Abstract

Objectives: In 2011 and 2012, legislation was introduced in Florida to legalize marijuana as a medicine. The purpose of this white paper is to examine the circumstances that led to this movement and to explore the social impacts of adopting such laws. Policy and coalition recommendations that could reduce the potential threat of marijuana legalization in Florida are also discussed.

Results: Review findings indicate that in order to discuss medical marijuana one must consider not only the drug approval process but also health and social consequences associated with marijuana use. Marijuana is high on the list of controlled substances because it is widely abused and a major cause of drug dependence in the United States and around the world. States that have legalized marijuana as a medicine have witnessed a proliferation of marijuana dispensaries and widespread program abuse.

Conclusions: Medical marijuana should be subjected to the rigorous scrutiny of the Federal Food and Drug Administration (FDA) regulatory process and should not be decided by the legislative process or popular vote. The FDA process ensures important protections for patients by making medications available only when they: 1) are standardized by purity, potency and quality; 2) come with adequate directions for use; and 3) have risk/benefit profiles that have been clearly defined in well-controlled clinical trials.

Executive Summary

Sixteen states and the District of Columbia passed laws legalizing marijuana under the guise of medicine. Marijuana remains illegal under federal law and is not approved by the FDA for use as a medicine. All major medical organizations support the FDA approval process.

Research on marijuana potency shows that it is far more powerful now than it was in the past. Marijuana is cited as number one in the list of drugs that cause young people to enter treatment and there continues to be a significant number of American teens in treatment for marijuana dependence. This higher potency marijuana may be contributing to this trend.

Studies demonstrate that marijuana is toxic: with a range of effects that could be dangerous to patients with serious medical conditions and that could cause a variety of illnesses, including addiction.

States that have established medical marijuana programs have experienced widespread program abuse. In states that track conditions under which people qualify to use medical marijuana, on average, only 7% of patients have terminal or life-threatening illnesses. The vast majority are smoking marijuana for pain (a subjective term that is being used to cover medical conditions such as menstrual cramps, headaches, and minor arthritis). The idea of treating pain with smoked marijuana is of particular concern for Florida, as we are experiencing an epidemic of prescription drug abuse.

The proliferation of marijuana dispensaries and out of control programs have led several states to push back against their marijuana laws. Several states are seeking to repeal their programs while others are looking at legislative efforts to restrict and close loopholes in the laws.

Social consequences associated with medical marijuana laws include the following: impediments to drug free workplace programs, dangers to public health and safety, and changes to the attitudes
of our youth about this illicit drug to a more relaxed perspective, because it is perceived as a medicine.

A recent DEA ruling reaffirmed that marijuana will remain a Schedule I drug and with no accepted medical value. A memorandum released by U.S. Deputy Attorney General James Cole, clarified the government's stance on the prosecution of those engaging in the cultivation, distribution and sale of marijuana, even under the guise of medicine. The memorandum noted that the prosecution of significant traffickers of illegal drugs, including marijuana, remains a core priority. This includes commercial operations that cultivate, sell and distribute medical marijuana.

Introduction
For more than a decade, advocates for the legalization of currently illegal drugs have been trying to sabotage our state and federal drug laws. They have wreaked havoc on our efforts to reduce drug use, abuse, addiction, and drug-related deaths. Their goal is to undermine our drug laws in order to eventually overturn them and make marijuana, cocaine, heroin, methamphetamine, and all other illicit drugs, legal and socially acceptable.

The most effective drug legalization strategy in the United States has been to legalize marijuana as a so-called medicine, thus reducing the perception of its harmfulness. Once a state has legalized marijuana as medicine, the drug legalization advocates push further to expand the initiatives to allow for possession of larger amounts of marijuana under the guise of medicine, and for more conditions to be “treated” with marijuana. Then they push to legalize marijuana to be used for recreational as well as for medicinal purposes.

To date, 16 states and the District of Columbia have passed medical marijuana initiatives. The following states and district have approved medical marijuana through ballot initiatives: California, Oregon, Washington, Alaska, Maine, Colorado, Nevada, Montana, Michigan, Washington D.C., and Arizona. The following states have approved marijuana as a so-called medicine by legislation: Hawaii, Vermont, Rhode Island, New Mexico, New Jersey, and Delaware.

Historically, once a state establishes a medical marijuana program, marijuana activists then lobby for legislation, or qualify ballot initiatives to expand the program. Efforts to expand current medical marijuana programs are evidenced by 49 bills introduced during the 2011 state legislative sessions. These bills sought to include additional qualifying medical conditions, expand the amount one can possess or cultivate at home, establish a regulated system to cultivate and supply marijuana, and establish marijuana dispensaries, among other things.

Behind the Movement to Legalize Marijuana as a so-called Medicine
The major financial contributors to legalization initiatives are affiliated with drug legalization organizations rather than with any medical or scientific organizations. Billionaire financier, George Soros, has almost single-handedly funded the drug legalization movement through multi-million dollar contributions to the Drug Policy Foundation, the Lindesmith Center (both now known as the Drug Policy Alliance) and to initiatives in Arizona, California and other states.

His contributions to state initiatives have frequently been matched by John Sperling, founder of Phoenix University, and Peter Lewis, Chair of the Board of Progressive Insurance Company.

Peter Lewis is also a major financial contributor to Marijuana Policy Project (MPP). MPP has drafted many of the current state “medical” marijuana laws. They were the financial support
behind the Committee for Sensible Marijuana Policy in Massachusetts who voted in 2008 to
decriminalize marijuana. MPP successfully raised over $1.5 billion to battle those opposing
marijuana decriminalization. That same year, MPP worked with a group in Michigan to
successfully legalize marijuana under the guise of medicine, raising over $7 million, compared to
the $300,000 raised by grassroots efforts.

A predictable - yet highly successful - pattern of activity by the legalizers has evolved in the
states targeted for ballot initiatives. Groups, such as Americans for Medical Rights, Students for
Sensible Drug Policy, and the Drug Policy Alliance (backed by Soros and his colleagues),
establish themselves in targeted states to work with and mobilize proponents.

Once the legalizers have moved into a state, they hire political consultants to hone their message
and purchase broadcast time to flood the state’s airways with commercials that tug on the
heartstrings of voters. Compassion for the sick and dying is misused effectively to mislead
voters. These groups have media manipulation down to a science and they are financially
prepared to buy up massive airtime in the months prior to the election.

**Current Situation in Florida**
In 2009, a group called People United for Medical Marijuana (PUFMM) began circulating a
petition to get an initiative on the Florida ballot that would legalize marijuana as a so-called
medicine. The group did not meet the deadline for consideration on the 2010 ballot and were
allowed to continue gathering signatures for the 2012 ballot.

According to their website (www.pufmm.com) and their FaceBook group, they hosted college
campus competitions to collect signatures and were present at sporting events and concerts. By
their accounts, they have collected 29,934 valid signatures and $29,107 in donations. They failed
to gather the required 676,811 signatures to qualify for the ballot.

At this time, the group does not seem to be linked financially to any of the big pro-drug groups
such as Marijuana Policy Project (MPP), The National Organization for the Reform of Marijuana
Laws (NORML), or Drug Policy Alliance (DPA). However, some of their FaceBook
 coordinators are members of local NORML chapters, and their cause is listed on both MPP’s and
NORML’s websites. From our experience tracking similar initiatives throughout the nation, it is
our belief that once they collect the required signatures to qualify for the ballot, one or more of
the above listed pro-drug groups will back them financially.

To better understand the financial support we can expect PUFMM to receive from a group like
MPP, NORML, or DPA, one only needs to look at Michigan’s Proposal One, a “medical”
marijuana initiative that voters passed in 2008. Proposal One was initiated by a group called
Michigan Coalition for Compassionate Care and was backed by MPP who raised $7,142,161 for
the campaign. More recently, MPP contributed more than $600,000 of the $777,000 raised to pass
Arizona’s “medical” marijuana Proposition 203 in 2010.

In 2011, a Florida representative introduced legislation that, if passed, would put medical
marijuana on the 2012 ballot. The legislation was not heard and did not have a senate companion.
In 2012, the same legislator pre-filed a new version of the bill, this time gaining a senate
companion and a committee referral. Neither bill was heard before the legislature adjourned.
FDA Process and Modern Medicine

For 100 years the Food and Drug Administration (FDA) drug approval process has worked to protect patient safety and welfare by promoting the quality, safety, and efficacy of medications. In addition to preclinical and clinical testing, the FDA requires product development to include plans to identify, evaluate, and mitigate potential risk and, when relevant, determine the risk of abuse and diversion.

Marijuana is an illegal drug, the FDA does not approve of the use of smoked marijuana for so-called medical purposes, and therefore, its use is, unregulated. This has significant implications for patient care since there are too many health risks associated with such use.

Past evaluations by several Department of Health and Human Services (HHS) agencies including the FDA, Substance Abuse and Mental Health Services Administration (SAMHSA), and National Institute for Drug Abuse (NIDA) found no sound scientific studies supporting medical use of marijuana for treatment in the United States. Further, there is no animal or human data that supports the safety or efficacy of marijuana for general medical use. In fact, there is no scientific research on smoked marijuana’s effectiveness and risks as a medicine, dosages, interactions with other drugs, and impact on pre-existing conditions. Studies often mentioned by the pro-marijuana lobby are not conducted using smoked marijuana but rather cannabinoids or synthetic marijuana, already approved by the FDA and available by prescription.

As stated in the publication titled The Role of the Physician in “Medical” Marijuana by the American Society of Addiction Medicine:

*All cannabis-based and cannabinoid medications should be subjected to the rigorous scrutiny of the FDA regulatory process. This process provides important protections for patients, making medications available only when they: 1) are standardized by identity, purity, potency and quality; 2) are accompanied by adequate directions for use in the approved medical indication; and 3) have risk/benefit profiles that have been defined in well-controlled clinical trials.*

Many organization and medical associations have called for further research into the development of nonsmoked, reliable delivery systems for cannabis-derived and cannabinoid medications. This action has been misrepresented by the pro-marijuana lobby as support for state “medical” marijuana programs. In truth, all major medical organizations support the FDA approval process. In fact, the American Medical Association (AMA) and the American College of Physicians (ACP), two of the largest medical organizations, have rejected the use of state legislative enactments to determine medicine.

A Review of the Research on the Risks and Harms Associated to the Use of Marijuana

Marijuana and Cannabinoid Research: Current Status and Future Potential

From Mockery to Medicine: The Story of the Development of a Serious Modern Medicine

The Role of the Physician in “Medical” Marijuana
Consequences of Marijuana Use Dependence
Marijuana is far more powerful today than in past years. It serves as an entry point for the use of other illegal drugs which is known as the “gateway effect.” Despite arguments to the contrary by those supporting drug use, marijuana is addictive. According to a US report released in May 2009, the levels of THC (marijuana’s psychoactive ingredient) have never been higher. Analysis from the University of Mississippi’s Potency Monitoring Project reveals the average amount of THC in seized samples confiscated by law enforcement agencies has reached a new high of 10.1%, compared to just under 4% in 1983. As of March 2009, the Project has analyzed and compiled data on over 1,500 marijuana seizures, reporting the highest level (27.3%) found in a marijuana sample during the 2008 period:

Higher potency marijuana may be a contributing factor as to why marijuana is cited as number one in the list of drugs that cause young people to enter treatment and why there continues to be a significant number of American teenagers in treatment for marijuana dependence.

New Report Finds Highest Levels of THC in U.S. Marijuana to Date

Cannabis toxicity and adverse biological activity

Treatment Episode Data Set (TEDS)

Perceptions and Use of Medical Marijuana in an Urban Substance Treatment Program

First-Year College Students Show High Rate of Cannabis Use Disorders

The use of marijuana in early adolescence is particularly dangerous. Adults who use marijuana early are five times more likely to become dependent on any drug, eight times more likely to use cocaine, and fifteen times more likely to use heroin later in life.

What Americans Need to Know about Marijuana

Marijuana: Rite of Passage or Russian Roulette?

The Many Problems and Consequences of Marijuana Use: Marijuana Use is a Serious Threat to Public Health

Early Marijuana Use Related to later Illicit Drug Abuse and Dependence

Medical Marijuana Laws Hurt Teens

Marijuana Use Up, Perception of Harm of Marijuana Use Down Among American Youth

Marijuana and Adolescents

Health
Marijuana legalization supporters claim that marijuana is less dangerous than other drugs. Studies over the last few years, however, have provided new information about marijuana’s components. The studies show that marijuana is not harmless and that it is toxic: producing a range of effects
that could be dangerous to patients with serious medical conditions and contributing to a variety of illnesses including addiction. These illnesses include:

**Birth Defects**  
*Risk of Selected Birth Defects with Prenatal Illicit Drug Use*

**Pain**  
*Too Much Cannabis Worsens Pain*

**Respiratory System Damage**  
*Marijuana Smoking Is Associated With a Spectrum Of Respiratory Disorders*  
*Marijuana Smokers Face Rapid Lung Destruction -- As Much As 20 Years Ahead Of Tobacco Smokers*  
*Respiratory Effects of Cannabis*  
*Effects of marijuana smoking on pulmonary function and respiratory complications: a systematic review*

**Cancer**  
*American Cancer Society Position Statement on the Medical Use of Marijuana*  
*Cannabis Compounds Found To Trigger Unique Immune Cells Which Promote Cancer Growth*  
*Evidence on the Carcinogenicity of Marijuana Smoke*  
*Maternal use of recreational drugs and neuroblastoma in offspring: a report from the Children's Oncology Group*  
*Association between Marijuana Use and the Incidence of Transitional Cell Carcinoma Suggested*  
*Marijuana use linked to increased risk of testicular cancer*  
*Cannabis Toxicity and Adverse Biological Activity*  
*Marijuana Smoke Contains Higher Levels of Certain Toxins than Tobacco Smoke*

**Harm to People with HIV/AIDS**  
*Marijuana Component Opens the Door for Virus that Causes Kaposi's Sarcoma*

**Brain Damage**  
*Human Study Shows Greater Cognitive Deficits in Marijuana Users Who Start Young*  
*Marijuana Ineffective as an Alzheimer's Treatment*  
*Marijuana Use Affects Blood Flow In Brain Even After Abstinence*
Heavy Marijuana Use May Damage Developing Brain in Teens, Young Adults

Strokes
More evidence ties marijuana to stroke risk

Marijuana Use Linked to Heart Attack, Stroke

Immune System Damage
Immunological changes associated with prolonged marijuana smoking

How Cannabis Suppresses Immune Functions: Cannabis Compounds Found to Trigger Unique Immune Cells Which Promote Cancer Growth

Mental Illness, Schizophrenia, Depression
Long-Time Cannabis Use Associated With Psychosis

Psychophysiological Evidence of Altered Neural Synchronization in Cannabis Use: Relationship to Schizotypy

Cannabis Could Increase Risks of Psychotic Illness By 40 Percent

Daily Consumption of Cannabis Predisposes To Appearance of Psychosis and Schizophrenia, Study Finds

Cannabis-Related Schizophrenia Set To Rise, Say Researchers

Pot Smoking Can Worsen Schizophrenia

Early Cannabis Use may Contribute to Psychosis-Related Outcomes in Young Adults

The Cannabis-Psychosis Link

Violence
Cannabis use and mental health in secondary school children

The Differential Disinhibition Effect of Marijuana Use on Violent Behavior

Infertility
Marijuana Firmly Linked to Infertility

Smoking Marijuana Lowers Fertility

Hepatitis
Influence of Cannabis Use on Severity of Hepatitis C Disease

Harm to People with Multiple Sclerosis
Smoking Marijuana Impairs Cognitive Function in MS Patients, Study Shows

Additional Policy Statements on “Medical” Marijuana
New American Society of Addiction Medicine Public Policy Statement on Medical Marijuana

American Glaucoma Society Position Statement: Marijuana and the Treatment of Glaucoma

Unintended Consequences Associated with “Medical” Marijuana Programs

Marijuana Dispensaries
States that have established “medical” marijuana programs are either being lobbied to allow for marijuana dispensaries or are feeling the societal burden created by the proliferation of these dispensaries. Local governments are forced to deal with the problem of regulating a business that is still illegal under federal law.

By now almost everyone has heard the line: There are more pot shops in Los Angeles than Starbucks! What is not so publicized is that within the last two years, over 200 cities and 14 counties in California have banned or passed a moratorium on pot shops.

Problems with pot shops are not unique to California; Montana recently banned mobile marijuana dispensaries, and during November’s 2010 elections, Colorado residents voted to ban dispensaries in at least 16 cities. The numbers speak volumes about what happens when communities see through the smokescreen and are enlightened about what pot shops really bring - more illegal drug use, more crimes, and more of our youth being sold marijuana (and sometimes other drugs) from a so-called medical marijuana patient.

Marijuana Dispensaries and the Federal Government: Recommendations to the Obama Administration 2009: Part 1

Marijuana Dispensaries and the Federal Government: Recommendations to the Obama Administration 2009: Part 2

Drugged Driving
The legalization of marijuana under the guise of medicine has had a serious impact on public safety.

Why Marijuana Legalization Would Compromise Public Health and Public Safety

Faced with a ballot initiative to legalize marijuana in California, Al Crancer Jr., a retired research analyst for the National Highway Traffic Safety Administration (NHTSA), conducted a study and concluded that marijuana legalization could create a dramatic increase in traffic fatalities on California roads and highways. The first five years after establishing a “medical” marijuana program, California saw an increase of almost 100% in fatal crashes where the at-fault driver tested positive for marijuana.

While the study was specific to California, without research to prove otherwise, it is likely Florida could experience similar results.

The Involvement of Marijuana in California Fatal Motor Vehicle Crashes 1998-2008

High Rates of Drugged Driving: Implications for Legalizing Marijuana
Academic
A study by the University of Washington found that lower reading and math scores are linked to peer substance abuse. On average, students whose peers avoided substance use had test scores (measured by the Washington Assessment of Student Learning reading and math scores) that were 18 points higher for reading and 45 points higher for math. Other studies also show that students who use alcohol or other drugs are up to five times more likely to drop out of school. A teenage marijuana user's odds of dropping out are more than twice that of a non-user.

Research shows that adolescents who use marijuana heavily tend to have problems with attention, learning, and processing. Students who smoke marijuana are more likely to get lower grades and are less likely to graduate from high school, contrasted with their non-smoking peers. A study of 129 college students found that in regular marijuana smokers, critical skills connected to concentration, recall, and learning were considerably damaged. Regular marijuana users had more difficulty sustaining their concentration and in registering, organizing, and using information than did the study participants who had infrequent marijuana use.

States that have legalized marijuana as a so-called medicine continually rank in the top ten of states with the highest marijuana youth use rates. School officials in states that have “medical” marijuana laws are faced with the impossible task of keeping this so-called medicine out of the school and in some cases have to draft policies addressing adolescent “medical” marijuana use.

Impact of Peer Substance Use on Middle School Performance in Washington

The Facts: Marijuana and Academic Success

Functional Consequences of Marijuana Use in Adolescents

The Residual Cognitive Effects of Heavy Marijuana Use in College Students

Adolescent MJ Use from 2002 to 2008 Higher in States with Medical marijuana Laws

Workplace
“Medical” marijuana creates a climate that impedes employers from firing or disciplining employees based upon a positive drug test as long as they are a “medical” marijuana cardholder and they did not use or possess marijuana, or indicate impairment by marijuana while on the premises of the place of employment. Marijuana proponents claim that legalizing marijuana as a so-called medicine would not allow an individual to be intoxicated while on the job, but how will intoxication be determined? No “impairment” level has ever been established; drug tests only detect the “presence” of drugs, not “impairment.” Studies, however, indicate the impairment caused by marijuana use can persist as long as 24 hours - even though the user may no longer be aware he is still impaired. Therefore, observation of employees may not determine potentially unsafe employees, which would be detected through drug testing. Business owners lose an estimated $100 billion per year because of substance abuse. In addition, employees who use drugs are only two thirds as productive as non-users, and their use contributes to increased thefts, damaged equipment, and other unnecessary costs in the workplace.

How State Medical Marijuana Laws Affect Workplace Drug Testing

The Drug-Free Workplace vs. Medical Marijuana
Widespread Program Abuse
It is often the case that “medical” marijuana programs are approved by voters and legislators because they believe that it is the compassionate thing to do. Marijuana activists want you to believe that only a small group of individuals with life-threatening illnesses will qualify to smoke marijuana as a so-called medicine. The reality is quite different.

In “medical” marijuana states that track conditions under which people qualify, on average, only 7% of “patients” have terminal or life-threatening illnesses. The vast majority are smoking marijuana for pain (a subjective term that is being used to cover medical conditions such as menstrual cramps, headaches, and minor arthritis). The idea of “treating” pain with smoked marijuana is of particular concern for Florida as we are experiencing an epidemic of prescription drug abuse and pill mills are popping up at alarming rates. We cannot afford to legalize another dangerous substance that unscrupulous individuals, looking to make a quick buck, will use to turn their pill mill practices into pot shops.

Who’s REALLY Smoking Marijuana Under the Guise of Medicine?

What Has Been Done – Medical Marijuana States Push Back
Legislators and/or voters approved “medical” marijuana laws under the belief that they were being compassionate to a small number of chronically ill people. In reality, they got highly abused programs and community pot shops. In 2011, several medi-pot states sought to repeal or restrict programs and marijuana dispensaries, more accurately described as Domestic Marijuana Cartels (DMCs).

Montana
Dealing with a program whose loopholes allowed for out-of-state “patients” and mobile marijuana “doctors,” Montana’s legislature decided something needed to be done. When Montana’s so-called medical marijuana program was registering an estimated 4,000 individuals a month, legislators took action. Building on the momentum of the previous year when members of Safe Community, Safe Kids narrowly failed to collect enough signatures to qualify for the ballot, legislators introduced a bill to repeal the states “medical” marijuana program. HB 161, introduced by Representative Mike Milburn, passed both the House and Senate and was presented to Governor Brian Schweitzer. Unfortunately, Governor Schweitzer (who has family members that have interests in pot shops) vetoed the bill. Not to be defeated, legislators were successful in passing legislation which: 1) clarified that the Clean Air Act applied to smoking “medical” marijuana; 2) clarified employers’ rights; and 3) repealed the current “medical” marijuana program, replacing it with a more restrictive program.

Oregon
Legislators in both Oregon and Michigan introduced legislation aimed at restricting their medi-pot programs. In Oregon, legislators introduced 15 bills that would, among other things, reduce the amount of marijuana individuals could possess, prohibit “patients” under the age of 18, require registrants to be residents of Oregon, and restrict the amount of marijuana grown at cultivation sites. Although all of the bills died in committee, their introduction is a direct reflection of educational efforts aimed towards lawmakers by S.O.S., our members, and state organizations like Protect Our Society.

Michigan
Michigan legislators are also working to curb “medical” marijuana program abuses and have introduced several bills that would define the physician/patient relationship, establish criminal
penalties for selling marijuana to a non-registered user, ban “medical” marijuana advertising, restrict conditions that can be “treated” with marijuana, and restrict marijuana dispensary locations.

Michigan’s Attorney General Bill Schuette, who was an ally in fighting the 2008 initiative to legalize marijuana under the guise of medicine, continues to support the federal Controlled Substances Act (CSA) by ruling marijuana dispensaries illegal and allowing landlords and building owners to prohibit the use or growing of marijuana on their properties.

**Colorado**
Legislators in Colorado, whose state had been dubbed the wild west of pot shops, passed legislation to regulate marijuana dispensaries. A total ban would have been preferable, but the new regulations will help limit the number of dispensaries allowed and restrict where they can be located.

**Arizona**
Arizona Attorney General Tom Horne filed a declaratory judgment action, seeking a ruling as to whether Arizona's “medical” marijuana law is preempted by the Controlled Substances Act. The action also questioned whether state employees who implemented the “medical” marijuana program would risk prosecution under federal guidelines. The efforts in Arizona promoted similar questions from other medi-pot states. As a result, Washington’s Governor Chris Gregoire vetoed legislation that would regulate marijuana cultivation and dispensing, saying she didn’t want to put state employees at risk.

**California**
US Attorneys in California launched coordinated efforts to shut down retail pot dispensaries. The federal prosecutors said organized crime has hijacked the state’s “medical” marijuana law – making billions in illicit profits - and described the industry as a “nightmare to law enforcement.” Less than 10% of California cities now allow dispensaries. The majority of cities have either banned them or enacted moratoriums. This speaks volumes about what happens when communities see through the smokescreen and are enlightened as to what pot shops really bring their communities - more illegal drug use, more crimes, and more of our youth being sold marijuana (and sometimes other drugs) from a so-called medical marijuana patient.

Coordinated efforts to shut down pot dispensaries are also happening in Oregon and Washington.

**Recent Federal Actions**
U.S. Deputy Attorney General James Cole released a memorandum clarifying the federal government’s stance on the prosecution of those engaging in the cultivation, distribution and sales of marijuana, even under the guise of medicine. The memorandum specifically noted that the prosecution of significant traffickers of illegal drugs, including marijuana, remains a core priority. This would include commercial operations that cultivate, sell and distribute marijuana.

**U.S. Department of Justice Memorandum for United States Attorneys**

A recent DEA ruling reaffirmed that marijuana will remain a Schedule I drug and has no accepted medical value. The ruling was in response to a petition filed by activists requesting marijuana be rescheduled to a Schedule II drug. The ruling came after the U.S. Department of Health and Human Services reviewed scientific findings and concluded that there is not sufficient evidence to support rescheduling marijuana.
Prevention Recommendations

- Adopt White Paper and position opposing the legalization of “medical” marijuana.
- Actively oppose all efforts to legalize “medical” marijuana in Florida.
- Support the Controlled Substances Act and oppose any efforts at the state level to undermine federal drug laws, including attempts to reschedule marijuana.
- Support youth educational efforts that focus on the harms of marijuana.
- Capture accurate data on marijuana possession in the state of Florida and how it relates to treatment versus incarceration.

Acknowledgements

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