: Time to do that, Your Honor.

JUDGE JULIUS: That works for me.

MR. KENNEALLY: Okay.

JUDGE JULIUS: I just want to make sure we have the right documents, and we're all working from the same exhibits.

MR. KENNEALLY: Yes, of course.

JUDGE JULIUS: So yeah, feel free to work on that while we continue with the direct examination.

MR. KENNEALLY: Excellent.

JUDGE JULIUS: Thank you.

MR. KENNEALLY: Thank you, Judge.

JUDGE JULIUS: Sure. Mr. Kenneally, whenever you're ready.

MR. KENNEALLY: Okay. Appreciate it. Could we please go to slide 23? Okay, Doctor. Exhibit 35. That's the Gobbi study. This is entitled Association of Marijuana Use in Adolescence and Risk of Depression, Anxiety, Suicidality in Young Adulthood. What is that study?

THE WITNESS: It was a very good study looking at that association between mental health problems in adolescents and their increased risk of developing conditions like depression, anxiety, suicidal ideation, and behavior.

BY MR. KENNEALLY:

Q Okay. And did they find a strong association?

A Yes.

Q Okay. Exhibit 40, your Exhibit 40, the Hjorthøj and the Jefsen study, could you tell us about that, please?

A Same thing. That cannabis use has a strong association and increased risk of developing psychotic, as well as non-psychotic, depression and bipolar disorder.

Q Okay. So it has an increased risk with respect to psychotic and non-psychotic. What is unipolar depression?

A I would defer to some of my psychiatry colleagues, but unipolar versus bipolar depression, you know, unipolar is kind of they're depressed. Bipolar, they have these up and down.

Q Okay. Let's go to Exhibit 43. That's the Maryam Sorkhou study. Tell us about that. That's 2024.

A Again, it was a systematic review, which is high-quality publication just a couple of years ago, showing the link between cannabis

use and mood disorders like anxiety, depression, and suicidality.

Q Okay. And did it find an association?

A Yes.

Q Was it a strong association?

A Yes.

Q Okay, and what about the Hinckley study?

A Same.

Q All right.

A Same conclusions. There's a strong link in increased risk of using cannabis with severe depression and suicidality. And that was a national study, which was a very nice study.

Q Okay. And then Exhibit 52. Doctor, is there an increased risk of suicidality, suicidal ideation in cannabis use? Is there an association there?

A A very strong association, and it's very difficult because, you know, we can only choose a certain number of exhibits. There's a lot of data and a lot of publications that are out there that show the same link and association between suicidality and cannabis use.

Q Doctor, based on that, what do you make of organizations or otherwise recommending cannabis use for veterans?

A Well, that's a really good question because I think our veterans deserve better. I lived and practiced in Colorado Springs for 30 years, which is a very highly military penetrated community. We have Air Force Academy. We have Fort Carson. We have NORAD, Peterson Air Force Base. So in 30 years, I've taken care of thousands of military folks and their families.

If you look at the data, I think the veterans had their suicide report from 2025 that was published showing that suicide has increased across all branches. You're talking about Army, Navy, Air Force, and Marines. In this age of promotion for use of cannabis for mental health, which we can get to in another upcoming study where I think we'll be talking about, it hasn't been proven to be a useful treatment option for people, although they're promoting it as a good treatment for veterans. You know, I do remind people that Chris Kyle, who was an American hero, veteran, they made a movie about him

called American Sniper, was murdered by a veteran who was self-treating for his -- probably his PTSD, with cannabis, and he had cannabis-induced psychosis. And I think our veterans deserve better in that respect.

Q Can we go to slide 24? Doctor, these are the statements of various medical organizations. Could you walk the judge through this, please?

A Yes. These are just some of the organizations that agree with the position that there's a link between -- an association between cannabis use and depression, and suicide. American Psychiatric Association, American Society of Addiction Medicine, American Academy of Child Adolescent Psychiatry, American Academy of Pediatrics, U.S. Department of VA, Department of Defense, SAMHSA -- the Substance Abuse and Mental Health Services Administration. So these are very well, large, respected organizations.

Q Okay. Can we go to slide 25, please? Doctor, this is a chart. It's entitled Table 2, Toxicology Test Results Among Non-Natural, Non-Homicide Death Colorado Residents Younger Than

25. Could you explain this graph to the judge, please?

A Yeah. So this is also a document from CDPHE, or Colorado Department of Public Health and Environment. When you're looking at a dead person under the age of 25 in the state of Colorado between 2010 and 2021 where they're not homicide deaths, they're not natural deaths, but what does their toxicology show? And after nothing, THC is the most prevalent substance found in these deaths.

Q What do you make of that?

A It's a little concerning. I mean, you know, under this umbrella of legalization it's just social normalization. The more a substance is perceived to be harmless and safe, natural, medicinal, more people are likely to use. I mean, this is kind of like big tobacco when we had this massive educational campaign and drove tobacco use down by educating people that it is not safe to use tobacco. The use rates went down. So, I think this is somewhat striking because you would think that people that are dying under the age of 25 would have other substances in their system more than THC.

Q So in suicides in Colorado, the highest substance present in the toxicology of decedents is THC?

A This slide in particular is looking at non-natural, non-homicide deaths in Colorado residents under the age of 25 and the number one --

Q Does that include suicides?

A This is not the suicidal data.

Q Okay.

A That's another topic we can discuss. This is non-natural, non-homicidal deaths in the state of Colorado. THC is the number one substance found in those deaths.

Q What's an example of a non-natural, non-homicidal death?

A Somebody has a heart attack and dies. Oh, that's a natural death, I apologize. You know, I don't -- a non-natural, non-homicidal death, you know, that you come in and you see a body, and you don't know why they died, and there's no evidence on autopsy that they had a heart attack, or they had a stroke, or they had a gunshot wound or a stabbing. They're just a dead person, and the presence of THC is higher

than other things, like alcohol and opioids.

Q Can we go to slide 26, please? Doctor, this is a relatively dense slide. Could you try to make sense of this for the judge?

A Yes. This is also information that comes from the CDPHE or Colorado Department of Public Health and Environment. Marijuana is now the number one substance found in completed teen suicide in the state of Colorado. I've been following this data over time. Historically, it was alcohol in those teen deaths. And now, around 2012, that data flipped. And year by year, it seems to creep up a little bit. I mean, alcohol is the second most common substance found in completed teen suicide in the state, and it's not a close second. It's somewhat distant second.

If you look at the left side of the graph, obviously, there's a lot of mental health issues surrounding these suicides. You know, we are in a mental health crisis. I think it's multifactorial. There's a lot of things that are playing into it. And this relationship is bi-directional. These kids are not --

Q Do you think marijuana is playing into

it?

A I think it's a factor. I mean, these kids are not overdosing on marijuana. You need to understand that's very clear. They don't stop breathing because they're using marijuana. But if there's a clear bi-directional relationship, are they using because they're depressed, or are they depressed because they're using? Because the data shows that association we discussed already on the link between cannabis use, depression, and suicidality.

Q Next slide, please. For the record, this is slide 27, Your Honor. Doctor, what effect does marijuana have on the heart?

A Well, the heart is the second target organ after the brain, and I think a lot of my colleagues really don't understand this impact as well. Even my cardiology colleagues and my cardiothoracic surgeon colleagues, they're not screening their patients. Robert Page, who actually was a contributing author to my book, he wrote the drug-drug interaction chapter in my book --

Q Who is he?

A He's a pharmacist from the University

of Colorado. He was the lead author on this paper, the American Heart Association paper that was published in 2020, showing the risk of sudden death, arrhythmia, heart attack, and stroke in people that are using marijuana. And then in the subsequent data following this that link has been proven time and time again.

Q Next slide, please. Slide 28. Doctor, these are a series of studies with respect to the effect that marijuana has on the heart. Could you walk the judge through each of them?

A I'm going to start with Mark Chandy, Exhibit 76. He's a Canadian cardiologist. He actually gave us a very nice presentation at IASIC on the cardiovascular risks and the basic science of why and how people that are using cannabis are maybe at a higher risk for developing a heart attack. He published this nice review in 2025, again, Storck paper from the cardiovascular risks associated with the use of marijuana and cannabinoids. A very nice, well-done study, systematic review, meta-analysis, looking at heart attack, heart failure, et cetera. Again, the heart is the second target organ after the brain.

The American College of Cardiology, which is a very well-respected large organization nationally, showing and publishing the data showing marijuana users face a higher risk of heart attack. Again, the Kamel study, he's published a couple papers, Exhibit 68 and 69, looking at heart attack and cardiovascular risk associated with marijuana use. A very nice, well-designed study, multi-center controlled study in JACC Advances, the Journal of the American College of Cardiology, risk of MI in marijuana users. So I think, time and time again, we're hearing this resounding theme that cannabis use is not good for the heart.

Q Doctor, how well apprised is the medical community of the connection between adverse cardiovascular events and marijuana use?

A It's terrible. I mean, I spoke to one of my colleagues in Arizona a few months ago and asked him if he screens people for cannabis use when they're coming into the emergency department with a heart attack. In particular, the data showing in younger people, what we're seeing is this increased risk of cardiovascular disease. They get coronary artery disease via a

very complex site pathway. So this is not necessarily a disease of older people anymore and they're just not screening. I mean, they'll screen for methamphetamine and cocaine, other stimulants that can precipitate an MI. I think one of the recent papers shows that those risks in those stimulants are higher, but cannabis is still a positive association. So I think it's very concerning that my colleagues really understand and know the literature and screen their patients for use.

MR. KENNEALLY: Okay. May I have a moment please, Your Honor?

JUDGE JULIUS: Yes, of course.

MR. KENNEALLY: Thank you for your patience, Judge. We have no further questions.

JUDGE JULIUS: Okay. Thank you. Government, would you like to do your cross-examination now? Do you want to propose an early lunch? How would you like to proceed?

MS. KREINHEDER: We would like to request an early lunch in light of Mr. Kenneally's offer to extend cross-examination for this witness.

JUDGE JULIUS: Okay. Yes, Mr.

Kenneally?

MR. KENNEALLY: For purposes of scheduling, I did indicate to Ms. Stack, who's Dr. Finn's second witness, that we would likely call her at 1:00. So would there be a way -- and I'm just thinking out loud here, okay -- would there be a way to maybe accommodate that and then return to the cross-examination of Dr. Finn, of course, with the presumption that Dr. Finn can stick around maybe later this afternoon? Or would you like me just to tell Ms. Stack that it's going to be a little bit later?

JUDGE JULIUS: Government, do you have a position on this?

MS. KREINHEDER: We defer to your judgment, but we would like to continue keeping the schedule as it is.

JUDGE JULIUS: Okay. I think the cleanest would be to do cross-exam of Dr. Finn and then proceed to the next witness, just to keep them in order. Certainly, if during the lunch break you want to reach out to your next witness and say it may be delayed a little bit. What time zone is your witness in?

MR. KENNEALLY: Mountain.

JUDGE JULIUS: Okay. So if you want to coordinate with your witness to say it may be a little bit later if there's -- if you find out during the lunch break that there's a really immovable obstacle to that we can reassess, but I think my preference would be to finish one witness before we proceed to the next.

MR. KENNEALLY: Fine. And I can talk with the DEA as well and try to see if we can't work something out.

JUDGE JULIUS: I always encourage meets and confers. If you can reach an agreement without my intervention, I always love that.

MR. KENNEALLY: And, Judge, with respect to the other issue that you had brought up, we're still working on that, and we should have an answer for you after lunch.

JUDGE JULIUS: Appreciate that. I'll give you a little bit more than an hour. Let's come back at 12:30, a little bit more than an hour. Please don't discuss your testimony with anyone during the lunch break, but do enjoy a lunch break.

THE WITNESS: Yes, sir.

JUDGE JULIUS: And we will be back, and then we -- we will be in recess until 12:30. I'll see you then.

(Whereupon, the above-entitled matter went off the record at 11:25 a.m. and resumed at 12:30.)

JUDGE JULIUS: I know the parties talked about having a conversation during the lunch break. Were there any agreements between the parties of how to proceed at this point? Was there any discussion of how much extra time the government may need for cross-examination?

MS. KREINHEDER: I'm sorry, what was that question?

MR. KENEALLY: Yeah.

MS. KREINHEDER: I thought I --

MR. KENEALLY: Yeah. We had a very brief conversation, Your Honor, and I think they're ready to proceed.

MR. LONICH: Yes, Your Honor, that's correct. The government's ready to proceed, and we anticipate based on the direct testimony that the cross-exam will conclude at or near 1:00 when the next witness is scheduled. So I think if we move on to cross-exam, we can continue

with the schedule.

JUDGE JULIUS: Sounds good. My proposal would be, because there was an offer for extra time if needed, we'll proceed with the one hour that's allotted. If we hit the one hour for whatever reason and you need more time, just alert us, and we can reassess at that point.

MR. KENEALLY: We will have no objection to any extra time.

JUDGE JULIUS: Understood. I just kind of want to, for timekeeping purposes and just keeping everything on track, we'll alert you when the one hour -- should you need the full one hour, we'll alert you when that expires, and then we can move from there, just to keep everyone aware of timing. Was there any update on Exhibit 108?

MR. KENEALLY: There was, it's going to need a little bit of work. All the exhibits are correct. We've gone through them. The table of contents needs a few minor corrections. Our plan was to finish today, head straight back to the hotel, and get that uploaded for everybody today, an amended table of contents.

JUDGE JULIUS: Okay. So, we'll put an asterisk by 108 to make sure that we have the right substantive document, and then we'll confirm with the government what their position with that document is.

MR. KENEALLY: Thank you, Judge.

JUDGE JULIUS: Sure. Any other procedural issues? All right. Cross-examination, Government, whenever you're ready.

CROSS-EXAMINATION

MS. KREINHEDER: It's kind of high. Is that good? Good afternoon, Dr. Finn.

THE WITNESS: Good afternoon.

BY MS. KREINHEDER:

Q Today you testified about the use of marijuana in medicine, is that correct?

A Yes, ma'am.

Q And you would agree that this is a very nuanced area of discussion, correct?

A Yes.

Q You've spent a significant amount of your career studying, writing, and speaking about marijuana's use in medicine.

A Yes.

Q Today, you showed the court a number of

studies and graphs with statistics on overdose deaths, psychosis, and suicide, among other harms of marijuana. Is that correct?

A Yes.

Q Just for the record, your testimony today is that people do not die or stop breathing strictly from the use of marijuana. Is that correct?

A They can die, but they will not stop breathing, that's a difference there.

Q Okay. So your testimony is that people do not stop breathing strictly from the use of marijuana. Is that correct?

A That is correct.

Q You also said today that there are certain components of marijuana that can be beneficial in medicine, correct?

A Correct.

Q In fact, you have recommended marijuana to some of your patients in the past. Is that correct?

A That is correct.

Q Okay. No further questions.

JUDGE JULIUS: I'm going to ask the same question I've asked to every expert, and if

you have any follow-up questions to my question, I didn't mean to deprive you of that opportunity. Are you familiar with the Controlled Substances Act's definition of marijuana?

THE WITNESS: In what regards?

JUDGE JULIUS: So, I've noticed a lot of times it sort of, generally speaking, sometimes people will talk about medicinal marijuana, medical marijuana, recreational marijuana. The definition that's of interest to this Court is the Controlled Substances Act definition in 21 United States Code § 802(16)(A). So, I just ask if you're familiar with that definition.

THE WITNESS: My understanding is marijuana in terms of parts of the plant, the stems, the buds, the concentrates, et cetera.

JUDGE JULIUS: Okay. I'll go ahead and just read to you in full. It's going to be a bit of a mouthful, but if you have any questions, just let me know.

THE WITNESS: That's okay.

JUDGE JULIUS: So, 21 USC § 802(16)(A): Subject to subparagraph B, the terms marijuana

and marijuana, spelled variously with a J or an H, mean all parts of the plant Cannabis sativa L., whether growing or not, the seeds thereof, the resin extracted from any part of such plant, and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or resin. So, that's what is marijuana. Part B says what's excluded. The terms marijuana do not include hemp. And the lengthier exclusion is, the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks, except the resin extracted therefrom, fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination. So, do you understand that definition as it's in the US Code at Title 21?

THE WITNESS: Yes, sir.

JUDGE JULIUS: Okay. When you opine and you're analyzing research and things like that, what definition of marijuana are you using? Is it this definition? Is it something else? What are you looking at as “marijuana?”

THE WITNESS: Well, there really are no definitions at least in the states I've worked in. Medical marijuana, again, is under a big umbrella when you're using it as such. And I was hoping over the lunch hour I can go to D.C. and get a medical marijuana card, because in D.C. you don't need physician supervision you can self-certify for your condition. Which to me isn't really under the practice of medicine guidelines for any state, as far as I know. I can't self-certify for testosterone, which is another Schedule III, or other Schedule III or II or V substances. I can't do that.

But marijuana somehow has gotten that free pass where I can go to Washington, D.C., go to a kiosk and say I have a headache, and out pops my medical marijuana card. So, there really are no good definitions that I'm aware of in the states that I practice in, in terms of differentiating between, you know, plant extracts, concentrates, et cetera. And that's the difficulty is that a lot of these products are the same in both the recreational space and the medical space. I think the only real difference is the tax structure. It's more

cost-prohibitive to get a recreational marijuana product, where that same product will be cheaper at a medical dispensary. If that helps.

JUDGE JULIUS: Thank you, Doctor.

THE WITNESS: Yes, ma'am.

JUDGE JULIUS: Any further questions from the government based on Court's question?

MS. KREINHEDER: No further questions, Your Honor.

JUDGE JULIUS: Thank you, Counsel. Redirect whenever you're ready, Mr. Keneally.

MR. KENEALLY: Very briefly, Judge.

REDIRECT EXAMINATION

MR. KENEALLY: Doctor, you were asked on cross-examination whether or not you had ever prescribed marijuana to any of your patients. When did you do that?

THE WITNESS: I would say probably around 2010, 2012-ish.

BY MR. KENNEALLY:

Q Okay. And why did you do that?

A Well, you know, obviously the premise of being a physician is being compassionate. I mean, we care for our patients that are suffering and have pain. The first thing that

we learn when we graduate medical school is do no harm. It's part of the Hippocratic Oath. When you have physicians making recommendations that are causing public health and safety harm unbeknownst to them because they just don't have the knowledge base to understand the harm they might be causing, to me, that makes it -- that's why I stopped because my patients were coming back to me saying it wasn't helping their pain; they were having adverse events. A patient of mine had chest pain, palpitations that she didn't want, and she was getting guidance from the person behind the counter at a medical dispensary, which are budtenders. The only requirement in the State of Colorado, the minimum requirement, is you need to have experience with marijuana, 21 years of age, and a pulse. You do not have any medical requirements, certifications, maintenance of certifications, like my pharmacy colleagues that have a very high degree of training and expertise on talking to people on drug-drug interactions.

Q Would you prescribe marijuana sold at a dispensary to any of your patients now to treat

pain?

A No. If you can give me a cannabinoid that has met the rigor of scientific study, research, and proof, like doing a REMS study, risk evaluation mitigation survey, on that particular product, and it's proven to work, I'd bite off on that any day.

MR. KENEALLY: Okay. Thank you, Judge. I have no further questions.

JUDGE JULIUS: Okay. Any possibility that you would be recalling Dr. Finn?

MR. KENEALLY: I'm not aware of any need to at this time, Your Honor.

JUDGE JULIUS: Okay. Thank you very much. That concludes this testimony.

MR. KENEALLY: Thank you, sir.

JUDGE JULIUS: Thank you for providing it.

THE WITNESS: Yes, sir.

JUDGE JULIUS: And you're free to go about your day. Thank you. I know you said, Mr. Keneally, that your next witness was ready to begin at 1:00. It's only 12:40. Is she ready to go?

MR. KENEALLY: I just texted her and

said, you're on, and my understanding is that she's in the portal.

JUDGE JULIUS: Okay.

MR. KENEALLY: So perhaps we can see if she's there. And if we need a little bit further work just to get her here, I can step outside and make a call and get her on.

JUDGE JULIUS: Understood. Okay. Thank you.

MR. KENEALLY: Okay.

JUDGE JULIUS: All right. Good afternoon, ma'am. Can you hear us? It appears you may be muted. I see her in a little screen down on the bottom.

MS. STACK: Okay. Is that better?

JUDGE JULIUS: Yes. We can hear you. Can you hear us okay?

MS. STACK: Okay, good. I can hear you.

JUDGE JULIUS: Fantastic.

MS. STACK: Okay, great.

JUDGE JULIUS: If you could, please raise your right hand if you are able. Do you swear or affirm that everything you say in this proceeding will be the truth, the whole truth, and nothing but the truth?

THE WITNESS: I do.

WHEREUPON,

LAURA STACK,

having been first duly sworn, testified as follows:

JUDGE JULIUS: Thank you very much. You may put your hand down. Before the attorney starts asking you some questions on direct exam, I just want to give you some brief instructions about the process of testifying, just to keep our record clear, okay?

THE WITNESS: Okay.

JUDGE JULIUS: So please wait until the entire question is asked before you begin your answer. We don't want people talking over one another. Please pause for a brief second after the question is asked to see if the question draws an objection. If you hear the word objection, just sit tight. I will address the objection, rule on it, and then I will instruct you whether you should answer the question or not. And if at that point, if you would need repetition of the question, you can ask for it. If at any time you get a question that you don't understand, just tell us that you don't

understand the question. We'll make sure it's rephrased in a way that you do understand. And if you don't say that you don't understand a question but go ahead and answer it, we will assume that you understood the question. Does that make sense?

THE WITNESS: Yes.

JUDGE JULIUS: All right. Mr. Keneally, whenever you're ready.

DIRECT EXAMINATION

MR. KENEALLY: Thank you. Hi, Laura. Can you see me? It's coming. This is going to be a shock when it actually --

A Hello.

Q There it is. How are you?

A Yes. I'm well. Good to see you.

Q Good to see you. Laura, could you just please state your name and spell your last name for the record?

A Laura Stack. S as in Sam-T-A-C-K.

Q Okay. And where do you live?

A I live in Castle Rock, Colorado.

Q How long have you lived there for?

A Been here for three years.

Q All right. And are you married?

A I am.
Q How long have you been married for?
A 27 years.
Q Do you have any children?
A I do. I have three -- now two.
Q Okay.
A A daughter and a son surviving.
Q Okay. And do you have another son named Johnny?
A Johnny is in heaven, yes.
Q Okay.
A He's deceased.
Q When was Johnny born?
A Johnny was born on February 7th in 2000.
Q Where does Johnny fit in between his two siblings?
A He's the middle child.
Q Okay. And growing up, what kind of kid was Johnny?
A He was a great kid, funny, loving, very smart, very involved in school, in our community, in church. He was a musician. He played the piano and the guitar. He was very athletic. He ran cross country. He ran track.

He was in karate. He was quite busy with that. He was exceptionally bright. He was a straight A student, 4.0 GPA, got a perfect SAT score in math, and had a scholarship to Colorado State University. He was a wonderful person.

Q Okay. Prior to 2014, did he suffer from any sort of mental health disorders?

A No.

Q Do any mental health dis --

A No mental health.

Q Okay.

A Nothing. No --

Q Do any -- do any me-

A My family history -- no, he did not have any -- any problems, no.

Q Okay. Shyness? Or did he have any sort of social anxiety, difficulty making friends, anything like that?

A No. He was very outgoing, a natural leader, kind to everyone, in theater, choir. No, he was a very outgoing kid.

Q Okay. When was marijuana legalized recreationally in Colorado?

A In 2012.

Q All right. And when did --

A Johnny was 12 years old at the time.
Q He was 12. And when did they start selling marijuana at dispensaries in Colorado?
A In 2014.
Q Okay.
A Legal dispensaries opened. I remember the lines wrapping around the block. Colorado was the first state to legalize recreational marijuana. Johnny was 14 at the time and in ninth grade.
Q How did recreational marijuana change access to marijuana for Johnny and his friends?
A Well, I mean, I was his person, so he was very honest with me, and he told me that he had gone to a high school party, he was in ninth grade, and that one of his friend's brothers had a medical marijuana card and that all the boys wanted to try to get high. And they had handed it to him and said to hit this, and he's tried to say, no, I'm good. He told me they pressured him and said, you know, what's your problem? Everybody's using. Are you chicken? And he said, mom, I didn't know what to do, and I didn't know what to say, so I did. Sorry. And he just told me that it was everywhere and that

it was very accessible.

Of course, I did, you know, the mom talk and, you know, told him, don't do that again, and it's going to destroy that genius math mind of yours. I didn't understand at the time that the marijuana and the vapes and all of the gummies and the products that were available, you know, were not the same things from, you know, back in the day --

Q How let --

A -- in the ‘80s, you know?

Q Let me ask you a question.

A I know.

Q What were his early use patterns like between the ages of 14 and 16? So for the first two years of marijuana legalization, how often was he using?

A I mean, obviously, he became very sneaky and secretive because we didn't allow it. And so we would find it. We would search his backpack and his room when he was gone, and we would find things randomly and take them away. Pipes, you know, we would destroy them and ground him. We would find little chargers that we thought were USB drives. I mean, we were

very ignorant about all of that. We found little pens that he told us were nicotine, and I didn't know to have them tested. Later, I figured out they were THC through -- but, I mean, in the early days it was just trying to discipline him to maintain control, to keep him from using them. You know, hard love, love-love. Trying just about everything that we could --

Q Okay.

A Think of doing.

Q Okay. By 2016, when Johnny was 16 years old, was he still using?

A Yes.

Q Okay. And would you say that he was addicted at this point?

A Yes.

Q Why would you say that?

A Well, he would tell us, you know? He always would say, I love marijuana. And he was getting straight A's, and so it was very confusing because he would say, you know, come on, Mom, you know, this stuff is legal. You know, God made it. It grows in the ground. It's natural, it's medical, it helps people.

Obviously this isn't hurting me. You know, I'm doing everything you want me to do and I'm getting straight A's, so clearly this isn't a problem. And you know, we continued to, you know, take his car away. You know, by then, when he was driving at 16, it got a little more difficult.

Q What kind of behavioral changes did you see with Johnny as his use progressed in 2016 and 2017?

A Well, once, you know, he was driving, he started just having a lot of behavioral changes. He dropped out of all his sports. So he just quit all his teams. He was invited to be on the archery team. He had incredible hand-eye coordination, and he wouldn't do it. He quit all the teams. He stopped going to youth group. We used to teach Sunday school, the five of us, for 4-year-olds. You know, he wouldn't volunteer to do that anymore. He used to be very active in service projects. He used to go to youth group. He refused to do any of that. He stopped all of his music, stopped wanting to take his lessons.

He changed a lot of friend groups, and

we didn't see a lot of the old friends come around much anymore. Didn't know a lot of the new friends. He just started losing a lot of motivation and started just becoming more defiant. I couldn't get him to participate in chores. You know, wouldn't do family activities.

Q Was he running away?

A Well, he didn't run away until, like, before his senior year, but then he ran away. He was 17.

Q Tell us about that.

A Well, he started his senior year and, you know, still was getting great grades, had just gotten a 1430 on the SAT and, you know, perfect math score and a scholarship. And then he went to homecoming and we'd given him a curfew of midnight. This was September. And he didn't come home. And so we took his car for three days, which I thought was a pretty lenient punishment for not coming home at all, which, of course, because he was high and didn't want us to see him, I'm sure. But he went upstairs and packed his suitcase, and he left. And we, by that time, had a tracker on his car, and so we

could see where he was going. A couple of the moms called me, and he was basically couch hopping. And then we would see him go up north, we presumed, to, you know, his dealer at the time, you know, with all the new friends that he had and people he was meeting. And we didn't know a lot -- any of these people, and he wouldn't bring them home. But he was seeing a therapist who helped us write a letter to him and tell him, if you are not home, you know, by this date and this time, you know, then you are agreeing that you are not going to be living in the home.

Q Did he come home?

A So, he came home.

Q Okay.

A And agreed, you know, to all these rules including being drug tested, which I regret to this day I didn't follow through on. I didn't know you could get, like, off-the-shelf tests because his doctor didn't want to drug test him because Johnny refused. And so it was just a challenge to get him drug tested, and so it basically didn't happen.

Q Why was he seeing a therapist?

A Well, because he was just so mean and toxic and awful to us and that was one of the conditions, you know, that he continue to see a therapist. The marijuana was just changing him -- sorry.

Q Take your time.

A It was -- it was, I always describe it like an alien just came and took my child and put another one there, and he just, he became very mean. And he would swear at me. And he called me an F'ing B, and I loved him more than anyone, you know? And he just -- was just a totally different person now that I -- I just didn't recognize at all. It was this is not my son.

Q What --

A And it was just slowly taking him away.

Q What did he do with your dog?

A Well, obviously he didn't follow the rules, and he turned 18 the second semester of his senior year in high school, and he left. He decided that he wasn't going to follow the rules. He said, I'm 18. You can't keep me from using. It's legal. I can get a med card. I can use it if I want to, and you can't make me

go to school. He took us off of his parent portal, and we were not able to see that he was going to school and he moved out. He decided he was not going to follow the rules and live in the home, and so he wanted to rent a room in a house. And we are --

Q And he was still going to high school at the time?

A Yes. Well, he didn't really go. He got four Ds his senior year, and he barely graduated. His GPA was so high that even with four Ds he still got a 3.2 GPA.

He was in the rental home and unbeknownst to us, you know, he was always talking about he was going to get this med card, but we didn't know that he got it because at 18 in Colorado you don't need parental approval. And it wasn't until after he died and the police gave us his phone, and we have a friend who's an expert in cybersecurity, and he was able to help us get into the phone. We could then open all of Johnny's devices and his laptop and everything. We saw the Colorado Department of Public Health and Environment and his medical card information. And so he was -- and we saw

all the photos, hundreds of photos of him with all of the drugs that he bought from, you know, a legal dispensary with a legal card, legal weed in Colorado. And he was now the local drug dealer.

Q Did he have a medical condition that marijuana was treating?

A Oh, no. No. In fact, I called the AG because I demanded to know what doctor had given my perfectly healthy son a med card. He had no medical conditions. I have -- I mean, I, to this day, I have no idea what he would've told you know, we call them the pot shop docs. You pay your $300, tell them you got a backache or a migraine, whatever. I don't know. But no, he was perfectly healthy. But he now had all these photos of all of these teens, and they looked like 13, 14, and he was now providing these drugs to these kids.

He had his backpack stolen, and he called me and said, somebody took all of my goods, and now I can't make rent, and you need to pay it and of course, I refused. I was like, Johnny, you know, that's your problem, you know? You're selling, buying and selling drugs, and,

you know, this is what happens when you're a drug dealer. And we were -- my husband and I at a business meeting, and he came over, and our other son was home. And he opened the front door and whistled for our dog and said, Lily, come. She's a shepherd, so she obeyed him, and he put her in the front seat. And he texted my husband and said, I have the dog, and unless your F'ing B of a wife pays my rent, I am going to kill her. And if you call the cops, you will regret it for the rest of your life, and you'll never hear from me again. It was a very tense, dicey situation. My husband drove over there and got the dog, and I probably shouldn't have done it, but I didn't want my son to be homeless, so I paid the landlord his rent.

Q Okay. After that situation resolved, did Johnny go to college that fall?

A Yes. Well, he had a scholarship.

Q How was he able to get a scholarship?

A Well, he had already gotten the scholarship when he got the perfect SAT score and had straight As, and I didn't know that colleges don't pull your second semester transcripts. I thought for sure he was going to

lose his scholarship because he got four Ds, but literally nothing happened.

So, he had to move out of, you know -- moved out of the rental house, and he needed to stay at our house one night before we took him up to CSU, and that was just a disaster.

Q Tell us why.

A He was violent, and he punched holes in walls, and he trashed his room, and he destroyed all his childhood possessions and trophies and items that I'd gotten him for gifts and trashed his room, his bathroom, and then tried to go into our son's room. And our son by then was bigger and stronger and athletic and just barred the door and said, stop and he did. And we all locked our doors because we were all -- we were all very afraid of him at that point, and I didn't know if he was going to show up in the middle of the night with a knife. He always had little switchblades and knives and was a very menacing, scary person at this point.

Q What kind of impact was this having on you, your children, and your husband?

A Oh, gosh. I mean, my poor son, who was just 16 months younger, you know, here his

brother is the local drug dealer, so it was very hard on him and very embarrassing. It caused him a lot of anxiety, a lot of struggles and, you know, my husband didn't do well with my son calling his wife names, you know. It was hell.

He did keep his scholarship, and so we took him up to CSU, and I just prayed, please, God, help him, you know, find his way, and we hoped that he could have a fresh start. And he shouldn't have gone. He shouldn't have gone to college. He really needed to go to professional rehab, but we had tried so hard through our insurance to get him help, and they said, oh, you know, marijuana's not addictive. This is Colorado, you know, there's no treatment. And everything we did try, you know, one told him to lie and say he was addicted to LSD, and he was like, I'm not going to say I'm addicted to LSD. And it was just a nightmare just trying to get help, and I didn't know about sending him out of state. Like, I was just so overwhelmed. I didn't know what to do, and so we just let him go to college, and that was probably, you know, a big mistake.

Q So what happened after he started

college in the fall at CSU in 2018?

A Well, he had a roommate that moved to Colorado from Minnesota just to use weed, of course. He had a random roommate, and this is who he drew, and I couldn't believe it. He texted me right after the parent orientation. We had just left, and he said, I love my new roommate. You know, we just went off and smoked weed. And I'm like, how did he get ahold? At this time, I still didn't know that he had a med card, and he said he was smoking weed nonstop with his roommate. And so a couple, you know, weeks went by. He was texting me. I'm still trying to get him help. I had wanted him to be in the sober dorm to which he laughed and, of course, wouldn't do it. But he texted me, I'm having a hard time fitting in. I'm having a hard time making friends and I said, You know, that's normal, Johnny. You know, don't worry. You're a good person. You're a good friend. You'll make friends. I tried to encourage him, and he said, Is it normal to feel like killing myself every day? In a text.

Q How did you respond to that?

A Well, I mean, he was 90 minutes away in

Fort Collins and we lived in Highlands Ranch at the time, south, and my daughter lived up north, closer to him. And I called her, and I said, honey, I'm so sorry, but I need you to lie to your brother, and I need you to get him out of his dorm room and bring him to your home. So, we concocted a plan that she would tell him she was taking him to the CSU-CU football game the next day. And so she went up, and he was surprised and happy and went with her. On the way to her house, he told her he was having ideations about hurting himself and that he was thinking about idealizing, like, thinking of jumping off buildings, like he was running through that in his mind. She was so afraid and very brave and got him to her home, and he went to sleep thinking they would go to the game the next day. So that's when my husband and I came over, and in the morning when he woke up, you know, we were there, and he saw us, and he started crying. And I said, honey, we have to get you help. He said, you know, what if I refuse? And I said, well, then I will have to call the police and tell them that, you know, you're suicidal, and they will keep you from

getting treatment close to us, and it will be very hard for me to get to you. Please just come with us, and let's go to the mental hospital by where we live --

Q Is that where you took him?

A Yes, Denver Springs.

Q And what happened after you got there?

A Well, he agreed. So, we were really relieved but very afraid because he was just actively having ideations about violence to himself and jumping off these buildings. When we got there, he filled in the paperwork, and he checked the box, yes, I am -- I have been thinking about killing myself and we were very relieved, I remember thinking, because that was an automatic 72-hour hold in Colorado. So, they took him back and interviewed him, and they called me out back 30 minutes later, and he was trying to leave.

Q Okay.

A And they had to, like, bar the door and lock him, and he was becoming very agitated and violent again. And so they took him back. They were able to -- I was able to convince him to go with them, and unfortunately, it was Labor Day

weekend, so there were no doctors. So, nobody was there to evaluate him. Nobody was there to help him, to give him medicine. There was nobody, and so they just let him go after 72 hours.

Q And what happened after they let him go?

A After saying of course. And he had called me and said, well, I'm going to kill myself as soon as they let me out of here. And I called them, and I begged them. I said, he is -- and -- I don't understand because, I mean, the nanograms per milliliter in his blood when they showed me all his blood work for THC were off the charts. And he was -- you know, it takes four weeks for THC to clear your system, and so he would've just still been just completely out of his mind. And he told them, oh, I'm not suicidal. And they said, well, he's over 18, and so there's nothing we can do, we can't hold him. And I begged them, and they let him out. And he -- he came home, and he just basically slept.

CSU, Colorado State University, was demanding that we go and get his items out of

his dorm room because he had disenrolled from school. And so we went up, and Johnny just said he was tired, and we went up to get his items. We were on the way, we were leaving CSU, and he called me, and he said, mom, I just tried to kill myself. And I said, what did you do? You know, Did you take pills? What did you do? And I handed my phone to my husband, John, and I called the police on John's phone, and I begged them. I said, please go check on my son. I'm 90 minutes away, I can't get to him. So, we just tried to keep Johnny talking. And then he heard my son talking -- or my husband talking to the police, and he said, did you call the police? And he called me names and hung up. And I could hear the garage door opening, and I was just saying, please, Johnny, don't leave.

Thank God the police came up the road, and they -- thank God, I mean, they kept him from leaving. They blocked his car, and they called me. They confirmed he had rope burns on his neck. He had gone to Home Depot while we were gone and bought rope, and it was in his closet. And he did try to kill himself in our home, he was still just so out of his mind from

all the products he was using. We didn't know what they all were. Dabs, we didn't know what dabs were. We found a nectar collector in his drawer at CSU, and we asked his roommate what it was, and he just said, they're dabs, and --

Q Was he using anything other than marijuana?

A Well, I mean, he always kind of used nicotine and he got in trouble at school once for using alcohol, but he never tested positive for anything but THC.

Q Okay.

A And they said at the mental hospital his diagnosis the doctor wrote, THC abuse severe. And he said, ma'am, it's just weed. You know, He's -- It's all -- and I was like, you know, how can this -- how can this happen? And --

Q Let me back you up just a little bit. How did he get to the hospital after the suicide attempt?

A The police.

Q The police took him?

A Yeah. They blocked his car.

Q Okay. And what happened after he got

to the hospital?

A Well, then we arrived, and, you know, they told us what was going on and the blood work. And he was -- he wouldn't talk to us. He -- he was angry. He blamed us for putting -- putting him in the mental hospital. You know, he -- he just was sullen and angry, and they had to put him in handcuffs. The Denver Health, or Denver Springs, agreed to take him back, so now they could hold him because he had a suicide attempt. And so they could put him on a longer hold.

Q Okay.

A And then, you know, we had to bring him things, you know, with no laces, so he couldn't hang himself and all that. And they put him on Wellbutrin because he was just having all of these dark thoughts of self-harming himself. And they kept him, and we would go to meetings and, you know, therapy sessions and appointments. And after a few weeks, the THC left his system, and he came back. My Johnny came back.

Q Came back what?

A And he was, to me, to normal, to

himself. It was like the aliens brought him back. Like, he was -- he was himself again. He was Johnny. He was sweet. He was kind. He was -- he was very, very afraid.

Q What do you mean by that?

A I mean, he was just like, I am never going to use vapes or dabs again. I am never going to use marijuana again. Like, he was very afraid of what had just happened to him. Like, he -- he was, like, realizing that this had happened. Like, he was kind of observing himself. I don't know. He was very -- he was very lucid. He knew exactly what had happened, but almost like he was observing it as a different person. But he -- he was compliant and nice, and so we just decided to let him move back home.

Q How long was he in the hospital for?

A Mm, I guess in the hospital a total of five weeks.

Q Okay.

A Four and a half -- five weeks.

Q And then -- so then that fall of 2018, he came back home after his stay in the hospital?

A Yeah.
Q And what was his demeanor like?
A We let him move back home.
Q How was he getting -- how was he getting along with the family?
A He was great. He wanted to get a job. We -- his brain was still very addled, so cognitively he was struggling. He couldn't remember just simple instructions. He loves animals, and so he got a job at a kennel, and he just couldn't even remember. He came home just discouraged because he said, I can't even remember how to clean the kennel, like, very simple instructions. And he said, my brain is green poo from the marijuana, and I need a brain scan. He was very stuck on that his brain was broken, and he was incredibly sad that he had, he thought, ruined his mind. And, you know, I just said you need -- you need some time, you know, to get off, to be sober and let your brain heal.

He was compliant and nice, and he said, You know, I want to go back to school. And we weren't really keen on the idea because, you know, we said, honey, you just had a suicide

attempt, you know, and you're getting over this addiction, and you're, you know, newly sobered, you know, maybe you shouldn't. But he applied to University of Northern Colorado in Greeley, and they give the smart kid a scholarship, and there was nothing we can do. He decided he was going, and he left in January of 2019.

Q For the spring semester?

A Yes.

Q Okay.

A To go to UNC? Yes.

Q And then prior to him leaving, you had talked a little bit about when he was using. He was aggressive and verbally threatening to you. Between the time that he got home in the fall and the time that he left for school, did you see that kind of behavior?

A No -- no, he was not -- he was not like that at all. He was sober, and he -- he was wonderful. He was fine.

Q Okay. Did he appear depressed or suicidal to you while he was not using THC that fall?

A No. In fact, we took him to CSU and, you know, we were Rams at CSU, and now we're

Bears at UNC, and -- and he wanted to get shirts, matching shirts. I got a Mama Bear shirt. I have photos of him. He's like, I got this, Mom, you know.

Q Okay.

A It's going to be okay, you know. And he was -- he's happy. He loved his new dorm. He was hopeful, you know. He -- he was going to make friends. He was -- he really was in a very good space.

Q Okay. So what happened after he left for Northern Colorado?

A Unfortunately, he started using again. I know because he told me and he texted me and said, you know, mom, you know, everybody here uses, and if you don't use, you won't have any friends. And I was so distraught, I said, Johnny, you know, why? You know, you remember what this did to you. Remember, you know, you -- this made you want to kill yourself, you know. And you can make friends, you're a wonderful person. You don't need to do this. And I would try, you know, to encourage him. And he just said, Mom, I'm fine. I'm, you know, I'm going to classes. I'm doing everything, and it's not

hurting me, and I'm fine. Until he wasn't. And --

Q What happened when you say, until he wasn't?

A Well, I got a call from him, and it was 3:00 in the morning and so I said, Johnny, what's wrong? And he said, they bugged my dorm room. And I said, who? What are you talking about? And he said, The FBI. He said, this is an FBI base, and they are after me, and they are tracking me, and my room is bugged, and my computer is bugged. And I said, Johnny, that is not an FBI base. That is a university.

I just had this cold chill run through me and just realized my son had just had a complete break with reality. He's starting to say the most delusional things like the mob's after me again. And I was trying to reason with him, and he said, you're in on it and he hangs up on me. And it was -- it was a nightmare. I mean, the university wouldn't talk to me because they said he's 18 and he's entitled to his privacy. And it -- I could not believe, you know, that someone could be having a mental breakdown and you're not even allowed to get any

information. And we drive up there, and he had managed to convince them to change his dorm room, so he wasn't even in the -- in the dorm room. And then they wouldn't give us any information. It was we -- we had to call his psychiatrist to get them to allow him to talk to us, to be released to us.

Q Did that work?

A And yeah, I mean, finally. They -- they took him to a -- well, he wouldn't go back to Denver Springs, so we took him to another hospital -- mental hospital. And they said that he needed to be put on a bit of an antipsychotic because he would not stop saying that the FBI was after him, that the mob was after him. And so they gave him a dose of, well, first they gave him a medicine that he was allergic to, and then they gave him a -- a different one. And they said that he would need to be on it for nine months. And --

Q Where was this hospital?

A It was in Highlands Ranch, Highlands Behavioral Center.

Q What was he diagnosed with?

A Well, again, he just tested for THC.

And the doctor said that he, you know, had needed a dual diagnosis program because, you know, the THC use was making him mentally ill, and that until he stopped the THC use, he was going to continue to have these issues. And so they agreed to allow him to leave if he agreed to allow -- to go to this intensive outpatient program. So, he agreed, he gets his prescription, he leaves, and he's at this intensive outpatient program. I take him for the first day, and I go to pick him up, and they make me pay. And I said, why -- why am I paying? Aren't you going to run this through my insurance? You know, we'd already gone through all this. And they said, oh, he discharged himself. And I said, What are you talk -- how can he discharge himself? You -- you know, he -- he was released from the mental hospital on condition of being in this program. And they were like, He's 18, and there's nothing, you know, that we can do about it.

Q So he was -- was he on antipsychotics at the time?

A Yes.

Q And had he been diagnosed with

psychosis or schizophrenia or any related disorder?

A They just, you know, they didn't call it. No, they didn't call it schizophrenia. They just said that it was a -- a psychosis, a THC abuse, that it was related to his -- his marijuana use. They didn't. You know, it was just kind of a cannabis-induced psychosis. But they told us that if he continued to use, that eventually it wasn't going to go away.

Q Okay.

A So --

Q So -- so what happened?

A He was so --

Q So what happened?

A He was more sober.

Q Okay. Let me -- let me just ask real quick. What happened after he had discharged himself from outpatient?

A Well, he had to go -- so we found a program called Sandstone, and he was in -- he was in a really weird spot because of his age. He couldn't be with 21 year olds, but he was too old to be with children, and so he just ended up. It was very hard to find treatment, and he

was made fun of because they were on heroin and crack, and they all laughed at him. He came home crying because they said that he was weak-minded because he was just addicted to marijuana. So he refused to go to that program, and then we found him a psychiatrist thinking, well, maybe he'll see a psychiatrist. And the nurse practitioner told him that he should use a different strain, that the one he was using was obviously aggravating him. I mean, it was -- it was just unbelievable.

Q Was he using at this time?

A He's -- he was not using but then he got in touch with a girlfriend that he had a restraining order on the year before because she had a domestic abuse charge against her because she was violent toward him. And he had a restraining order, and the restraining order expired, and so he reached out to her again, and she got him back into dabbing. At this -- before then, he was sober. He was living in a condo that we owned. We moved him in. We got him a dog. He was doing great. He wanted to take another class. He was taking one class at Colorado Technical University, and then this

girlfriend enters the picture, gets him into dabbing again, and she punches him in the face, and we end up at the hospital with him, and he gets another restraining order against her. And this is when he realizes, like, his life is falling apart because --

Q So this would've been the fall of 2019?

A Yes.

Q Okay.

A And so he swears off marijuana again, and he tells us, I'm never going to use again, which we'd heard before. And he was sober again, and so in October, this was October now, we took him to a Billy Joel concert to celebrate, okay, you're, you know, you're sober. You're holding down your job. He was working at PetSmart in a kennel. And he -- he loved Billy Joel, and it was a great -- a great day. And we -- he sang all the Billy Joel songs, and he said to me at the concert, this is the first day of the rest of my life, and I am never again going to use any drug -- not just marijuana, you know, obviously. But he said, I'm never going to smoke a cigarette. I'm never going to drink alcohol. I'm never going to ever use any

substance, and I am going to be a great person.

Unbeknownst to us, he also stopped taking his antipsychotic just like that, which you can't do. I mean, with any antipsychotic or antidepression or antianxiety, you -- you have to titrate it down slowly, which he was supposed to do, but he just stopped taking it.

Q Did he continue to use marijuana?

A No.

Q Okay.

A No. From what the doctors told us, the medicine that he was on, which was called Vraylar, has a very long half-life. And so it was about five weeks. So they think, obviously we'll never know, that those, you know, mob are after me kind of delusions were coming back, which is what happens when you dramatically just stop taking an antipsychotic. And so he came over to the house, and it was just three days before he died, and he said, mom –

Q Would this have been November of 2019?

A Yep.

Q Okay. What did he say?

A He said, mom, I just want you to know that you were right. And I said, about what? I

don't know what you're talking about. And he said, about the marijuana. He said, you probably don't remember, but you told me many years ago that marijuana would hurt my brain, and it has ruined my mind and my life and I'm really sorry, mama. I love you. And that was probably suicidal, but our relationship had been so damaged over the past few years that I -- I thought he was trying to reconcile, and I -- I probably missed it. It was probably his way of saying goodbye, and 15 minutes before he died, he sent out a Snapchat and he had blocked me on his Snapchat, so I didn't get it. Our son got it. And it was a picture of his car odometer, and it read 133661, which to me and you would probably mean nothing. He typed under it, 133661, Newton's 3rd law. He typed, for every action there is an equal and opposite reaction. For one extreme to exist, there must be the opposing, which, you know, what does that mean? It means nothing. It was just -- they -- they think that because of his math mind, he would've seen that number as the threes added together would be 16661. So maybe he thought that was a magical number. Maybe he thought that he wasn't

going to die, but in his notebook that we recovered after his death, he was writing about the mob being after him, and everybody knew everything about him, and the FBI, and he was just clearly having mental health issues. And he jumped off the top of a six-story parking garage. We did not watch the video, but a public camera from RTD caught him jumping off the top at the Lincoln Square Lofts RTD garage with arms outstretched as if he thought that he could fly.

Q How did you find out that your son had died?

A We got a phone call in the middle of the night, and it said Douglas County Sheriff's Office. You know, I answered the phone and they said, Mrs. Stack? I said, Yes. They said, this is the Douglas County Sheriff's Office. I said, do you have Johnny with you? And he said, no, ma'am, I'm sorry, I don't. And I -- I just knew that something was horribly wrong. He said, we're at your front door, can you please let me in? And he was standing there with a woman in black with a bag, and she said, Mr. and Mrs. Stack, I'm with the Coroner's Office, and I'm so

sorry to tell you that your son is deceased. And I said, what are you talking about? She said, he's dead, ma'am. He just jump -- jumped off the top of the parking garage at Lincoln. They gave me all his items, and his keys and his wallet and his beanie and -- (Witness crying.)

Q Okay. Take a second.

A And I -- so I just screamed. I just fell into my husband's arms, and it was the last thing I expected to hear. I -- he had seemed to be doing so well. And I thought he would tell me because he told me the last time. But he obviously didn't want me to know. I think that Johnny just thought this was the only answer. He knew, he knew in the end that the marijuana had ruined his mind.

Q Okay. Laura, how has Johnny's death affected the lives of your other children and your husband?

A Well, this happened right before the holidays in 2019, so obviously that was horrible. And then it was COVID, and so we were locked down and alone. And it was the worst time of my life ever. I basically was in a fetal position for six months, and I -- I had

access to everything, so I started reading and calling people. He had a blog. He had a YouTube channel. I started calling doctors and addiction psychiatrists. I called Sir Robin Murray from UK and Marta Di Forti. I started corresponding with experts. And I put a post on Facebook. I just said, has anybody ever heard of dabbing? And I put a couple links, you know, public service announcement. And it got -- it went viral. It got like 21,000 shares. And all the parents were like, I have no idea what you are talking about. And my husband and I just decided, you know, if no one else is going to talk about this, we are going to have to talk about this. We are -- we are going to have to share what happened to our son and warn others. And so that's when we started our nonprofit.

Q What's the nonprofit called?

A Johnny's Ambassadors

Q Johnny's Ambassadors?

A Johnny's Ambassadors. It's –

Q And what does Johnny's Ambassadors do?

A We mostly do middle and high school assemblies. We are working very hard to keep children, teens, young people from -- from

trying this through education, through science, through the -- by sharing all of the thousands of research studies showing the harms of THC on brain development under the age of 30. I've talked to over a half a million teens by myself. I do over 100 presentations a year. We have over 250 trainers who do our programs throughout the United States. We have 18,000 members who have been impacted by their child's use. And sadly, we have 2,700 -- 2,726 as of today -- parents whose children are in our cannabis-induced psychosis support group. We run media campaigns. We provide education to try to keep this from happening to anyone else.

Q Okay. Let me ask you, does Johnny's Ambassadors have any relationship with the DEA?

A Yes.

Q How --

A We are a national DEA partner.

Q Okay, and what does that mean?

A Well, yeah. Well, we signed an agreement that we would help each other. The DEA approached me to ask if I wanted to be involved in their initiative. We agreed. They sent me a contract, which I signed. They

promote our work. In fact, today, just an email went out today from the DEA. We -- this is National Marijuana Facts Week, great timing, which was started -- we started in 2021 with Johnny's Ambassadors. So the DEA sent out an email about that today. They promote our campaigns, send out our educational resources. I'm involved in their campus prevention activities. I write articles for them; they asked me to participate next week with them in a conference, in a session that we are doing for National Families in Action at a conference for the community anti-coalition drug -- anti-drug coalitions of America, CADCA conference that's next week.

We promote their, you know, red ribbon campaigns and just So we -- we are in a -- in a partnership --

Q Okay.

A That they -- they're very interested in working with us and helping us get the word out about the harms of the THC in youth. You know, in 2024, the last data we have from SAMHSA, Substance and Mental Health Services Administration, was nearly three million teens

used marijuana in the past year, and they said 45 percent of them, ages 12 through 17, had cannabis use disorder or problematic use. So I mean, there are millions of children who struggle with this and we're just one story and one little nonprofit, but there are thousands and thousands and thousands of parents whose children have been damaged by this.

Q Laura, I just have -- I just have one more question for you. Is there anything final -- this is my last substantive question, okay? Is there anything final that you'd like to tell the judge with respect to how your views have changed on marijuana after you've suffered this heart-rending experience?

A Yes, I have a -- a statement I'd like to read, please.

MR. KENEALLY: I'd ask that she be allowed to read it to Judge.

JUDGE JULIUS: Any objection?

MR. LONICH: No, Your Honor.

JUDGE JULIUS: Please, ma'am, go ahead.

THE WITNESS: Johnny would be 26 years old if he were still alive today. I often wonder what he would look like and where he

would be working. Would he be married? Would I have any grandchildren? I will never know the answer to any of those questions, but one thing I know for sure is that he would be here today had he never used marijuana.

My son was loving, intelligent, and talented with no history of mental illness, no family history, and no genetic risk. My son's psychotic break would not have happened without the exposure to these high-potency marijuana flowers, dabs, and vapes he was first given through friends and then bought with his medical card. Hundreds and thousands of teens and their families have been harmed by marijuana.

It is never guaranteed to be safe for anyone at any age, but it's especially damaging for people under the age of 30 whose brains are still developing. It is not benign. It is not harmless. It is not medical. Today's potent pot and THC products are incredibly addicting. We see IQ loss, loss of motivation, higher school dropout rates, physical problems such as cannabinoid hyperemesis, vomiting syndrome, stroke, cardiovascular issues, and the onset of medical illnesses such as cannabis-induced

psychosis, bipolar, anxiety, and depression in the children in our group.

Many convert to serious mental illnesses like schizophrenia and chronic conditions that require Social Security payments for life at the taxpayers' expense, or worse, they die through suicide like mine or violence in violent issues or car crashes. My son Johnny is now a statistic. According to the Colorado Violent Death Reporting System for ages 15 through 18, in Colorado, suicide is the number one cause of death, and marijuana is the number one substance in their toxicology reports, twice that of the number two substance, alcohol.

I don't know how many deaths it will take. I don't know how many near deaths, how many mental crises are necessary to get the public's attention. I have personally seen hundreds of medical interventions now, families each spending hundreds of thousands of dollars on treatment and the tragic impact on families, communities, our children's personalities and their potential. But yet the marijuana industry just tells everybody it's just weed, and it can't hurt them. THC is the number one reason

the schools tell me they have alternate education and vape detectors in the bathroom. Students are vaping high-potency THC right in the classroom, and marijuana is the number one illicit substance for which teens are treated in the United States. Cannabis remains the primary driver of adolescent substance use disorder treatment admissions by a very wide margin. Hundreds of thousands of high school seniors are the local drug dealers, like my son, selling legal weed they got with a legal medical card, bought in a legal dispensary at 18 years old and illegally selling it to other children.

More THC will not mean more benefit. It will mean more harm. I'm terrified that no one in the government understands or cares. My DEA partner just sent me a press release telling me that they just scheduled 70H into Schedule I because it, “Targets highly concentrated synthetic 70H products which pose a growing threat to public safety and health.” THC is no different It's high potency, it's genetically modified marijuana, and products are nearly pure in concentrated THC -- products are extracted from hemp with CBD and isomerized in a lab into

cannabinoid products that many of which we don't even understand what they do, but they are destroying our children.

We continue to erode the perception of harm in the minds of millions of teens, and we will lose generations of young people to addiction and mental illness if we continue to go down this path. Some days I feel hopeless. I give hundreds of student assemblies every year, and I barely feel like I'm making an impact. We need a much broader educational campaign across the entire United States. I feel crushed hearing countless stories every day from parents wondering what their son's baseline will be when he leaves the hospital again or when he leaves the residential treatment again. I feel broken-hearted talking about the death of my son every day and our private group of more and more people every day who lose their children through suicide from THC outcomes.

I hope that my son's life saves someone. He was a great person. He didn't deserve this. He wasn't perfect. He made some really bad choices, but he did not deserve to become psychotic from a drug that he was told

was perfectly safe and medical. He was a victim of the marijuana addiction-for-profit industry, and he should never have had access to this in the first place, and the government did not intervene.

The marijuana industry is all about money, and they are preying on our children, destroying their minds and their futures. Millions of teens across the US are being addicted to and damaged by this substance, thinking they're being cool or they're partying. Johnny never thought that this would happen to him. Teens believe it's harmless because of the misinformation campaign that is successfully being waged by the marijuana industry, convincing them it's healthy. All teens know a doctor would never prescribe alcohol for stress. All teens know nicotine is addictive. All teens know one pill can kill. But teens don't know that marijuana can make you psychotic at 19 years old for the rest of their lives. They have no idea about the impact of THC and how it changes their brain development.

MR. KENEALLY: Mrs. Stack.

THE WITNESS: We are –

BY MR. KENNEALLY:

Q Let me just interrupt you really --

A To protect --

Q Let me interrupt you really quick. We are on a time limit, and so if you could just try to wrap, yeah.

A Okay. One more -- one more sentence.

Q Okay, go ahead.

A We have normalized, commercialized, and glorified this addictive and harmful substance as proven by thousands of research studies. Please protect our youth and keep them from following Johnny's path. Thank you.

Q Okay. I just have a few more follow-up questions for you just with regard to the exhibits that you offered.

A Yes.

Q Okay. And you have offered Exhibits 1 through 84. And prior to coming to court here today, have you had the opportunity to review all of those exhibits?

A I have.

Q Okay. And I'm directing your attention to June of 2023. Are you aware of an effort to collect affidavits from parents in the SAM

Network, Smart Approaches to Marijuana, and Every Brain Matters networks?

A Yes.

Q Okay. Do you know what Every Brain Matters is?

A Yes.

Q What is it?

A Every Brain Matters is a nonprofit that seeks to raise awareness about the harms of marijuana use.

Q Okay. And do you know an Aubree Adams, for the record, A-U-B-R-E-E, Adams, common spelling A-D-A-M-S? Do you know Aubree Adams?

A Yeah.

Q Okay, who is she?

A I do. She is the Director of Every Brain Matters.

Q All right. And what about Crissy Gronewegen?

A Yes.

Q Okay. Who is she?

A She is the Director of the Parent Action Network, which is part of SAM, Smart Approaches to Marijuana.

Q Okay. And how were these affidavits

solicited?

A They were solicited via email. I received an email from Crissy soliciting affidavits.

Q Okay. And she was soliciting affidavits from the networks of both Every Brain Matters as well as SAM. Is that correct?

A That is correct. And Johnny's Ambassadors, we -- we do prevention and education. So when we have a parent who is interested in policy or advocacy or legislative action, we refer them to Parent Action Network. So there is some, you know, overlap --

Q Okay.

A In our organizations.

Q Okay. And in your experience communicating through these same networks, do messages sent through these channels reliably reach the defined community of parents?

A Yes. She had the direct email addresses.

Q Okay. And how were the affidavits returned to Ms. Gronewegen?

A I understand through email.

Q Okay. And after Ms. Gronewegen

received them through email, based on your conversations with her, did she put them in a box file?

A That is my understanding.

Q Okay. And did you have a conversation with Ms. Gronewegen with respect to her collecting these affidavits and putting them in the box file?

A Yes.

Q Okay. And did you subsequently gain access to a box file that Ms. Gronewegen forwarded to you that had 84 affidavits?

A Yes.

Q Okay. And did you review those affidavits?

A I did.

Q Okay.

A Every one.

Q All right. And prior to coming to court here today, did you have the opportunity to review the affidavits 1 through 84 that are being offered by you?

A I did.

Q Okay. And to the best of your knowledge, are these true and accurate copies of

the parents affidavits collected by Ms. Gronewegen between June 20th and June 22nd of 2023 which you reviewed and summarized in your preliminary statement?

A They are.

Q Okay. And based on your review, are these affidavits sworn and signed by the parents?

A They are.

Q Okay. And between you, Ms. Adams, and Ms. Gronewegen, do you know personally all of the parents who submitted affidavits?

A Yes.

MR. KENEALLY: Okay. Judge, at this time we would ask to admit Ms. Stack's Exhibits 1 through 84.

(Whereupon, the documents referred to were marked as Stack’s Exhibit Nos. 1 through 84, for identification.)

JUDGE JULIUS: So, I understand these are offered in support of Dr. Finn's interested party cases.

MR. KENEALLY: Yes.

JUDGE JULIUS: We'll keep the identification as Stack Exhibits 1 through 84,

just for clarity. Any objection from the government?

GOVERNMENT COUNSEL: No objection, Your Honor.

JUDGE JULIUS: We will admit the Stack Exhibits 1 through 84.

(Whereupon, the above-referred to documents marked as Stack's Exhibit Nos. 1 through 84 were received into evidence.)

MR. KENEALLY: Judge, we have no further questions. Thank you.

JUDGE JULIUS: Okay. We just heard some very emotional testimony. I think a good idea would be for -- let's take a 15-minute break. Does the government have something to say?

GOVERNMENT COUNSEL: The government has no cross-examination for this one.

JUDGE JULIUS: Okay. Thank you. I wasn't sure if there would be. So ma'am, the government doesn't have any questions for you.

THE WITNESS: Okay.

JUDGE JULIUS: I don't have any questions for you either. I thank you very much for sharing your family's experience with us. I

know this was likely not an easy thing for you to do, but we do thank you for sharing your and Johnny's story.

THE WITNESS: Thank you for listening to me.

JUDGE JULIUS: You're very welcome, ma'am. So you're free to disconnect whenever you would like.

THE WITNESS: Okay. Thanks so much. Bye-bye.

JUDGE JULIUS: Thank you again, ma'am. Okay. So. I think that concludes the case in chief for Dr. Kenneth Finn, MD. We do still have the question of Exhibit 108. I see we're not scheduled to have another case in chief until Tennessee Bureau of Investigation presents, and they're not scheduled to present until Friday, and they have on the attendance notice that we requested at the outset of this hearing, they're not scheduled to actually be here until Friday. So I think we're in a position where we can recess and have an off day tomorrow for the parties to do whatever they need to do with this case, other things. I also don't believe, Mr. Keneally, you or your firm

are set to appear after tomorrow. How would you propose that we proceed with regard to Exhibit 108, which is still kind of a question mark?

MR. KENEALLY: I would propose that we recess now. We submit an updated table of contents, and then I can do my best to coordinate with the DEA offline. If we need to appear because we're unable to resolve that, then I can have somebody appear. I can be sure to -- I can be sure to appear.

JUDGE JULIUS: Okay. That sounds like a path forward. If you're able to reach some agreement as to the contents of Exhibit 108, just file a notice the way you've been filing documents, and we'll -- we'll do that, and if we need to come in and have a conversation about it, we can certainly do that. All right. Any other procedural matters from any parties before we adjourn today?

MR. EVANS: Well, Your Honor, I'd just like to say something since I won't be back here. Can you point it towards me?

COURT REPORTER: Yes, certainly.

MR. EVANS: I'd like to ask the DEA attorneys to go back to your superiors and tell

them they're making a terrific mistake. Thank you.

JUDGE JULIUS: Okay. Any other procedural matters today?

MR. McNICHOLS: Not for us.

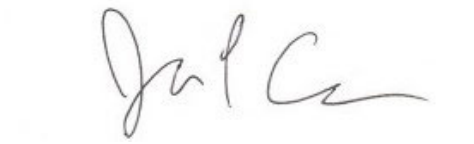
MR. LONICH: Nothing from the government.

JUDGE JULIUS: Okay. Thank you. We'll issue an order alerting everyone, including the public, that tomorrow will be in recess just so nobody feels the need to here tomorrow. But we'll resume on Friday at 9:00 in the morning, and we will intend to start with Tennessee Bureau of Investigation's case in chief. I wish everyone well until we see you on Friday. We will be in recess.

(Whereupon, the above-entitled matter went off the record at 1:54 p.m.)

C E R T I F I C A T E

This is to certify that the foregoing transcript was duly recorded and accurately transcribed under my direction; further, that said transcript is a true and accurate record of the proceedings; and that I am neither counsel for, related to, nor employed by any of the parties to this action in which this matter was taken; and further that I am not a relative nor an employee of any of the parties nor counsel employed by the parties, and I am not financially or otherwise interested in the outcome of the action.



James Cordes