The Legalization of Medical Marijuana in Florida:

THE IMPACT

Vol 2 2019

UNCLASSIFIED

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EXECUTIVE SUMMARY

North, Central, and South Florida High Intensity Drug Trafficking Areas (HIDTAs) have coordinated to begin tracking the impact of medical marijuana in the state of Florida since its legalization in 2016. The first annual report, published in 2018, established a benchmark to begin tracking multiple data sets including impaired driving, youth and adult marijuana use, public health, and the illicit marijuana market. This is the second report of the continuing series that measures the impact of medical marijuana post legalization. This is an unclassified statewide report and includes open source data.

KEY POINTS

Section 1 - Impaired Driving:

- Currently, there is no simple, roadside blood or breath test to determine the levels of THC in one's body.
- Young adults ages 18 to 25 are more likely to take some form of illicit drugs before operating a motor vehicle than those ages 26 or older.
- Drug Recognition Experts (DREs) currently use a 12-step standardized and systematic method to examine a driver under the influence of drugs. THC impairment accounted for 65 percent of reported evaluations in 2017.
- Florida Statute 381.989, effective January 2018, introduced the "Drive Baked, Get Busted" campaign to educate the public and raise awareness of impaired driving laws.

Section 2 - Youth Marijuana Use:

- Perception of risk amongst youth has gone down considerably.
- National trends in lifetime, annual, and 30-day prevalence of use show an increase, as national trends in disapproval of marijuana/hashish use have decreased.
- Florida High School Graduation rates continued to show an increase, steadily rising from 62.7 percent in 2007 to 86.1 percent for 2018.

Section 3 - Adult Marijuana Use:

- The age range with the highest risk for marijuana use and marijuana use disorder is 18-29.
- The 2017 National Survey on Drug Use and Health shows that from ages 18-25, 52.7 percent have used marijuana at some point in their lifetime, and nearly 1 in 4 have used in the past month.
- Florida averages for marijuana use within the past 30-day and within the last year are slightly above the national average for individuals 18 to 25 years for the period 2014 through 2016.
- There is a correlation between marijuana use in the workplace and higher rates of absenteeism, workplace accidents, and decreased productivity.

Section 4 - Public Health:

- The number of Emergency Department visits for teenagers aged 15-17 sharply increased and shows that visits for young males are consistently higher than those of young females.
- In Miami Dade, Florida, cannabinoids accounted for 3,159 emergency department visits in 2010 and escalated to 4,842 ED visits in 2011.
- In 2017, Florida Medical Examiner Data found that multiple drugs were present in 55.6 percent of decedents. Cannabinoids were the fourth most common drug found present.
- Florida Poison Control data showed a continued increase in the number of calls received for marijuana exposures.
- Alcohol, Non-Heroin Opiates, and marijuana have been the top substances resulting in admission to Florida Treatment Centers since 2009.

Section 5 - Trafficking and Black Market:

- In 2017, South Florida HIDTA seized 4,807.13 of marijuana, followed by Central Florida HIDTA with 3,533.47 and North Florida with 2,970 kilograms.
- According to Drug Enforcement Administration's (DEA) National Forensic Laboratory Information System (NFLIS)**,** cannabis was the third most frequently identified drug in Florida, behind cocaine and methamphetamines respectively.
- Law enforcement intercepted more parcel shipments of marijuana diverted from Canada, Arizona, and California and destined for Florida than any other illegal and/or diverted substance in 2017.
- A total of 16,183 marijuana-related felony charges and 13,186 marijuana-related felony arrests events occurred during 2017 according to FDLE.

METHODOLOGY

The data in this report is a compilation of open source information accessed via the internet and other public sources. Inasmuch as Florida-specific marijuana-related data is notoriously hard to obtain, the authors cite national data to forecast potential impacts where current state data is unavailable. For this reason, not all data is specific to marijuana. However, with the newly implemented medical marijuana program, it is anticipated that state reporting of marijuana-related incidents will become commonplace. Note, news articles cited do not reflect the opinion or views of HIDTA agencies or members.

ACKNOWLEDGMENTS

A special Thanks to those agencies who assisted in providing data:

The El Paso Intelligence Center

Florida Medical Examiner's Office

Florida Poison Control

Florida Department of Children and Families, Substance Abuse and Mental Health

Florida Department of Law Enforcement

Florida Research Survey Center, University of Florida

The Monitoring the Future Study, University of Michigan

Florida Department of Education

Center for Disease Control and Prevention

SECTION 1. IMPAIRED DRIVING

Impaired Driving Discussion

The matter of whether the legalization of medical marijuana in the State of Florida contributes to an increase in traffic crashes and fatalities by those under the influence continues to fuel the debate on both sides of the aisle. Since the State of Florida recently legalized medical marijuana in November 2016, there is no sufficient data at this time to measure its impact within the state. To close this gap, the Florida Legislature recently enacted FS 381.989(3), effective January 31, 2018. As one of the general provisions for public health, the new law directs the Florida Department of Highway Safety and Motor Vehicles (DHSMV) to implement a statewide, impaired driving education campaign. The DHSMV or a contracted vendor shall also establish a depository for baseline crash, citation, and campaign data, which they will track on an annual basis. On January 31 of each year, the respective entity will submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

While the practice of implementing the statewide tracking system is prudent, it is not required to measure the effects marijuana has on driving impairment since other states where marijuana is legal have already compiled data to measure and identify trends.

For example, Colorado is one of the first states to usher in the modern era of legalized marijuana in the United States. The overall impact that legal marijuana has had in Colorado, since its legalization, is a model for those seeking an objective analysis of its pros and cons.[i]

Analysis of the below data shows a strong link between driving under the influence of marijuana and a corollary increase in traffic fatalities. The following findings cited in the Rocky Mountain HIDTA publication, *The Legalization of Marijuana in Colorado: The Impact, V. 5 – 2018 Update* support this assertion:

- Every 2 ½ days during 2017, a driver who tested positive for marijuana in the State of Colorado killed a person. Whereas, every 6 ½ days during 2013 a driver who tested positive for marijuana in the State of Colorado killed a person.
- The percentage of all Colorado marijuana-related traffic deaths increased from 11.43 percent in 2013 with 55 reported fatalities to 138 fatalities accounting for 21.3 percent in 2017.

Public Education

The "Drive Baked, Get Busted," awareness campaign was created in response to the State of Florida's new law. The goal of the campaign is to educate Floridians about the dangers of impaired driving, raise awareness of impaired driving laws, and prevent marijuana-related impaired driving.

There are five signs of impairment drivers under the influence of marijuana can experience, according to the Florida Department of Highway Safety and Motor Vehicles:

- A slowed reaction time
- Limited short-term memory functions
- Decreased hand-eye coordination
- Weakened concentration
- Difficulty perceiving time and distance

[i] The State of Colorado legalized medical marijuana in 2009 and recreational marijuana in 2013. To measure its impact, the Rocky Mountain HIDTA (RMHIDTA) has been tracking its collective effects in the state of Colorado by meticulous analysis of publically available, quantifiable data for the periods throughout the legalization process.

While many states conduct physical tests for marijuana, Florida does not. Unlike alcohol, there is no state-imposed impairment threshold for tetrahydrocannabinol (THC), marijuana's psychoactive ingredient. Marijuana affects everyone differently and can remain in a person's system much longer than alcohol. In addition, there is no standardized method in place to detect if someone is under the influence of marijuana, which presents challenges to all concerned. For example:

- Since THC does not metabolize in the blood and consumers do not expel it in the breath like alcohol, determining the presence of THC is not amenable to standard measurement techniques, such as a breathalyzer.[1]
- Currently there is no field test for marijuana impairment readily available to law enforcement. Positive laboratory test results do not indicate impairment at the time of the incident since traces of marijuana used prior can produce a positive result.
- Marilyn Huestis, University of Maryland School of Medicine Professor and Toxicologist, suggests that THC's presence in blood does not prove impairment. THC impairment is caused by the effect on two regions of the brain responsible for reaction, planning, and muscle movement control.[2]
- Even in the cases where a blood test is given, the determination of an illegal drug concentration is complex. Multiple states have determined a minimum limit of blood THC that is considered impaired. Nine states have a zero-tolerance policy; any detectable amount can result in a traffic safety conviction.[ii]
- Forensic examination must consider differences in rates of metabolism among chronic users versus infrequent users. THC is lipid-soluble, once consumed detectable levels of THC are stored in fat cells. A 2015 study by Forensic Science International found THC stays in the blood of chronic users longer than the average occasional user.

The 2016 National Survey on Drug Use and Health illustrates the need for education and risk mitigation.

- Almost 12 million individuals over age 16 have driven under the influence of illicit drugs.
- Young adults, aged 18 to 25, are more likely to take drugs before operating a vehicle than adults 26 or older, reflecting those at the greatest risk for DUI/DUID.

The 2017 Florida Youth Substance Abuse Survey report showed how common it is for Florida's youth to get behind the wheel and drive impaired.

- Approximately 23 percent of Florida's youth have ridden in a car with a marijuana-using driver.
- Approximately 10 percent reported driving after using marijuana.
- Approximately five percent reported driving after using alcohol.

[ii] Arizona, Delaware, Georgia, Illinois, Indiana, Oklahoma, Rhode Island, South Dakota, and Utah have zero tolerance for THC or a metabolite.

Impaired Driving Survey 2018

The Florida Survey Research Center (FSRC) at University of Florida in coordination with the Florida Department of Highway Safety and Motor Vehicles (DHSMV) conducted The Impaired Driving Survey 2018 targeting Floridians 18 years and older. Five regions of Florida participated: Panhandle, Northeast, East-Central, West-Central, and South.

- More than one-third of the 693 participants indicated that they are "not at all knowledgeable" about legal issues related to marijuana use and driving in Florida.
- Two-thirds of the 693 participants indicated that driving under the influence of marijuana is always illegal in Florida, 23 percent were not sure, and 11 percent disagreed.

Drug Recognition Experts for Florida

Many states are using the observed impairment rule, which is similar to sobriety tests given by law enforcement. The rule allows for determination of impairment based on the officer's observation and the actions/reactions of the individual. In cases where law enforcement believes the driver is under the influence of drugs, the officer will dispatch a drug recognition expert to the scene to assess if the suspected driver is impaired.

The Daubert Challenge

The Florida drug recognition and classification program was successful in a Daubert Evidential Hearing in Broward County in October 2015. The State Coordinator and the DRE evaluator provided testimony concerning the reliability and accuracy of the Drug Evaluation and Classification (DEC) methodology and success rate. The DRE provided reasoning that the process was scientifically valid and was applicable to facts regarding the specific case. The court found the Drug Evaluation and Classification Program was reliable and admissible, thus denying the defense. This was the first known Daubert challenge in Florida since adopted in 2013.

DRE 12-STEP METHOD

1. Breath Alcohol Test
2. Interview of the arresting officer
3. Preliminary examination and first pulse
4. Eye examination
5. Divided Attention Psychophysical Tests
6. Vital signs and second pulse
7. Dark room examinations
8. Examination for muscle tone
9. Check for injection sites and third pulse
10. Subjects' statements and other observations
11. Analysis and opinions of the evaluator
12. Toxicological examination

DREs use a 12-step method to examine if a driver is operating a vehicle under the influence of drugs (see text box below). If criteria is met, the experts will then determine if the impairment is due to drugs or a medical condition. Furthermore, if a subject is arrested for DUI they will be asked to consent to a chemical test (Breath, Blood, or Urine)[iii]. Subjects who refuse to undergo one or more of these tests are subject to penalty in accordance with Florida Statute 316.1932.

[iii] Florida Statute 316.1932 states that an individual whom is lawfully arrested by an officer with probable cause of driving under the influence, i.e. smells alcohol or observed impairment, consents to taking a chemical test of a blood, breath, or urine sample in order to determine BAC or drugs present.

The DRE sends blood and urine samples to laboratories to undergo forensic testing and examination. The process is time-consuming and further hindered due to a limited number of DRE officers.

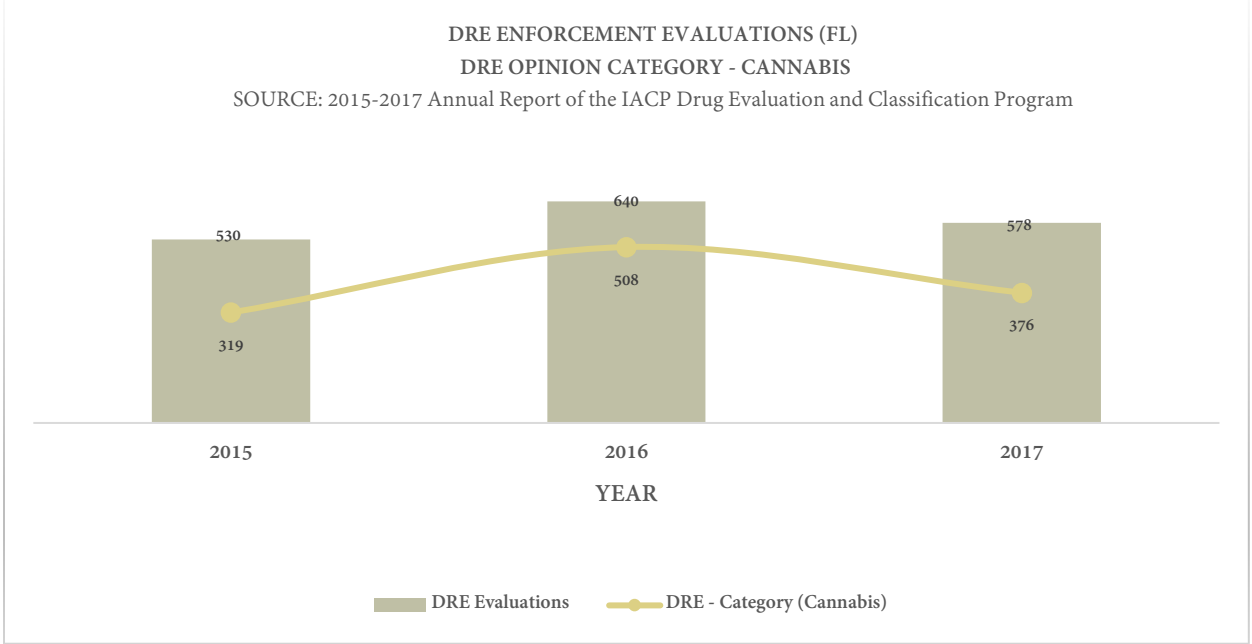
The DRE summary report to the below shows the numeric composition of DREs and instructors in the state of Florida and the type of law enforcement agency employing them in 2016 and 2017.

DRE Summary Report		
Certified DREs	**2016**	**2017**
Florida DREs	271	318
Instructors	52	61
Total DREs	323	379
Police Departments	116	137
Sheriff's Offices	98	119
LE Agencies	98	87
Total	**312**	**343**

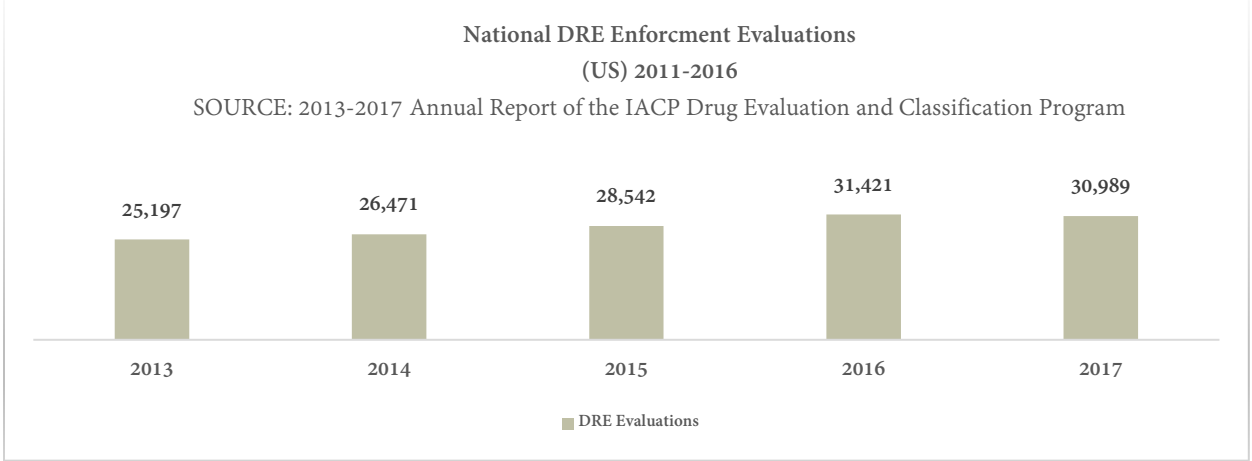
The chart below shows:

- DRE Enforcement evaluations decreased 10 percent from 640 in 2016 to 578 in 2017.
- Cannabis/THC impairment accounted for 65 percent of evaluations in 2017, compared with 79 percent in 2016 and 60 percent in 2015.

The decrease in the number of reported evaluations in 2017 could be due to lack of uniform collection practices among DRE participants. In addition, data is not always reported to the DRE National Tracking System (NTS).[3]



While national DRE Enforcement Evaluations show a diminishing number of evaluations performed in 2017 (see chart below), cannabis/THC impairment represent nearly half of all DRE evaluations, with 13,435 of the 30,989.



Impaired Driving Information and Potential Developments

As medical marijuana use becomes more common in Florida, it is prudent to track its impact on the roadways. Unforeseen concerns have emerged in states that legalized marijuana prior to Florida, raising red flags. At this time, Florida does not have as many data points as other states that have been tracking the impact of marijuana for a longer period; however, more Florida-specific data will be available for future studies.

The following open-source news articles address the link between marijuana use and impaired driving:

HIGH-ways: States where marijuana is legal have more car crashes

A study conducted in 2017 by The Highway Loss Data Institute linked legal recreational marijuana to an increase in car crashes in Colorado, Oregon, and Washington. The three states have a higher percentage of car accidents compared to neighboring states that do not have recreational pot laws. Colorado had the largest increase compared to its neighbors, followed by Washington and then Oregon. "More drivers admit to using marijuana, and it is showing up more frequently among people involved in crashes." The study reviewed data from 2012-2016. Whether or not marijuana use is a direct cause is still unresolved.[4]

Crashes caused by drugged drivers skyrocket in Tampa Bay

Deadly crashes in Tampa Bay have increased 47 percent in the past three years. Tampa Bay leads the state with the most confirmed crashes caused by drugged drivers with 465 since 2014. Orlando reports 232 in the same period while Miami reported 161.[5]

Growing number of fatal car crashes linked to drug use

Based on a May 2018 report, some people do not think marijuana or opioids impair their ability to drive. Drivers who are involved in fatal crashes and test positive for drugs, especially opioids and marijuana, are increasing, according to the Governors Highway Safety Association. "Of those who tested positive for drugs in the latest study, 38 percent had used marijuana, 16 percent had used some form of opioid, and 4 percent tested positive for a combination of both." In 2016, 44 percent of fatally injured drivers with known results tested positive for drugs, a 28 percent increase from 10 years prior. The study also noted an increase in the simultaneous use of drugs and alcohol.[6]

SECTION 2. YOUTH MARIJUANA USE

Florida Youth Substance Abuse Survey

The Florida Youth Substance Abuse Survey provides insight into youth marijuana and tobacco use amongst teens.

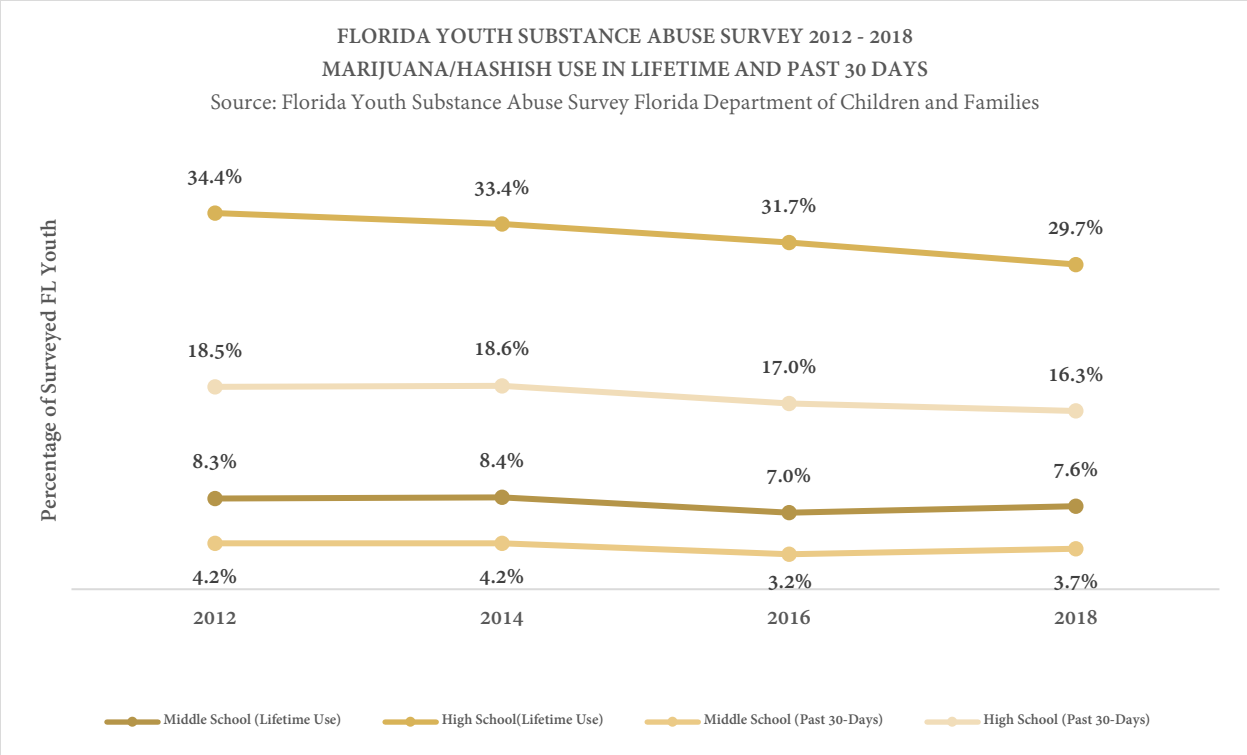
The Florida Youth Substance Abuse Survey for 2018 shows a correlation between marijuana and tobacco use amongst teens. While the disapproval of cigarettes increases, the disapproval of marijuana decreases and is evidenced by the continued decrease of cigarette use in comparison to the increase of marijuana use. This data also suggests the national campaign against smoking has proven highly effective, especially for Florida's youth.

Florida Youth Substance Abuse Survey 2018 findings[iv]

- Early initiation to marijuana use showed a reduction over the past decade.
  - FYSAS 2008- 10.6 percent reported using marijuana at age 13 or younger.
  - FYSAS 2018- 9.3 percent reported using marijuana at age 13 or younger.
- Lifetime marijuana use among Florida youth has remained mostly static since 2004 around 23 percent.
- Approximately 20 percent of youth admitted to using marijuana at least once in their lifetime, a decrease compared to previous years.
- Almost 35 percent perceived smoking marijuana once or twice a week to cause great risk of harm, decreased from 59.8 percent in 2008.
- Nearly 75 percent of youth surveyed said they believed it would be wrong for someone their age to smoke marijuana.
- Nearly 100 percent of youth surveyed believe that the use of illicit drugs, excluding alcohol and marijuana, was morally wrong.

[iv] FYSAS reports findings in categories defined by Age, Grade, Middle School, High School, and Total. Percentages listed are for the total (Average of Grade, Middle School, and High School percentages)

- Just over 10 percent of youth reported smoking cigarettes at least once in their lifetime and 3.5 percent reported use within the past 30-days, down from 2014 with 34.0 percent of youth used cigarettes at least once in their lifetime and 11.4 percent reported past 30-day use.
- Ninety-two percent of youth believe it is morally unacceptable or wrong for someone their age to smoke cigarettes.
- 67.0 percent of youth perceive great risk of harm if someone their age smoked a pack or more of cigarettes per day.

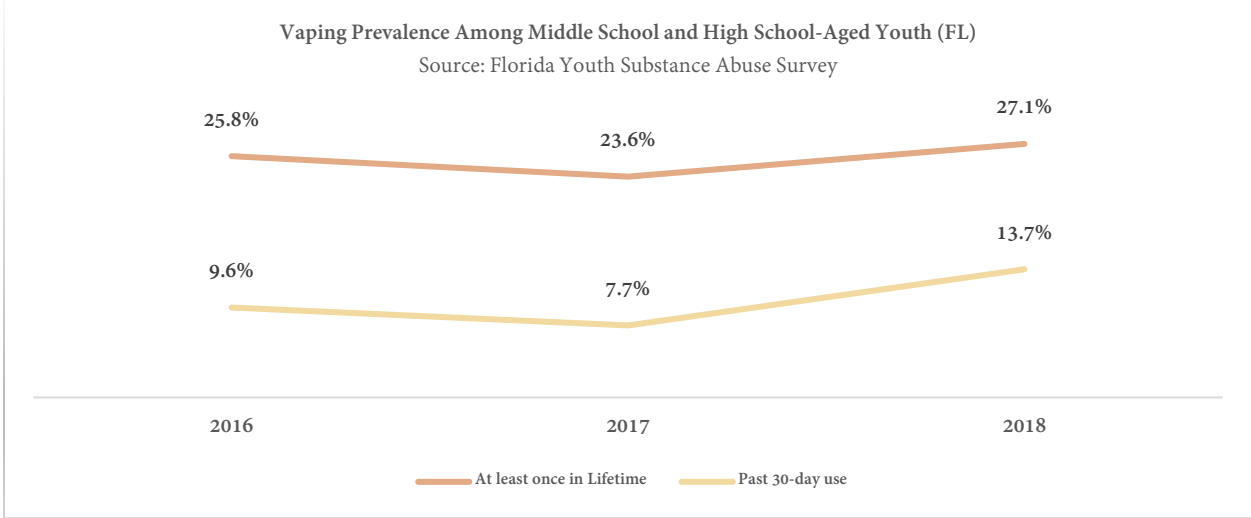


- Nearly 50 percent of Middle School students and 23.3 percent of High School students perceived great risk of harm smoking marijuana 1- 2/week.
- One and one-half percent of middle school students and 5.7 percent of high school students surveyed reported engaging in selling drugs in the past 12 months.

Vaping

The Florida Youth Substance Abuse Survey asked about vaping for the first time in 2016. An increase in vape usage among teens is alarming because one of the legal forms of medical marijuana is a vaped oil. Other than observation of the user, there is no way for school staff or law enforcement officers to determine if the oil is THC or nicotine. E-cigarettes' popularity over

the past two years has led to a growing concern from health professionals concerning youth. Vaporizer cartridges are one of the legally approved methods for consuming THC, the potential for youth to obtain diverted supplies is high. Dr. Nora D. Volkow, director of NIDA, stated that "vaping marijuana can be more dangerous than smoking the drug."[7] The FDA warned manufacturers that stern fines and removal of products would occur if marketing strategies were not changed. The concern from officials stems from products targeting youth by utilizing colorful, candy-like signage to advertise different vaping products. This action specifically targeted five brands that account for more than 97 percent of the US e-cigarette market.[8]



The 2018 Florida Youth Substance Abuse Survey was administered February of 2018, with 66 of Florida's 67 counties included. The final sample size for grades 6 through 12 was 54,611. The study defined lifetime prevalence as one or more uses in the lifetime. Past 30-day prevalence is defined as one or more uses in the past 30 days.

Marijuana data is different from all other substance data. The long-term pattern is not consistent, and attitudes towards "use" are not comparable to other substances. While Florida's youth think it is wrong morally to use marijuana, they do not think it is of great risk or harm to an individual's health to use marijuana. Unlike alcohol and other illicit drugs, the long-term trend for marijuana use is mixed. While research is ongoing there is evidence that suggests when youth and young adults, whose brains and bodies are still developing, are exposed to marijuana, the effects could be harmful. Youth marijuana exposure may have permanent effects on executive brain functions, memory, and IQ.[9]

Monitoring the Future Study

National data is included below to highlight the overall trends around the nation. According to the 2018 edition of the *Monitoring the Future* report, evaluating 44,482 students from 392 public and private schools, the percentage of students who had used marijuana in the previous year has increased.

National Lifetime Prevalence of Use of Marijuana/Hashish

Grade Level	2014	2015	2016	2017	2018
8th Grade	15.6%	15.5%	12.8%	13.5%	13.9%
10th Grade	33.7%	31.1%	29.7%	30.7%	32.6%
12th Grade	44.4%	44.7%	44.5%	45.0%	43.6%

Source: *The Monitoring the Future Study*, the University of Michigan

National Annual Prevalence of Use of Marijuana/Hashish

Grade Level	2014	2015	2016	2017	2018
8th Grade	11.7%	11.8%	9.4%	10.1%	10.5%
10th Grade	27.3%	25.4%	23.9%	25.5%	27.5%
12th Grade	35.1%	34.9%	35.6%	37.1%	35.9%

Source: *The Monitoring the Future Study*, the University of Michigan

National 30-Day Prevalence of Use of Marijuana/Hashish

Grade Level	2014	2015	2016	2017	2018
8th Grade	6.5%	6.5%	5.4%	5.5%	5.6%
10th Grade	16.6%	14.8%	14.0%	15.7%	16.7%
12th Grade	21.2%	21.3%	22.5%	22.9%	22.2%

Source: *The Monitoring the Future Study*, the University of Michigan

National 30-Day Prevalence of Daily Use of Marijuana/Hashish**

Grade Level	2014	2015	2016	2017	2018
8th Grade	1.0%	1.1%	0.7%	0.8%	0.7%
10th Grade	3.4%	3.0%	2.5%	2.9%	3.4%
12th Grade	5.8%	6.0%	6.0%	5.9%	5.8%

Source: *The Monitoring the Future Study*, the University of Michigan

****Daily Use defined as use on 20 or more occasions in the past 30 days**

When examining the three grades as a combined group, annual marijuana prevalence increased slightly. Annual use of any illicit drug, which includes and tends to be most strongly influenced by marijuana use, showed a slight increase in grades 8 and 10 but decreased for 12th graders. Vaping showed a dramatic increase. The survey questions students about vaping practices with nicotine, marijuana, or just flavoring. In 2018, a significant and substantial increase occurred in all three substances.

School Environmental Safety Data

The Florida's State Level Reporting System and the School Environmental Safety Incident Reporting considers an incident drug related if:

- There is evidence that those involved are under the influence of drugs at the time of the incident
- Individuals admit to using or being under the influence of drugs
- Drug possession by individuals involved in an incident
- The incident is related to possession, use, or sale of drugs

Note schools will not be testing for drug use or asked to do searches beyond those already authorized for school personnel. Drug related incidents are likely underreported, as officers and staff in schools manage incidents internally at the school level before referring to Law Enforcement or other programs outside of school.[10]

Florida Department of Education
School Environmental Safety Incident Report

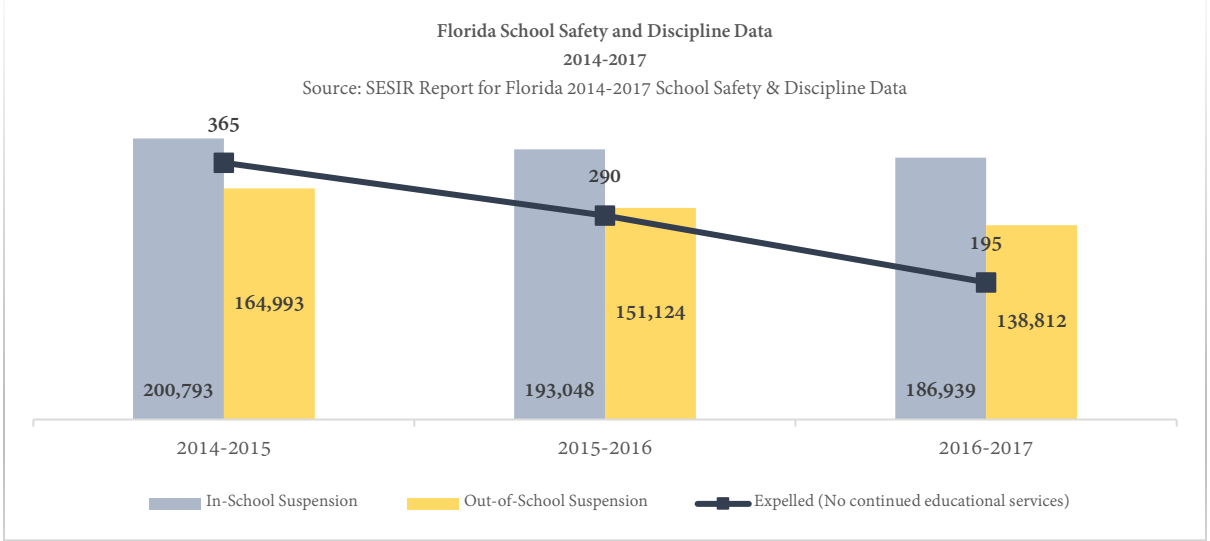
School Year 2017-2018	Marijuana, Hashish	Other Illicit	OTC Drug	Drug Related
Drug Sales, Except Alcohol	418	120	25	563
Drug Use/Possess, Except Alcohol	6,076	569	172	6,817
State Totals	6,817	865	288	7,970

School Year 2017-2018:

- Of the 7,970 incidents reported as drug related in the state of Florida
  - Eighty-six percent (6,817) of incidents were marijuana/hashish related
  - There were 418 incidents reported as marijuana sales
- School Year 2017-2018 reported 418 marijuana sale incidents

School Violations

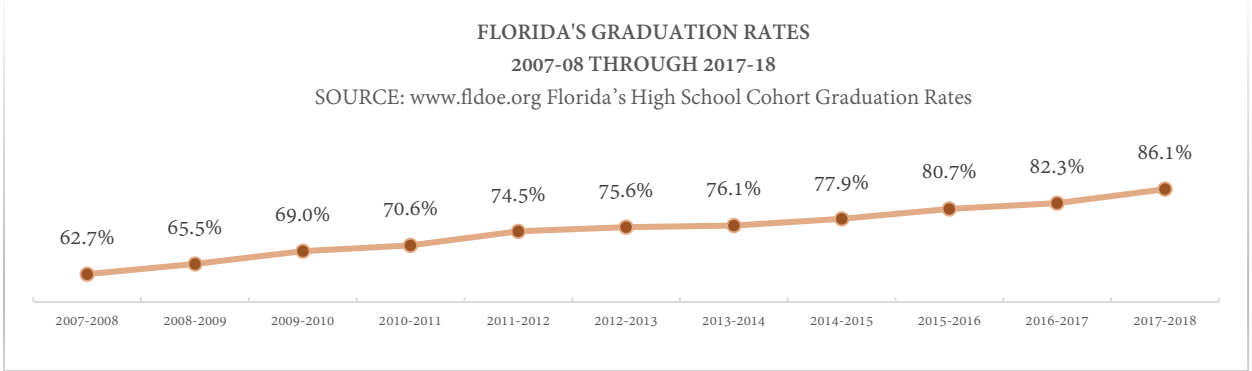
There is currently a large gap of data reporting in regards to suspensions, expulsions, and discipline specifically for marijuana violations. The number of students expelled with no continuing educational services has declined notably since School Year 2014-2015. In-School and Out-of-School suspension have also declined over the past 3 years. Although it is difficult to distinguish between solely drug-related suspensions and other categories, changing attitudes towards penalties and laws surrounding marijuana may be a factor in the state of Florida.



Florida Graduation Rates

According to the Florida Department of Education:

- Florida high school graduation rates increased 3.8 percent since last year
- Florida graduation rates have increased significantly over the past 14 years[v]



Youth Use Information and Potential Developments

Looking forward, new delivery methods, and drug trends will likely emerge; therefore, tracking the impact on youth is vital to curb and prevent epidemics. Initiating change to protect future generations from potential harm by education and guidance of individuals that came before them could prove a powerful tool. As time continues, more Florida-specific data will become available regarding youth marijuana usage. Looking to other states with marijuana legislation could allow Florida to mitigate difficulties and effectively navigate the new environment concerning youth.

[v] Graduation rates are calculated in accordance with federal regulations. Count excludes GEDs, both regular and adult, and special diplomas. Graduation rate is a cohort graduation rate defined as students who graduate within four years of their first enrollment in ninth grade.

The pot black market is thriving in local high schools

High School Resource Officer Lyn Thorn of Yakima, Washington stays busy with incidents of students coming to school high along with other incidents pertaining to marijuana. "We usually deal with the situation on a daily basis, but as far as arresting somebody or actually dealing with somebody who's in possession – a couple times a week," says Officer Thorn. Thorn mentions many reasons for the uptick in incidents, including students dealing/using amongst each other, pot shops in the area, and parents' relaxed attitudes towards marijuana use. Neighboring counties are also experiencing an increase in reported marijuana incidents.[11]

California judge rules five-year-old can take cannabis-based drug to school

Judge Charles Marson of Santa Rosa ruled in favor of allowing 5-year-old Brooke Adams to bring cannabis-based medicine to her public school. The resistance came from authorities stating that allowing the medicine violated state and federal laws barring medical marijuana on school grounds. Private medical marijuana use with a doctor's recommendation is legal in many states, however, use in public spaces is prohibited. This ruling could pave the way for students in other states that use medical marijuana products as treatment.[12]

Marijuana at school: Loss of concentration, risk of psychosis

Saint Mary's University Research Associate in Education, Paul Bennett, predicts three major challenges youth and schools will face following marijuana legalization. Concerns about the impact on brain development in youth, academic success, and an increase in the number of teen users are at the forefront of educators' minds. Dr. Phil Tibbo, director of Nova Scotia's Early Psychosis Program, conducted a study and published results that show regular marijuana use leads to an increased risk of developing psychosis and schizophrenia. The Canadian Centre on Substance Abuse reported youth perceptions of marijuana use as "relatively harmless" and "not as dangerous as drinking and driving." In 2017, Dutch researchers Olivier Marie and Ulf Zolitz found that the academic performance of Maastricht University students increased substantially when they were no longer legally permitted to buy cannabis.[13]

Pot vaping: Savvy teens hacking devices to inhale cannabis

Some experts say the dangers of pot vaping among kids are receiving less attention than they should, and that the vaping industry needs more regulation. In California, 27 percent of students who reported using an electronic smoking device admitted they used it with some form of cannabis. The California Department of Health says that more research is need to fully understand how vaping marijuana concentrates affects health. "When you make it into an oil or wax, the [THC] concentration can be very high, this is when psychotic symptoms are intensified," says Mila Vascones-Gatski, a substance abuse counselor at Arlington Public School in Virginia.[14]

FDA takes new steps to address epidemic of youth e-cigarette use, including a historic action against more than 1,300 retailers and 5 major manufacturers

The Food and Drug Administration's (FDA) Youth Tobacco Prevention Plan has taken immediate action targeting the illegal sales of e-cigarettes to youth, specifically marketing/product packaging designed to appeal to youth. As of September 2018, the FDA conducted 978,290 retail inspections and issued 18,560 civil money penalties to hold retailers accountable to FDA standards regarding sales to youth. FDA Commissioner Gottlieb proclaimed e-cigarettes to be an epidemic among America's youth. "We see clear signs that youth use of electronic cigarettes has reached an epidemic proportion, and we must adjust certain aspects of our comprehensive strategy to stem this clear and present danger."[15]

SECTION 3. ADULT MARIJUANA USE

Adult Marijuana Use Discussion

Epidemiologist Bridget Grant Ph.D. administered the National Epidemiologic Survey on Alcohol and Related Conditions to 79,000 people. According to findings published in the October 2015 edition of the Journal of the American Medical Association from 2001-2002 through 2012-2013:

- Marijuana use has doubled among individuals 18-29 years old within that time.
- Young adults (18–29 years old) were at highest risk for marijuana use and marijuana use disorders.
- The number of young adults that meet the requirements for marijuana use disorder increased 70 percent.[16]

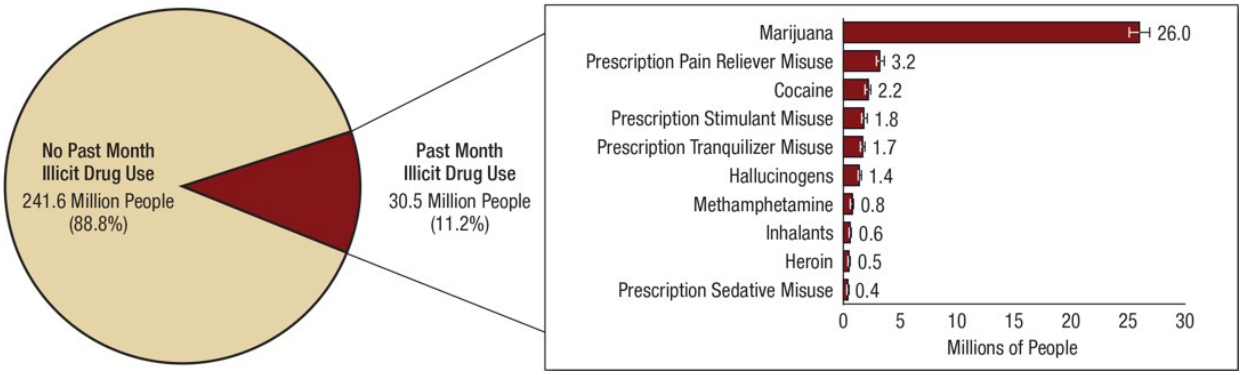
According to the 2016 Monitoring the Future Panel Study, prevalence levels peaked the highest since 1987. The University of Michigan study publishes data for College students and non-college adults ages 19-50, data presented is the most recently available. The 2017 data did not change significantly, yet continued an upward trend that began in 2006. The perception of risk and/or harm that could come from regular marijuana usage was very low.

- Thirty-eight percent of full time college students (19-22 years old) reported using marijuana at least once in the last 12 months.
- Twenty-one percent reported using marijuana in the last 30 days.
- Only 27 percent of individuals (19-22 years old) perceived regular use of marijuana to lead to great risk of harm reflecting the lowest level among young adults since 1980.[17]

The National Survey on Drug Use and Health

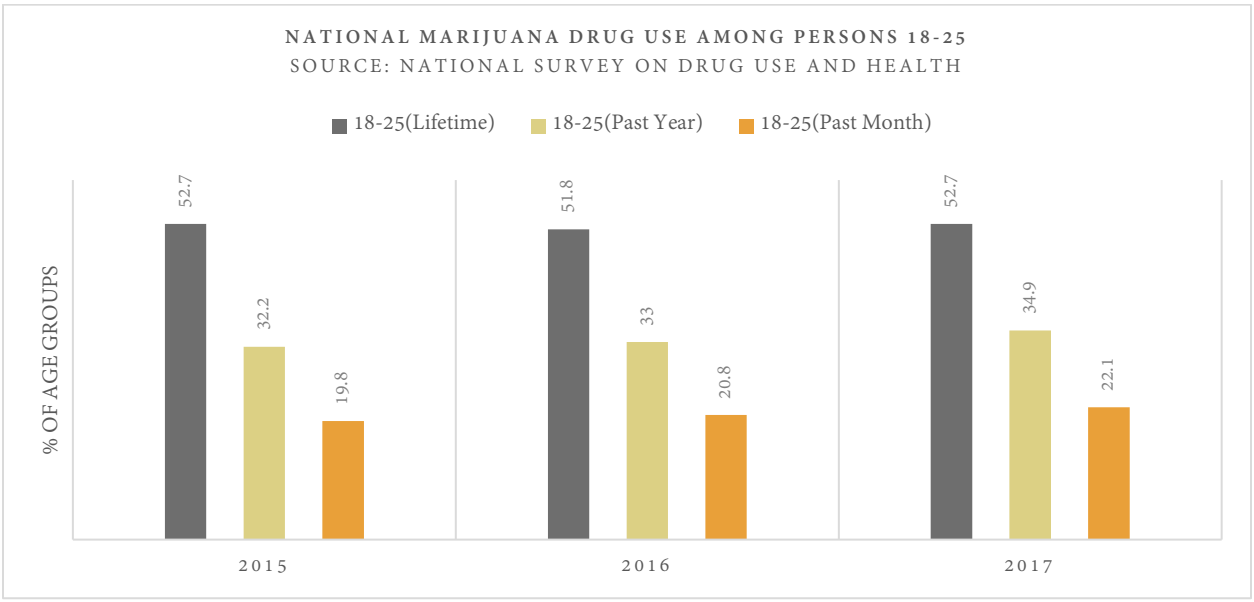
The most recent available data from The 2017 National Survey on Drug Use and Health results showed:

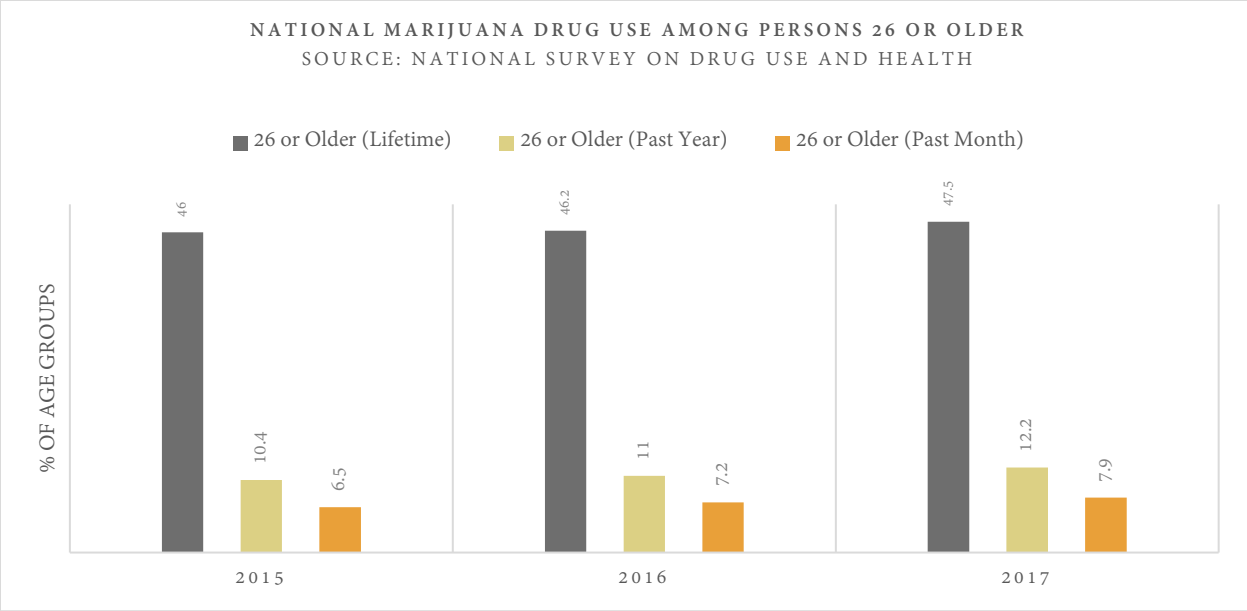
- Nearly 1 in 4 individuals (18-25 years old) used illicit drugs within the past 30-days.
- Marijuana was the most commonly used illicit drug.



Source: 2017 National Survey on Drug Use and Health (NSDUH)

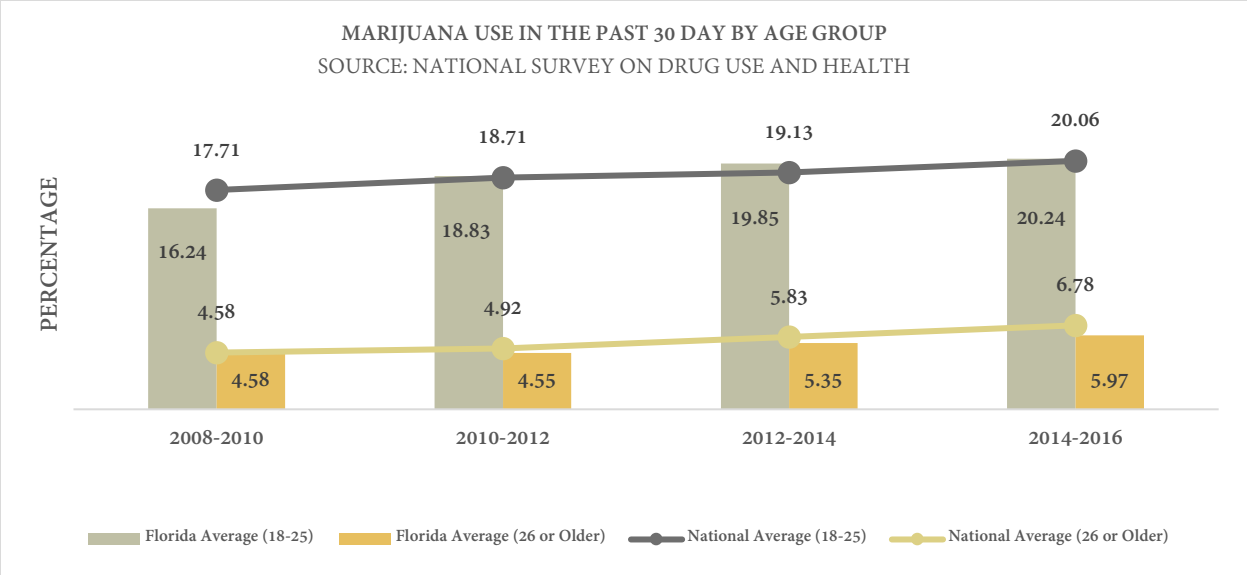
- Slightly over 50 percent of individuals (18-25 years old) have used marijuana/hashish at some point in their lifetime. Lifetime use percentage among this age group has not seen a significant change since 2015.
- Individuals (26 or older) lifetime marijuana use continued to show an increase.
- Both age groups experienced increase in marijuana/hashish use within the past year, continuing the trend that began in 2013.
- An increase in past month use was shown for both age groups. The 18-25 year old group showed the largest increase since 2013.

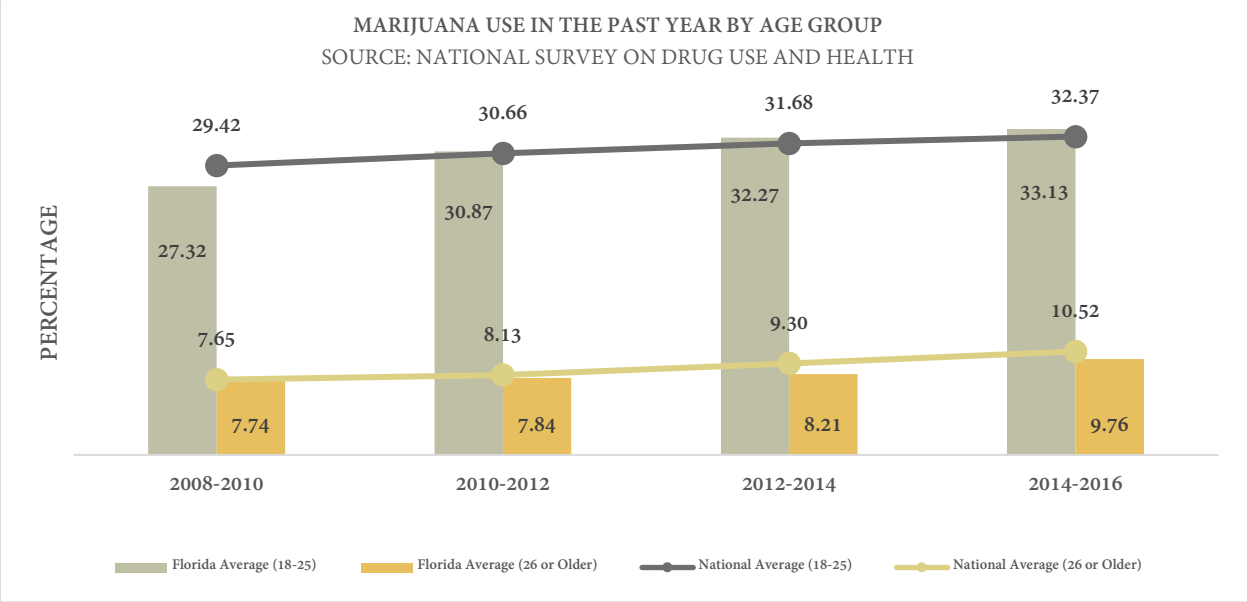




When comparing Florida averages to national average marijuana use by age groups:

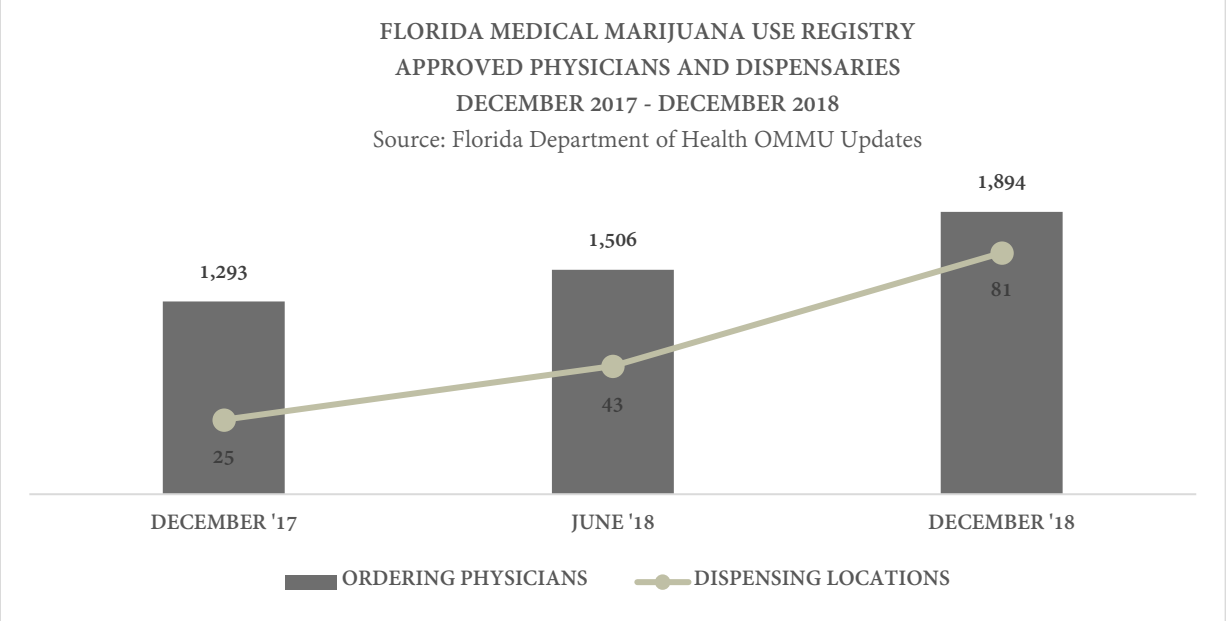
- Florida averages for past 30-day marijuana use by age group has been slightly above the national average since 2010-2012 for those ages 18-25 years. Floridians aged 26 or older have remained at or below the national average for the given period.
- Floridians age 18-25 showed nearly a 25 percent increase in past 30-day use over the given period, compared to a 13 percent increase at the national level.
- Florida averages for past year marijuana use by age group has been slightly above the national average since 2010-2012 for those ages 18-25 years. Floridians aged 26 or older have remained below the national average since 2010-2012.
- Floridians age 18-25 showed nearly a 21 percent increase in past year use over the given period, compared to a 10 percent increase at the national level.

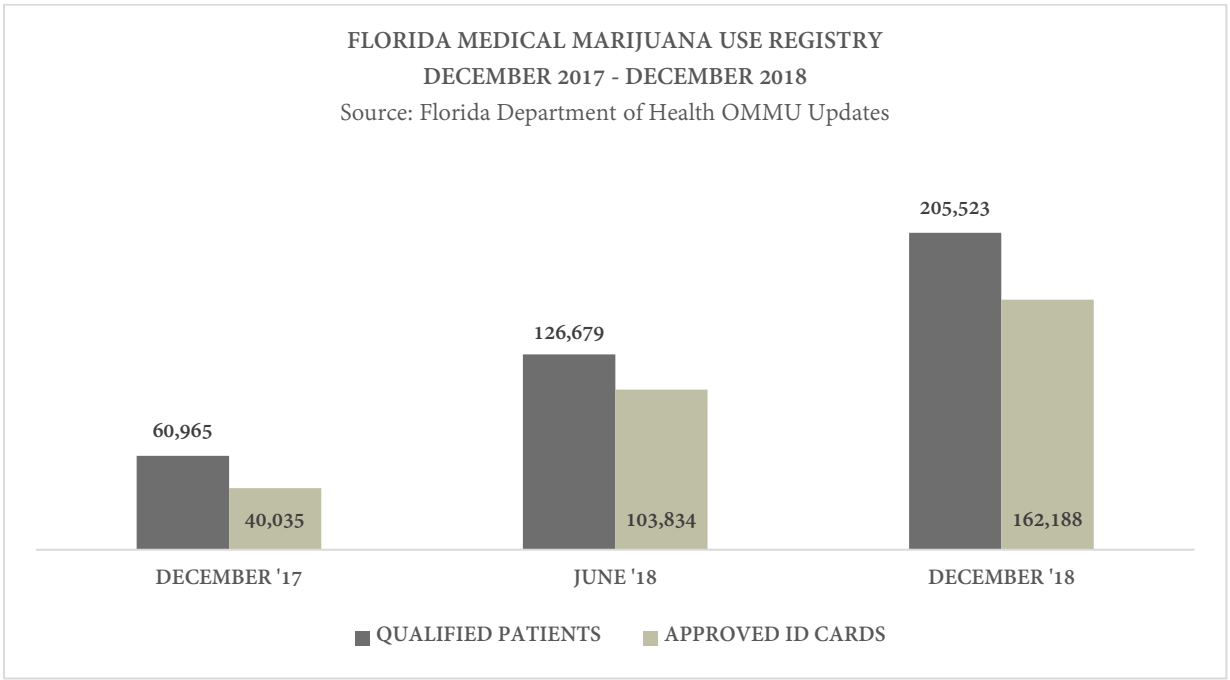

MARIJUANA USE IN THE PAST 30 DAY BY AGE GROUP
SOURCE: NATIONAL SURVEY ON DRUG USE AND HEALTH
PERCENTAGE
17.71
18.71
19.13
20.06
16.24
18.83
19.85
20.24
4.58
4.92
5.83
6.78
4.58
4.55
5.35
5.97
2008-2010
2010-2012
2012-2014
2014-2016
Florida Average (18-25)
Florida Average (26 or Older)
National Average (18-25)
National Average (26 or Older)


MARIJUANA USE IN THE PAST YEAR BY AGE GROUP
SOURCE: NATIONAL SURVEY ON DRUG USE AND HEALTH
PERCENTAGE
29.42
30.66
31.68
32.37
27.32
30.87
32.27
33.13
7.65
8.13
9.30
10.52
7.74
7.84
8.21
9.76
2008-2010
2010-2012
2012-2014
2014-2016
Florida Average (18-25)
Florida Average (26 or Older)
National Average (18-25)
National Average (26 or Older)

Florida Department of Health

The Florida Department of Health's Office of Medical Marijuana Use (OMMU) publishes updates to keep those registered informed. A published registry is available to verify a physician is qualified to recommend medical marijuana and includes counts for medical marijuana dispensed and updated Medical Marijuana Treatment and Dispensary locations. The following charts reflect the growing number of registered medical marijuana patients and ordering physician counts in Florida from inception in December 2017 through December 18, 2018.





Qualified physicians must diagnose patients and enter the data in to the medical marijuana use registry before the application process begins. Once the OMMU reviews and approves the application, patients can fill an order at an authorized medical marijuana treatment center. Not all patients entered into the medical marijuana use registry apply for medical marijuana use identification cards. The law requires applicants under the age of 18 to obtain a second recommendation by a separate physician in order to receive an ID card.

Marijuana in the Work Place

It is important to understand the effects of marijuana in the workplace. For employers, questions regarding insurance, hiring, and retention must be addressed. Those who use marijuana while working experienced more work related injuries, increased absenteeism, increased disciplinary problems, and an increase in industrial accidents than those who did not use marijuana.[18] With the increased absenteeism, higher rate of workplace accidents, and decreased productivity, employers are left to navigate changing legislation in their companies and corporations.

With marijuana becoming more readily available, the Occupational Safety and Health Administration (OSHA) has a new safety risk to add to their list of occupational hazards. While construction employers have always emphasized workplace safety, the use of medical marijuana threatens the safety of jobsites everywhere.

- From 2015 and 2016, construction accidents accounted for 21 percent of all fatalities in private industry, approximately 1 in 5 fatalities overall.
- The number of fatal injuries recorded in Florida for 2015 was 272 and grew to over 300 in 2016.[19]

Section 381.986 of Florida Statutes does not deny a company or place of business the right to a drug-free workplace. Additionally, employers are not required to make accommodations for medical marijuana patients to use marijuana while at the workplace. The Americans with Disabilities Act instructs that an employer must make reasonable accommodations to individuals with disabilities; this excludes marijuana because it is illegal federally under the Controlled Substance Act.

The Florida Civil Rights Act also protects disabled employees from discrimination in the workplace. Due to the specificity of Florida's medical marijuana laws regarding employer's role in making accommodations, there is little threat of lawsuit under the aforementioned Acts.[20]

The Florida Drug-Free Workplace Act actively provides incentives to employers who establish a drug-free workplace policy. Employers receive a credit on their workers' compensation premiums in return for upholding rules pertaining to drug use. Private employers maintain the right to drug test their employees at any time deemed necessary. In addition, it is likely that courts may side with employers who terminate an individual based on a failed drug test. Until clarification on the subject, the right to terminate an employee who tests positive for marijuana is still in question.[21]

Marijuana Use during Pregnancy

Marijuana is the most commonly illicit drug used during pregnancy. Due to the new laws and regulations surrounding medical marijuana, research on how marijuana use effects the preborn is vital. Secondhand smoke from marijuana may be as harmful as secondhand smoke from cigarettes especially to young developing children.

Although this list is not exhaustive, marijuana use during pregnancy may increase the risk of the following:

- Premature Birth
- Brain Development Issues
- Low birth weight
- Anencephaly
- More prone to develop Anemia
- Stillbirth[22]

A study lead by the Colorado School of Public Health shows that prenatal cannabis use was associated with a 50 percent increased likelihood of low birth weight. The Colorado Pregnancy Risk Assessment Monitoring System studied 3,207 women of which 5.7 percent used marijuana during pregnancy and 5 percent continued to use while breastfeeding. Tessa Crume PhD, the study's lead author, states the numbers in the study reflect changing attitudes towards marijuana use during pregnancy. Crume attributes expecting mothers' attitudes change to an increase in availability and the pro-cannabis movement's vocalization that marijuana is safe to use during pregnancy.[23] Attempting to treat nausea and morning sickness with marijuana is not safe and can lead to the complications mentioned above. The number of women who use marijuana during pregnancy is difficult to assess because of under reporting. Revealing marijuana use during pregnancy could have serious repercussions since 24 states consider substance use during pregnancy a form of child abuse.

Dr. Dana Gossett, a research obstetrician and gynecologist at the University of California, suggests children exposed to marijuana during pregnancy can have poor performance on visual-motor coordination tasks. Gossett states, "They're learning what things look like and how things move and how to respond to the world." The composition of marijuana and its psychotropic effects can alter the way a child's brain perceives the environment around them. THC and other chemicals found in marijuana can be passed through the placenta to the baby. Although more research still needs to be conducted, no amount of marijuana has been reported as safe during pregnancy. Continuing use after birth may still negatively affect a child. Babies exposed to marijuana are more likely to spend time in a neonatal intensive care unit. After birth, the baby may experience problems sleeping, behavioral, learning, and emotional/mood problems.[24]

Adult Marijuana Use Information

Even if NJ gets legal weed, don't expect to get high (legally) on college campuses

College Institutions are in a bind when it comes to state and federal laws. Even amidst changing state laws, colleges are constrained to federal laws due to receiving federal funding. Universities are expecting an uptick in students' marijuana use; [however,] the law prohibits marijuana use for those under 21, which excludes many college students. University spokespersons in New Jersey have stated that policies regarding marijuana for students and faculty will remain the same. "Every university receives federal funding, so it doesn't matter what the state decides."[25]

Marijuana use among college students on rise following Oregon legalization, study finds

Oregon State University researchers published a study that compared marijuana use among college students before and after legalization. Use among college students rose at many institutions across the nation. The researchers observed that the greatest increase was at their university, Oregon State. According to the study's lead author, "We found that overall, at schools in different parts of the country there's been an increase in marijuana use among college students, so we can't attribute that increase to legalization alone."[26]

More Employers Adopting 'Don't Ask, Don't Tell' Policy for Marijuana Use

Employers are moving away from marijuana testing. "I have heard from lots of clients, things like, `I can't staff the third shift and test for marijuana,'" said Michael Clarkson, head of the drug testing practice at a law firm. States with medical marijuana laws are seeing cases brought to employers by individuals that were fired for positive cannabis test results. Pre 2017 courts ruled in favor of employers in termination due to positive drug test results.[27]

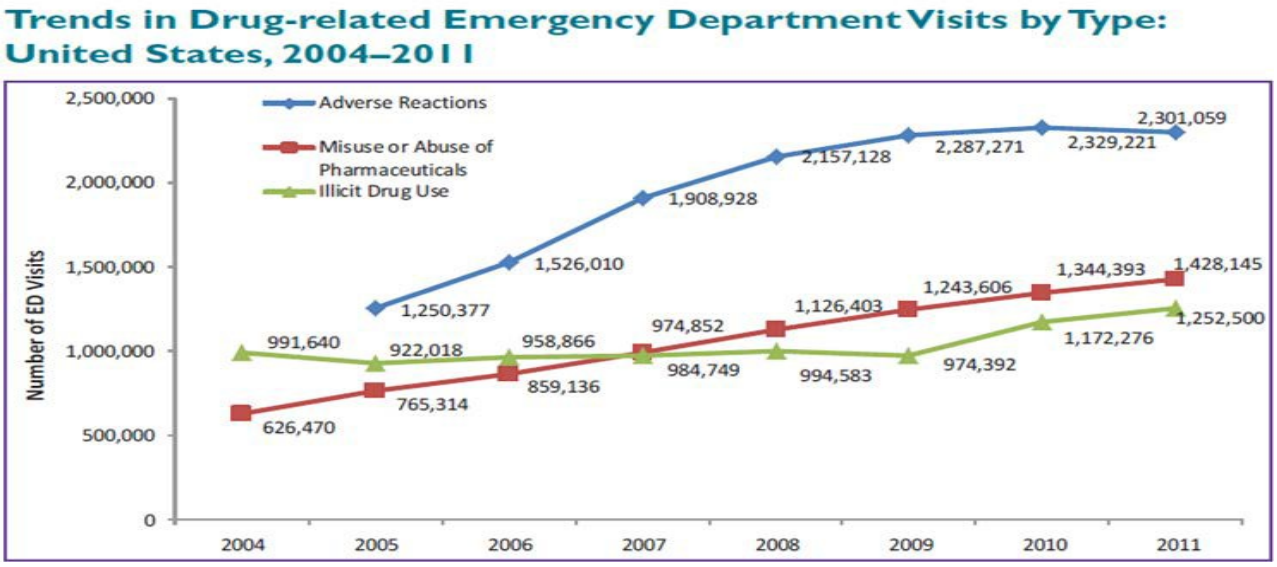
SECTION 4. PUBLIC HEALTH

Public Health Discussion

Although some states with legal medical and/or recreational marijuana have had a head start tracking its impact on public health, accessibility to marijuana-specific data in the state of Florida will take time as reporting systems are currently underway.

Emergency Department

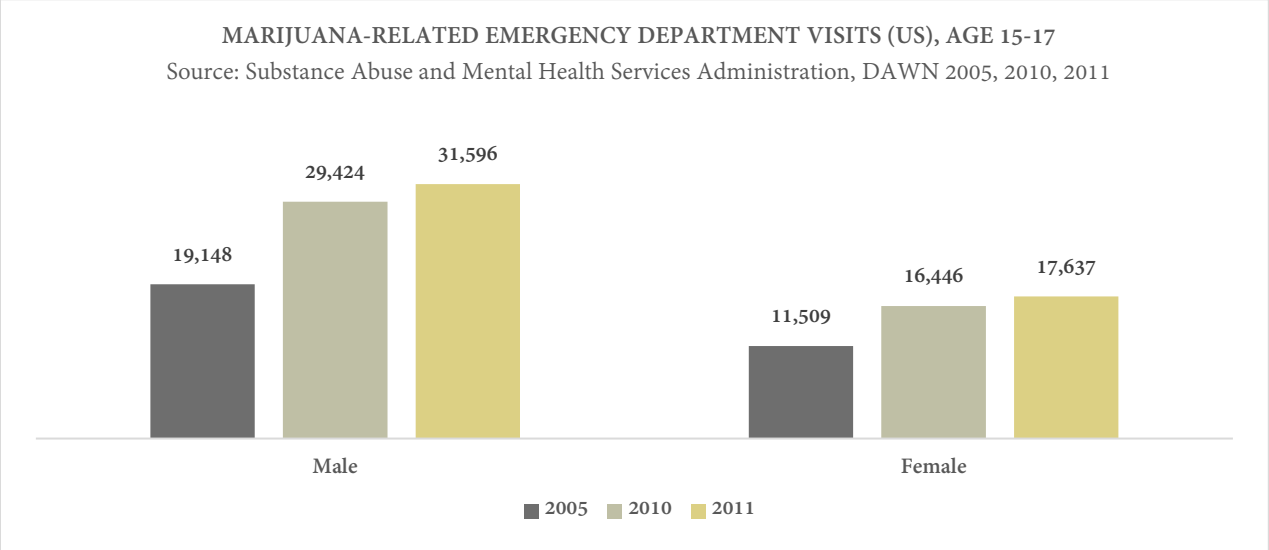
According to the most recent data available from The Drug Abuse Warning Network (DAWN), Nationwide Emergency Department (ED) visits involving illicit drugs increased by 28.5 percent from 2009 – 2011.



Source: Substance Abuse and Mental Health Services Administration, DAWN 2004-2011

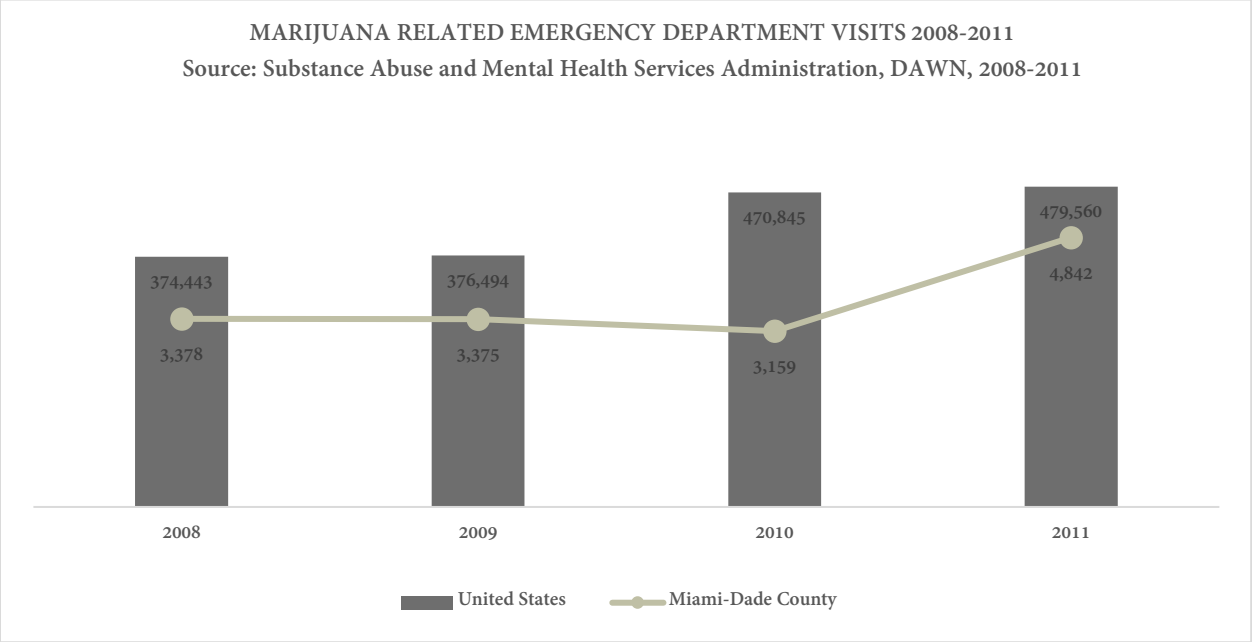
The number of marijuana-related ED visits of nationwide teenagers aged 15-17 increased 61 percent from 2005-2011. The number of ED visits related to marijuana is consistently higher for young males during the six-year span.

- Male ED visits increased 65 percent.
- Female ED visits increased 53 percent.



The Miami Dade Division Emergency Department is currently the only area that reports and publicly shares emergency department data for the state of Florida. Cannabinoids cited as the reason for ED visits grew 50 percent from 2010 to 2011. This increase could be due to improved testing regarding marijuana and marijuana analogs.

2010 - 126 ED visits per 100,000. 2011 - 189 ED visits per 100,000.



Abhishek Rai, MD, examined data from the US Healthcare Cost and Utilization Project. He stated, "A sampling of random states where marijuana is only legal for medical use also showed high increases in cannabis-related ED visits." During 2007-2012, increases in cannabis-related ED visits grew[vi]:

- Fifty percent in Colorado
- Fifty-five percent in Hawaii
- Forty-nine percent in Arizona
- Forty-three percent in Texas

Dr. Rai also noted when comparing states that have full legalization against those with only medical marijuana laws, the increase in ED visits was nearly the same.[28]

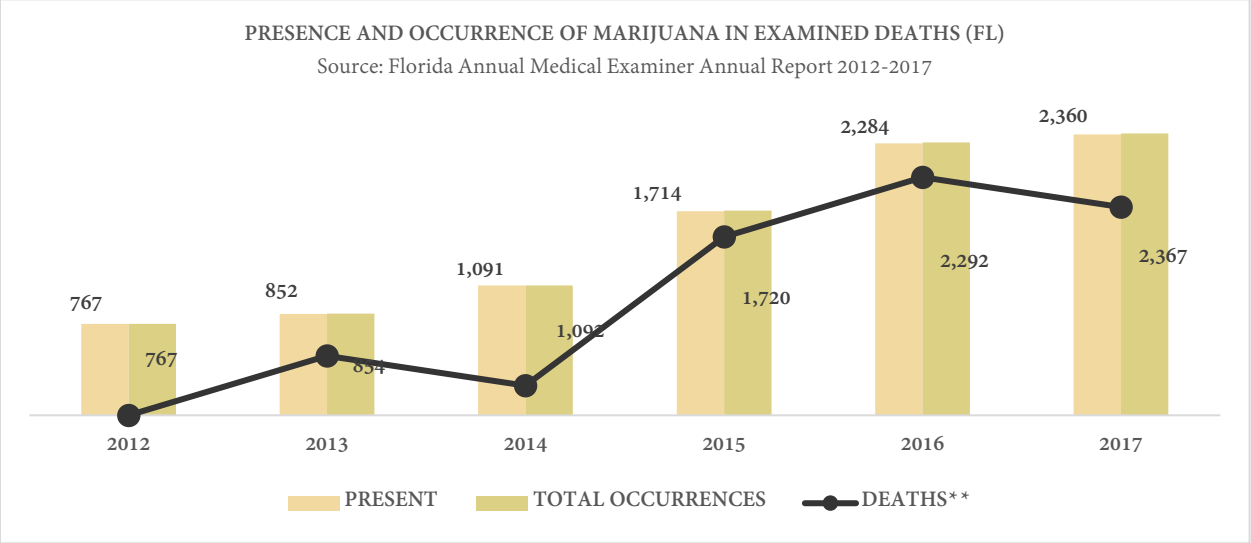
[vi] Cannabis related Emergency Department visits are examined by tracking medical coding for marijuana. International Classification of Diseases, Ninth Revision, or ICD-9 coding 304.3 signifies cannabis use. The studied collected data on ED visits, hospital admissions, and patients' demographics utilizing ICD-9 code 304.3.

Florida Medical Examiner Data

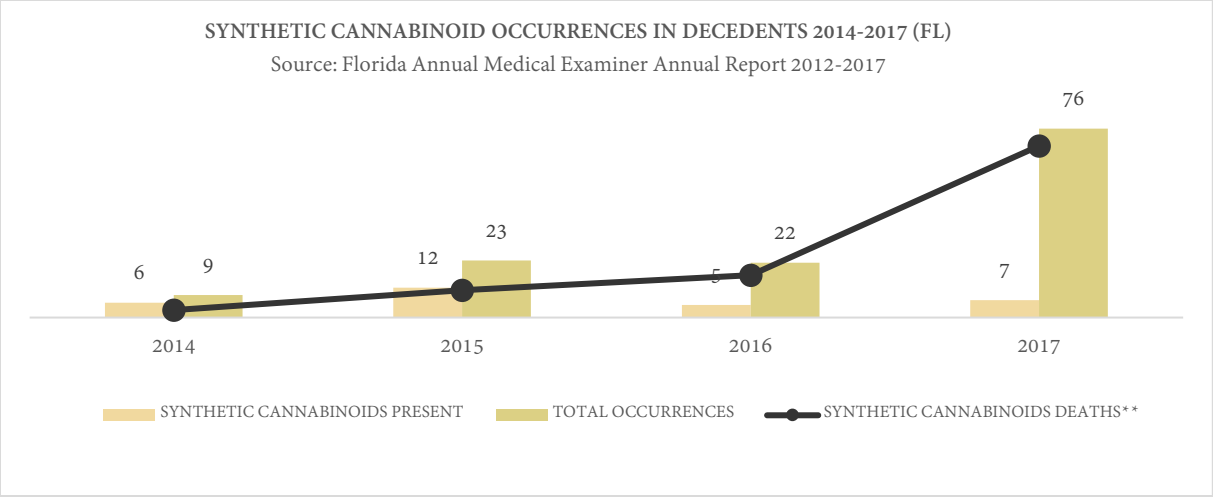
The Florida Medical Examiners rarely cite synthetic cannabinoids as cause of death compared to other drugs. From observation of other states with legal marijuana, the increased availability and especially the increased potency, will be reflected in an increase not only in presence, but potentially cause of death. The 2016 Florida's Medical Examiners Commission (MEC) Annual report states that cannabinoids are likely under-reported due to the variability in analytical protocols in place at medical examiner offices. Medical Examiners assess all available evidence, autopsies, and toxicology reports to distinguish whether a drug was present at the time of death or if the drug played a causal role in an individual's death.

The 2017 Florida's MEC Drug Report cites that a vast majority of deaths have more than one drug present.

- Approximately 56 percent of decedents examined had one or more drugs in their system. Four percent increase from 2016. (6,923 of 12,439)
- Cannabinoids were the fourth most common drug found in decedents.
- Occurrences of synthetic cannabinoids increased 245 percent while deaths rose 306 percent. The increase in synthetic cannabinoids is due, in part, to an increase in testing. Many deaths were found to have several drugs contributing to the death; therefore, the count of specific drugs listed is greater than the number of deaths.



**Marijuana determined to play a causal role in an individual's death.

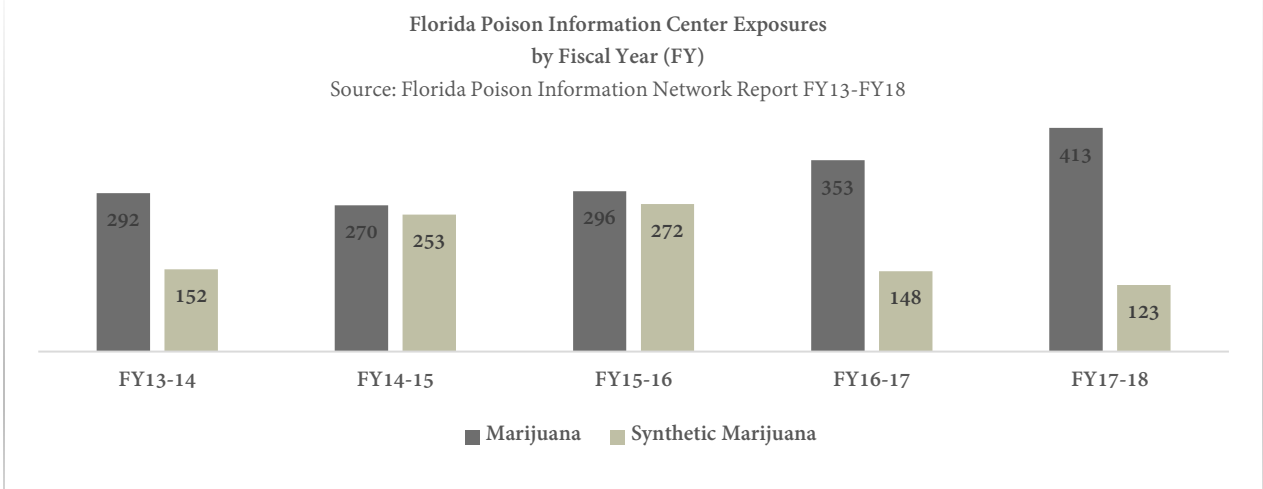


****Synthetic Cannabinoids determined to play a causal role in an individual's death**

Florida Poison Control

Florida Poison Control Centers record the number of marijuana-related/synthetic marijuana exposures. According to their data:

- Synthetic marijuana exposures have decreased over the past two years, curbing consecutive increases from FY2013/2014 through FY2015/2016.
- After a decrease from FY2013/2014 – FY2014/2015 marijuana exposures increased 39 percent through FY2017/2018.
- Marijuana exposure categories listed in the EPIC reports continue to grow each year as new trends arises, for example E-cigarettes containing marijuana liquid, different types of edibles, and tinctures/oils are a few that have recently appeared on the report.[vii]



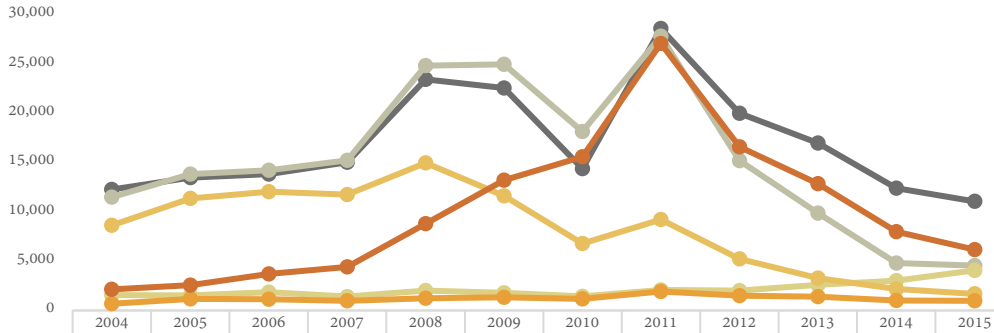
[vii] Other categories listed as marijuana-related exposures include, but are not limited to: Marijuana extracts, Marijuana: Dried plant, Marijuana: Oral Capsule or Pill Preparation, Marijuana: Other or Unknown Preparation, Marijuana: Pharmaceutical Preparation, and Marijuana: Undried Plant.

Treatment Data

Legislation passed in 2011 limiting the amount of opioids individual patients could receive. The effect can be observed throughout the data in subsequent categories. Different substances became more widely abused before tapering downward after increased government regulation.[29][viii]

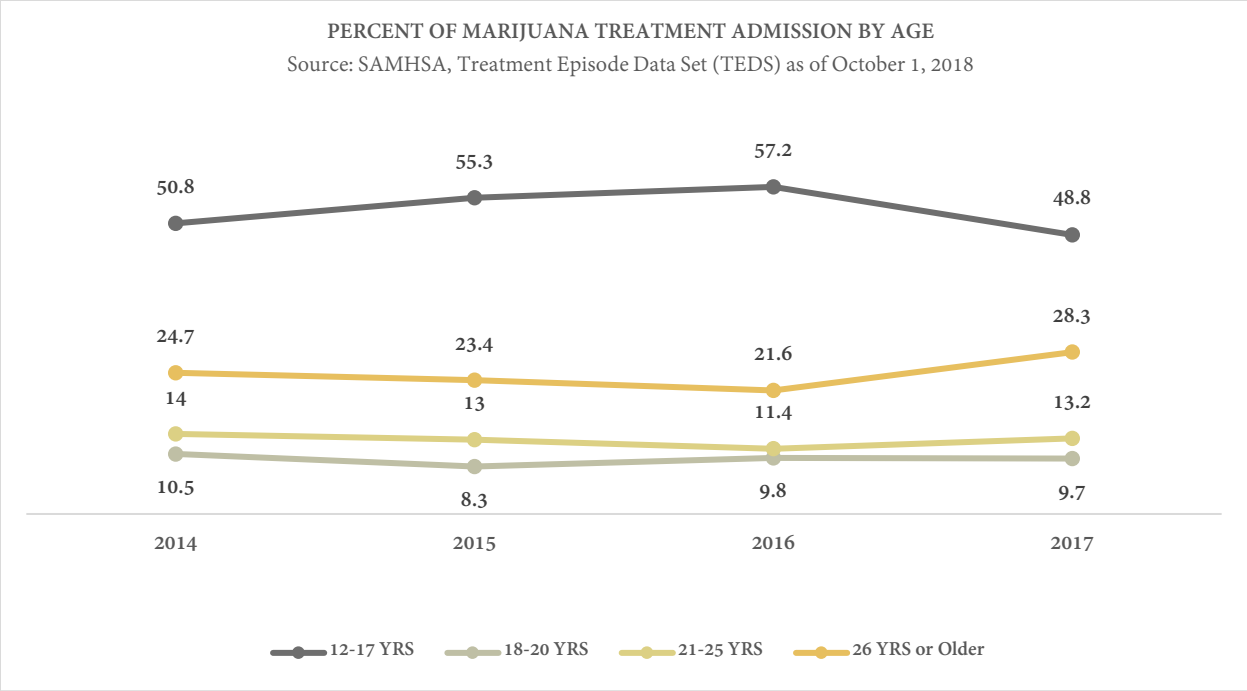
- Since 2009, Alcohol, Non-Heroin Opiates, and Marijuana continue to be the top substances abused resulting in Florida Treatment Center admission.

State Admissions to Substance Abuse Treatment Centers
by Primary Drug of Abuse, Aged 12 and Older (FL)
Source: SAMHSA, Treatment Episode Data Set (TEDS) 2004-2015

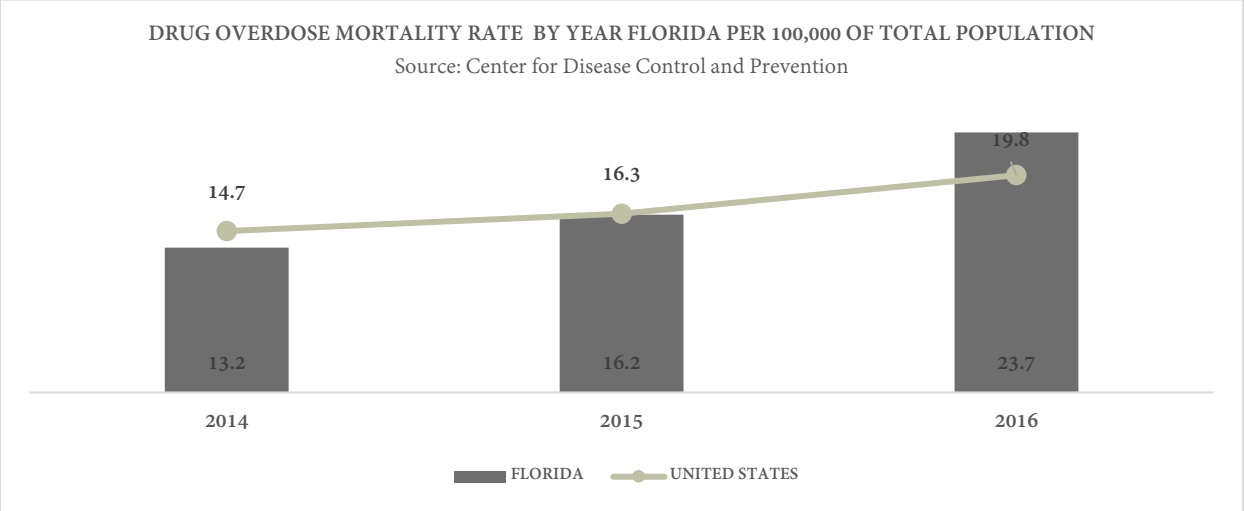


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alcohol	12,272	13,479	13,816	15,035	23,435	22,552	14,387	28,566	19,966	16,960	12,400	11,052
Marijuana	11,472	13,818	14,204	15,206	24,808	24,952	18,129	27,786	15,181	9,866	4,808	4,551
Heroin	1,563	1,518	1,868	1,413	2,023	1,783	1,432	2,090	2,013	2,609	3,033	4,070
Cocaine	8,628	11,341	12,038	11,755	14,951	11,627	6,768	9,205	5,236	3,290	2,186	1,676
Methamphetamines	684	1,182	1,138	975	1,227	1,336	1,173	1,927	1,506	1,383	1,021	976
Non-Heroin Opiates	2,139	2,553	3,707	4,407	8,788	13,195	15,557	27,063	16,583	12,857	7,989	6,175

[viii] Section 456.44 provides that physicians who prescribe any controlled substance in Schedules II-IV for pain must designate themselves as a prescribing physician and fully comply with standards of practice. Section 458.3265 & Section 459.0137 require pain clinics to register with FL Department of Health and adhere to numerous regulations.



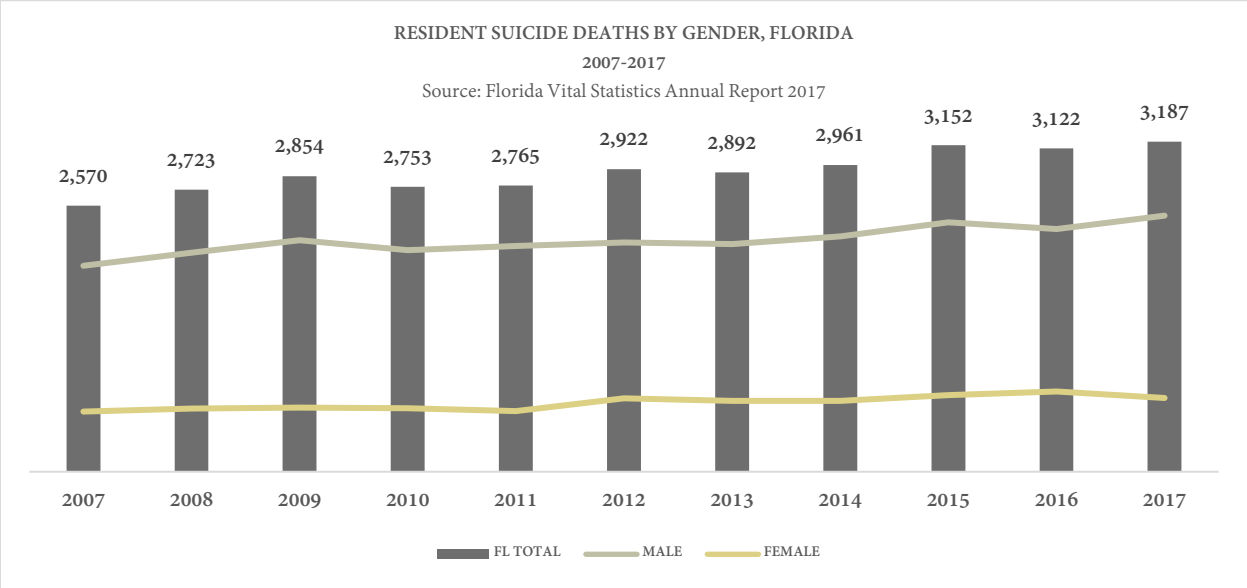
Drug Overdose Data adjusted for differences in age-distribution and population size does not take into account other state specific population characteristics that may affect the level of mortality or the level of birth characteristics. When the number of births or deaths is small, rates by state may be unreliable due to instability in birth/death rates.



Mental Health

As of September 14, 2018, Florida is a recipient of new funding by the Center for Disease Control and Prevention. The expansion by the CDC will include all 50 states, Washington D.C., and Puerto Rico. Many states already have National Violent Death Reporting System (NVDRS) funding and have been reporting for years prior. The new expansion of the NVDRS data collection will enhance the CDC's ability to track trends nationally.

NVDRS covers all types of violent deaths, including homicides and suicides, for all age groups. NVDRS reports where and when victims are killed, and what factors were perceived to contribute to or precipitate death.[30] This data could provide insight into subjects involved in violent crimes with marijuana or other illicit drugs present in their system.



Public Health Information

Mainstreaming Marijuana: Pot legalization is revealing unintended consequences

Emergency room data from four Central Oregon hospitals in the St. Charles Health System show a rise in marijuana-related cases since 2010, with two clear steps: the first, in the summer of 2014, as debate over Ballot Measure 91 to legalize recreational use heated up, and the second, after recreational sales began on October 1, 2015. “When we run a urine drug screen, the number of people who test positive for marijuana is amazingly high,” said Dr. David Rosenberg, an emergency medicine physician at St. Charles Bend. “It’s never surprising with any person under 50.[31]

Cannabis Use Causing Alarming Increase in ED Visits and Childhood Poisoning

The referenced study noted an increased in nationwide Emergency Department visit rates for cannabis use and cannabis poly-drug use in individuals aged 12 or older from 2004- 2011. Cannabis visit rates increased 43 percent (51 to 73 visits per 100,000) and cannabis poly-drug use increased 58 percent (63 to 100 per 100,000 visits). The study also noted an increase in cannabis potency over time, the growing variety of ways to use cannabis, and the strain it has placed on the healthcare system. A hypothesis was proposed that increase in potency of cannabis may increase the prevalence of marijuana use disorder/addiction as well as the need for rehabilitation treatment.[32]

Renowned Medical Marijuana Doctor says Concentrates should be banned

Dr. Rav Ivker, a physician renowned for using cannabis to treat chronic pain, has said he believes marijuana concentrates should be banned. "I think they should be illegal … the only thing they are good for is getting really high." Dr. Ivker also states the potency of concentrates increases the "potential for dependence and possible addiction."[33]

Students who ate marijuana-laced gummy bears at Polk County School hospitalized

A student became ill after ingesting marijuana-laced gummy bears at a Florida Middle School. Seven students had a negative reaction to the marijuana candy, five were taken to a hospital. The danger with marijuana infused food is with differentiating it from normal foods. Many products' labeling resemble popular brands.[34]

Senate Bill Would Legalize Medical Marijuana for Military Veterans

The legislation was filed by two Senators, Bill Nelson (FL) and Brian Schatz (HI), to help veterans access medical marijuana for pain management in place of opioids. [35]

Psychosis often the effect of long-term, recreational marijuana use

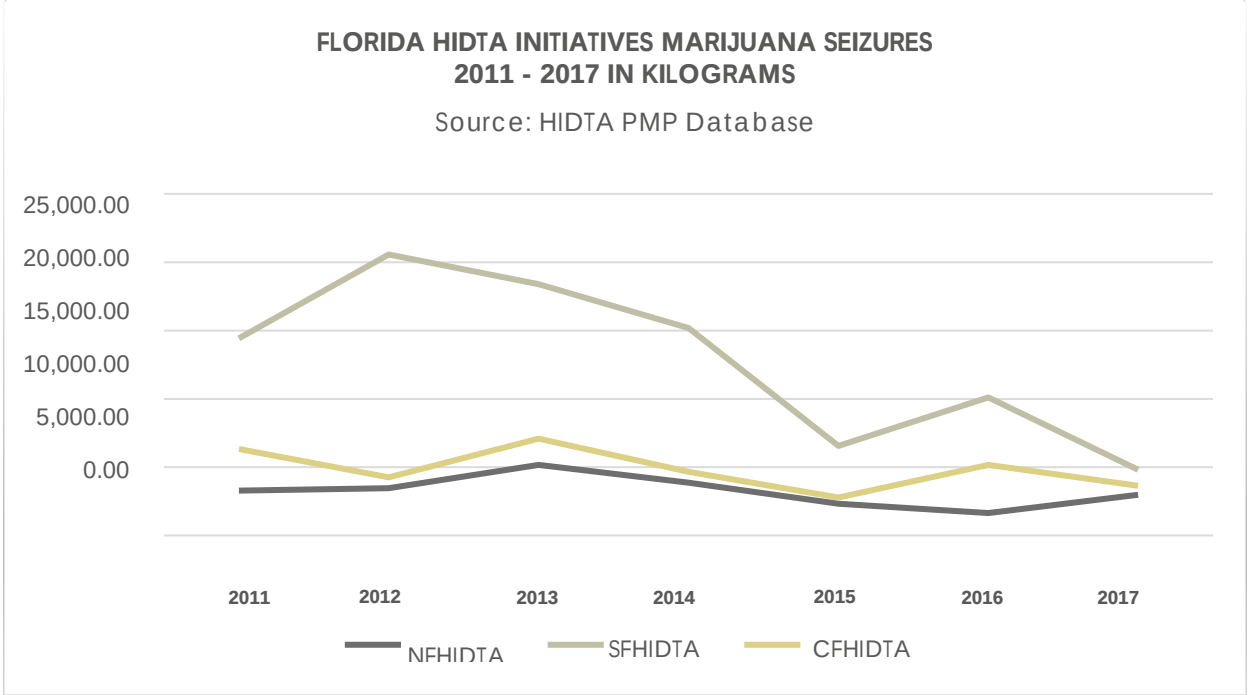
Dr. Stephen McLeod-Bryant cites over a dozen studies suggesting that students worldwide have shown that the heavier and longer the use of recreational marijuana, the greater the risk of psychosis. Compared to those who do not use marijuana, the risk of psychosis is four times higher in users. Use before age 18, daily use, use of high potency resins and concentrates, and use of synthetic marijuana have also been associated with increased risk of psychosis.[36]

SECTION 5.TRAFFICKING AND BLACK MARKET

HIDTA Initiatives

Illegal marijuana remains one of the most common illicit drugs seized by law enforcement. The chart below is a reflection of marijuana seizure activity by the North Florida, Central Florida, and South Florida High Intensity Drug Trafficking Areas (HIDTA).[ix] These seizures reflect HIDTA interdiction and investigative activity and is only a segment of total regional marijuana seizures by federal, state, and local law enforcement activities.

[ix] The High Intensity Drug Trafficking Area program (HIDTA) is a drug-prohibition enforcement program run by the United States Office of National Drug Control Policy (ONDCP).



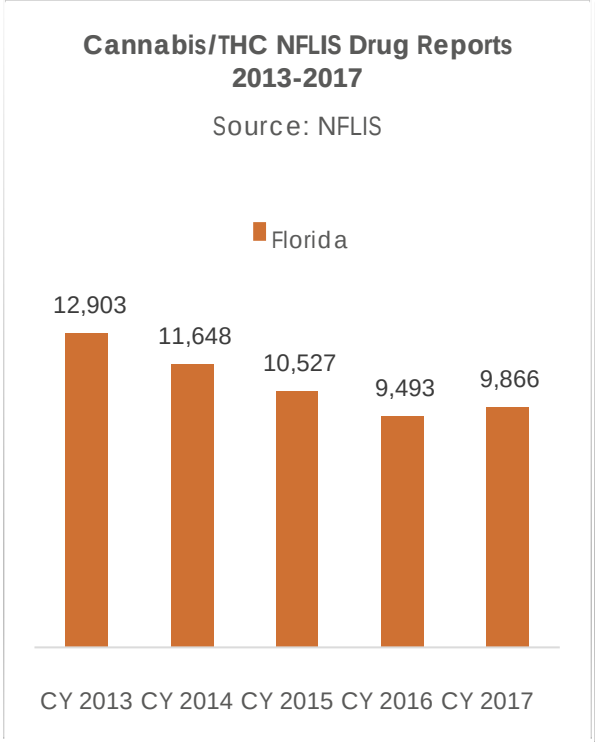
NFLIS Crime Lab Reports

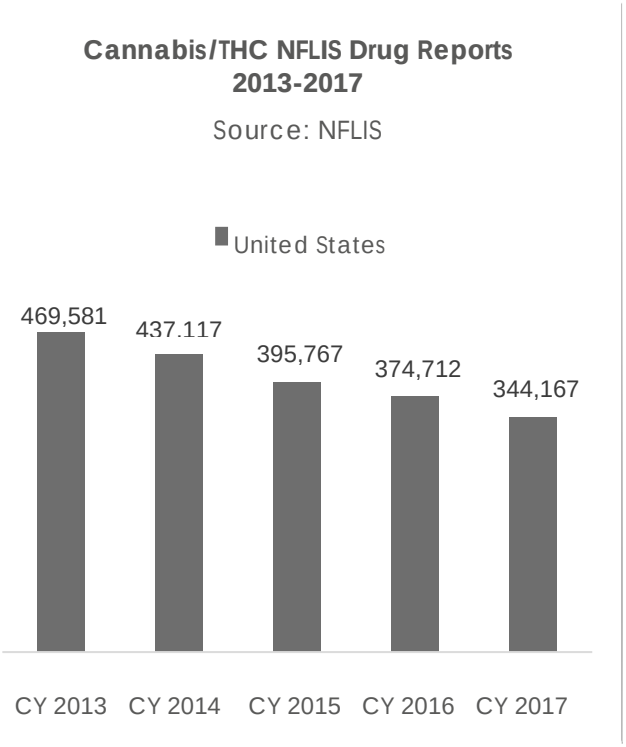
Federal, state, and local forensic laboratories analyze controlled and non-controlled substances secured in law enforcement operations in the United States and submit results to the Drug Enforcement Administration (DEA) National Forensic Laboratory Information System (NFLIS). These laboratories analyze controlled and non-controlled substances secured in law enforcement operations across the United States. This data is a key indicator of emerging drugs and changes in substance availability.[x]

- Cannabis/THC ranked second in the State of Florida as the most frequently identified drug, behind cocaine from 2014 to 2016, and the third most frequently identified drug in Florida, behind cocaine and methamphetamine in 2017 per NFLIS data.
- Cannabis/THC rivaled methamphetamines as the most frequently identified drug nationwide in 2017.
- Since 2000, the Southern Region of NFLIS, which includes Florida, continues to account for the most Cannabis/THC drug reports nationwide.[xi]
- Methamphetamines were the most frequently occurring drug identified nationwide in 2017, with 21.99 percent, followed by Cannabis/THC accounting for 21.76 percent of drugs identified.

[x] In accordance with reporting agreements, the information contained in NFLIS reports are a complete and accurate reflection of participating forensic laboratory results and is susceptible to future updates and corrections, without notice.

[xi] Archived NFLIS reports from January 2000- December 2017 evaluated. NFLIS separates the country into West, Midwest, Northeast, and South regions, as well as examining individual states.





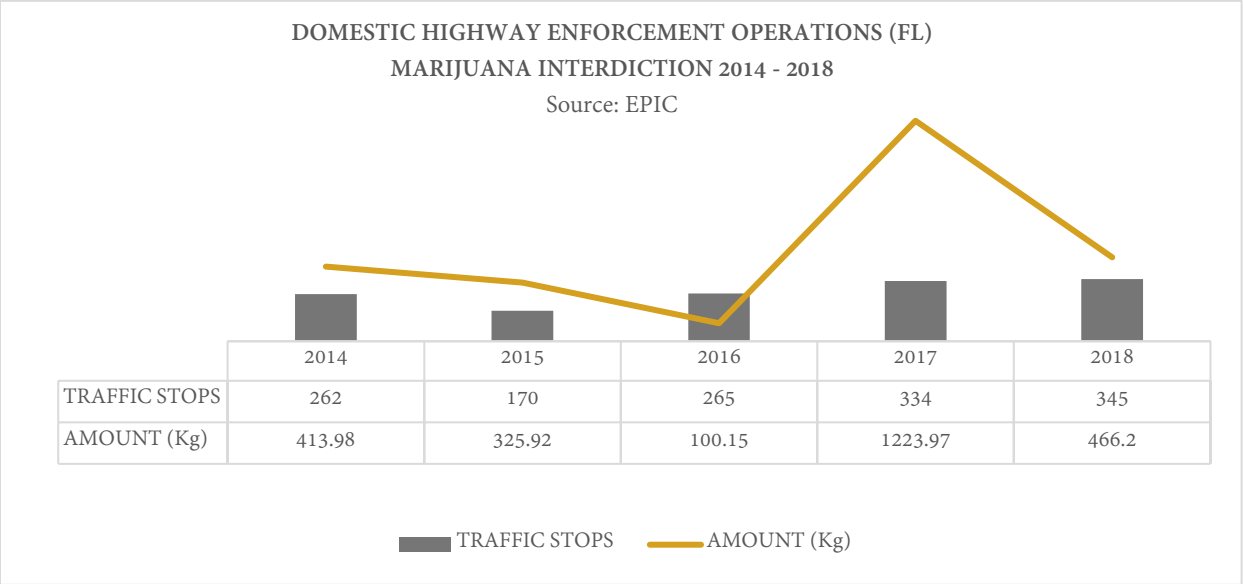
Domestic Marijuana Eradication (DME) Program

The Domestic Marijuana Eradication (DME) Program is a federally funded system that directly supports local, state, and county law enforcement agencies in the detection, dismantling, and eradication of domestically grown marijuana. The DEA's Domestic Cannabis Eradication/Suppression Program and the Florida Office of Agricultural Law Enforcement jointly administer the DME Program.

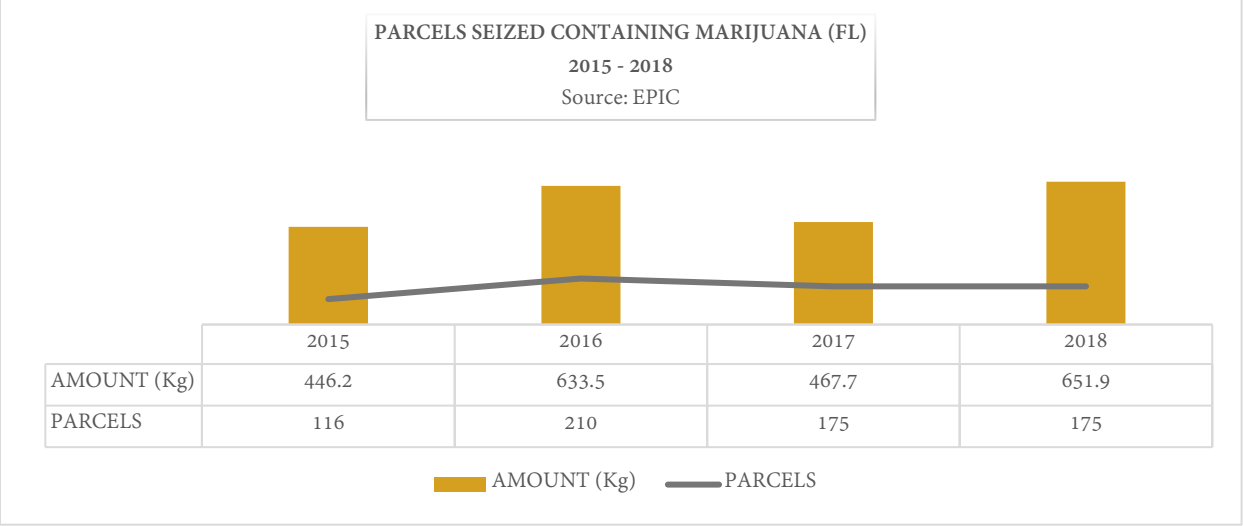
- The program has been operational for over 20 years and has resulted in the detection of over 34,000 illegal grow sites, eradication of more than 2.7 million marijuana plants
- Since 2007 DME has removed an estimated 1.5 billion dollars' worth of marijuana plants from the state of Florida and made nearly 7,800 arrests
- 2017- The DME's collective law enforcement efforts eradicated approximately half a million plants with a total value of $16.4 million and made 75 arrests, the lowest number of arrests since 1981

Domestic Highway Enforcement (DHE)

Domestic Highway Enforcement activity include all reported seizures that occur on Florida U.S. highways/interstates.[xii] The El Paso Intelligence Center (EPIC) aggregates data regarding land, maritime, and parcel seizures conducted throughout the United States. Because agencies are not required to report to EPIC, statistics do not represent the total amounts seized.



	2014	2015	2016	2017	2018
TRAFFIC STOPS	262	170	265	334	345
AMOUNT (Kg)	413.98	325.92	100.15	1223.97	466.2



	2015	2016	2017	2018
AMOUNT (Kg)	446.2	633.5	467.7	651.9
PARCELS	116	210	175	175

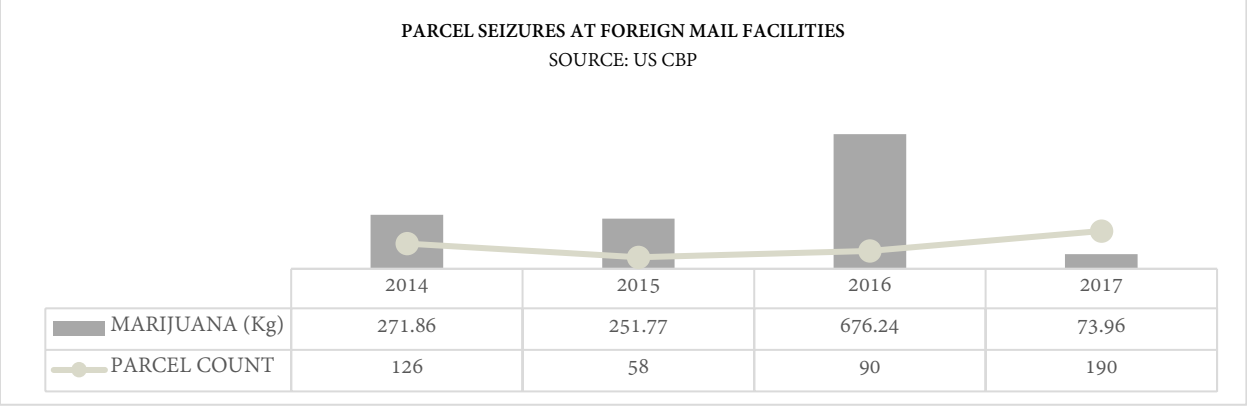
[xii] The depicted data is the most current data as of December 13, 2018 according the El Paso Intelligence Center (EPIC). The data and any supporting documentation relied upon by EPIC to prepare this report are the property of the originating agencies.

United States Customs and Border Protection

Although the United States Customs and Border Protection (CBP) enforces a wide range of laws to prevent controlled substances from entering or exiting the United States, criminal organizations attempt to circumvent these laws by using parcel delivery services to smuggle illicit drugs into and out of the United States.

Parcel interdiction data does not account for all US CBP marijuana parcel interdictions. Parcel mail seizures containing marijuana destined for Florida and interdicted at the US CBP Foreign Mail Facility are represented.

- Parcels originating in Mexico and California represent the largest amount in kilograms seized.
    - 2015 – 93 percent of total kg seized and destined for Florida, originated in Mexico, California, and Colorado.
    - 2016 – 89 percent of total kg seized and destined for Florida, originated in Mexico and California.
    - 2017 – 55 percent of total kg seized and destined for Florida, originated in Canada, Arizona, and California.
- The amount of marijuana in kg per/parcel seized has no significant pattern within the data set. In 2017, the amount of marijuana in kg per/parcel seized was approximately .39 kilograms.
    - Data is listed for parcels originating in: Canada, Germany, Guam, Haiti, India, Jamaica, Mexico, Netherlands, Slovenia, Spain, US Virgin Islands, United Kingdom, and US states (AZ, CA, CO, FL, IL, IN, NV, NY, OR, SC, TX, VI, WA)

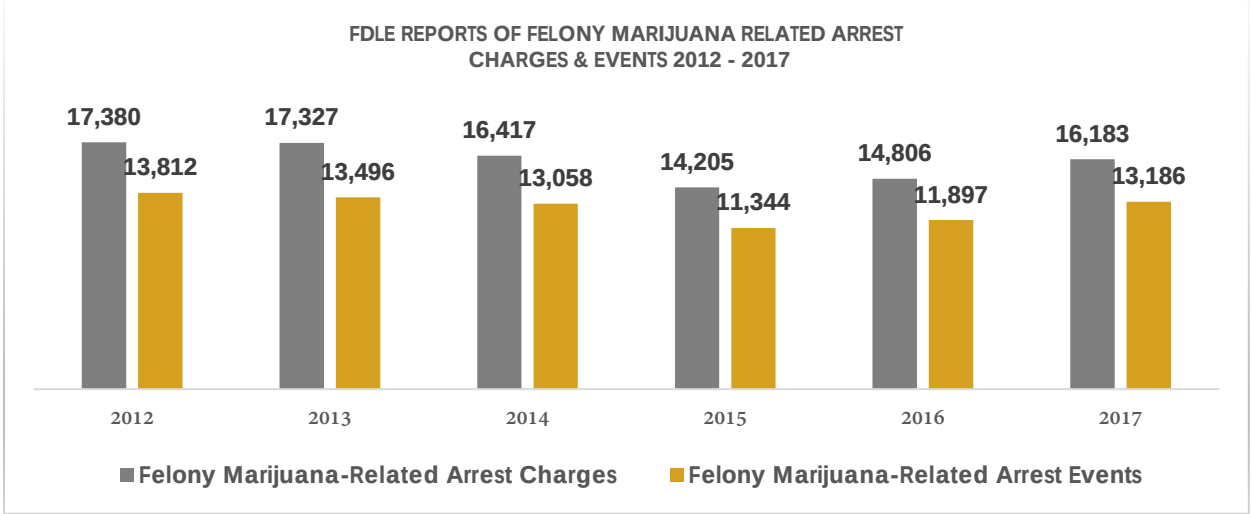


	2014	2015	2016	2017
MARIJUANA (Kg)	271.86	251.77	676.24	73.96
PARCEL COUNT	126	58	90	190

Florida Department of Law Enforcement

The Florida Department of Law Enforcement's (FDLE) Statistical Analysis Center maintains records of arrests made throughout Florida. CAVEAT: Florida's Computerized Criminal History (CCH) is fingerprint-based and, unless prints were taken at a later stage in the criminal justice process, does not include records involving a notice to appear, direct files or sworn complaints

where no physical arrest was made. FDLE does not warrant that the records provided are comprehensive or accurate as of the date they are provided; only that they contain information received by FDLE from contributing agencies, and that any errors or omissions brought to FDLE's attention are investigated and, as needed, corrected. CCH data provided as of December 14, 2018.[xiii]



Black Market and Trafficking Information

Looking to other states that have passed marijuana legislation, Florida can forecast problems pertaining to illegal activities with respect to marijuana. Problems with regulating the legally grown weed and an emergence of new black market practices can be expected. Proper regulation can mitigate many of these problems along with increased enforcement efforts at all levels.

What is Marijuana really worth?

Gathering data from all over the United States, Priceofweed.com publishes the price of what pot costs in a potential buyer's local area. The site has huge participation from consumers who report how much they paid for marijuana during their last transaction. Anonymous submissions list location, amount paid, amount received, quality, and the name of select strains is available if known. The price has not risen significantly over the past year, as an increase of less than a dollar per ounce can fetch medium and high quality grade marijuana according to the website. Prices listed are an average of submissions based on location. The site includes ratings for how law enforcement views marijuana, ranging from lightly enforced to heavily enforced, and how socially acceptable pot is in a location.[37]

[xiii] An arrest event is the occurrence of a physical arrest, which may include multiple charges. Florida statute is an optional field in the arrest data; as such, 11.0 percent of arrests in the CCH data for the period do not include a statutory reference.

Price of Marijuana according to *www.priceofweed.com* as of January 10, 2019		
High Quality Marijuana (FL)	Average $299.13/ounce	Sample Size= 12,783 persons
Medium Quality Marijuana (FL)	Average $227.33/ounce	Sample Size= 11,538 persons

Oregon Unlicensed Cannabis Trafficking Schemes Prompt Six Arrests

Six suspects will be facing federal prosecution for marijuana interstate trafficking operations delivering marijuana from Oregon to Texas, Virginia, and Florida. Per US Attorney Billy J. Williams of Oregon, "… Oregon's marijuana industry is attracting organized criminal networks looking to capitalize on the state's relaxed regulatory environment." The defendants did not have proper state licensure to grow or distribute marijuana. Oregon is working to tighten regulations in hopes of stopping out-of-state diversion by legal and illegal grow operations.[38]

Western Weed Is Taking Over the Pot Market in Florida

Sergeant Jeremy Bacor of Pueblo, Colorado noted a trend in suspects busted for marijuana grow operations. Twelve people who previously resided in Florida have been arrested in seven marijuana grow operations in the county since the end of March 2016. "We get people from a lot of states coming to Colorado since marijuana was fully legalized," Bacor explains. "Some are people looking to skew the lines and are growing for the black market. The recent trend has been individuals from Florida."[39]

Marijuana Legalization Makes Black Market Better in Prohibition States

States with legal marijuana laws are seeing an influx in illegal marijuana activity as it is sourced to states with more strict regulation or prohibition. Springfield Police Chief Paul Williams reported his state has been "inundated" with marijuana originating in states where marijuana is legal. Lieutenant Andrew Howard of the Denver Police Department stated, "Post legalization we have seen an increase in the black market because the marijuana… is being shipped out of state."[40]

Cannabis Harvest Restrictions Aim to Starve Oregon's Black Market

A large over-supply of cannabis in Oregon last year led to deflated prices and a suspicion that legally grown pot was being diverted into the black market supply. In order to discourage black market diversion, the Oregon Liquor Control Commission (OLCC) will require growers to provide harvest dates in advance. Their goal is to monitor grower's marijuana to be harvested in order to not saturate legal, regulated markets.[41]

Brief History of Marijuana in Florida

2014 Compassionate Medical Cannabis Act

- Allows patients to access low-THC cannabis for medical use to patients with cancer and/or medical conditions causing seizures or producing severe muscle spasms.

- Office of Compassionate Use established as a part of Florida Department of Health.
- Introduces regulations for dispensing newly available low-THC cannabis through use of the Compassionate Use Registry.
- Tracks approved organizations that grow, process, and dispense low-THC cannabis to patients utilizing the Compassionate Use Registry.[42]

2015 Right to Try Act

- Expanded upon individuals eligible Under the Compassionate Medical Cannabis Act to include patients with terminal illness.
- Protected physicians from disciplinary or legal action for making certain treatment recommendations.
- Provided that a cause of action may not be taken against manufacturers or caregivers for utilizing experimental drugs, products, or devices.[43]

2016 State of Florida Constitution Amendment 2

- Introduced s. 29, Article X that presented exemptions from civil and criminal liability for patients, caregivers, physicians, and Medical Marijuana Treatment Centers.
- Does not provide exemption from liability in cases of malpractice or negligence.
- Explained and simplified verbiage in previous passed legislation.
- Presented specific restrictions for the use of medical marijuana.[44]

2017 Special Legislative Session Senate Bill 8-A

- Found protocols for issuing certifications, places limits on supply, and mandates reviews of patients to be conducted.
- Edibles, oils/tinctures, and vaping are authorized delivery methods.
- Introduces residency and identification requirements for patients and caregivers.
- Regulations pertaining to licensure and distribution practices of medical marijuana.
- Seed-to-sale tracking system for each harvest introduced.
- Standards for cultivating, processing, testing, product packaging, transporting, and distributing medical marijuana and devices.
- Eliminate 90-day waiting period for patients.[45]

2018 Legal Updates

Redner v. Department of Health (FL)

- Redner's doctor recommended a marijuana juicing plan in order to keep his Stage IV lung cancer in remission. Redner initially filed a constitutional challenge in 2017 for failure to properly implement legislation consistent with Amendment 2. Redner wanted

to grow his own marijuana at home for his juicing program. The case has been through multiple courts and proceedings before Redner attempted to bring it to the Florida Supreme Court. In late May, the Florida Supreme Court denied Redner's petition.[46]

Trulieve v. Department of Health (FL)

- Trulieve filed a civil complaint in the summer of 2017 regarding a cap on the number of dispensaries each license could maintain. The limit was set at 25 retail locations per licensed medical marijuana business or Medical Marijuana treatment Center, MMTC. The number of retail locations increases by five locations for every 100,000 new patients. Trulieve states that the cap on locations was not written into the legislation thus they should not be limited to a certain number of locations. In January, Judge Karen Gievers sided with Trulieve, stating, "The legislature had no authority to act as it did" however, it is not known if this will be adopted as the new guidance on retail location cap. [47]

People United for Medical Marijuana v. Department of Health (FL)

- In July of 2017, People United for Medical Marijuana, spearheaded by marijuana advocates like John Morgan, filed a lawsuit in hopes to seek a judgement that the smoking ban is unconstitutional and misinterprets Senate Bill 8-A's language. In May 2018, Judge Karen Gievers agreed with the plaintiffs and struck down the ban. The decision was immediately appealed and a stay was issued. Both sides met in early January at the 1st District Court of Appeal. Governor DeSantis commented, "…we'll take some actions within a pretty short time."[48]

Statute References

For bill text and additional information see below.

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Right to Try Act- https://www.flsenate.gov/Session/Bill/2015/1052

Senate Bill 8A- https://www.flsenate.gov/Session/Bill/2017A/00008A

Florida Statues 381.986- https://www.flsenate.gov/laws/statutes/2017/381.986

Florida Statute 381.989- https://www.flsenate.gov/Laws/Statutes/2017/381.989

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