

FLORIDA DEPARTMENT OF HEALTH

Office of Medical Marijuana Use

Florida's Official Source for Responsible Use

2020

Annual Update on the Statewide Cannabis and Medical Marijuana Education and Illicit Use Prevention Campaign



Office of **MEDICAL**
MARIJUANA Use

Florida
HEALTH



January 31, 2020

**Scott A. Rivkees, MD
State Surgeon General**

Ron DeSantis, Governor

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INTRODUCTION

Legislative Direction

During Special Legislative Session held in June 2017, Senate Bill 8A was passed and subsequently signed by Governor Rick Scott on June 23, 2017. Senate Bill 8A amended section 381.989, Florida Statutes (F.S.), and includes provisions directing the Florida Department of Health (Department) to develop a statewide public education campaign to inform and educate Floridians on newly established medical marijuana laws and the importance of responsible use.

Section 381.989(2), F.S.

(2) STATEWIDE CANNABIS AND MARIJUANA EDUCATION AND ILLICIT USE PREVENTION CAMPAIGN.

(a) The department shall implement a statewide cannabis and marijuana education and illicit use prevention campaign to publicize accurate information regarding:

1. The legal requirements for licit use and possession of marijuana in this state.
2. Safe use of marijuana, including preventing access by persons other than qualified patients as defined in s. 381.986, particularly children.
3. The short-term and long-term health effects of cannabis and marijuana use, particularly on minors and young adults.
4. Other cannabis-related and marijuana-related education determined by the department to be necessary to the public health and safety.

There are specific objectives established in statute including publicizing accurate information regarding the legal requirements for licit use and possession; the safe use of medical marijuana and preventing access by those other than the qualified patient, particularly children; and the short-term and long-term effects of medical marijuana use, particularly on minors and young adults.

Section 381.989(2)(e), F.S., also directs the Department to contract with an independent entity to conduct annual evaluations of the campaign. Per statute, during year one of the program, the evaluator shall conduct surveys to establish baseline data on youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and marijuana, and any other data deemed necessary for long-term analysis.



Florida Survey Research Center

Section 381.989(2)(e), F.S.

(e) The department shall contract with an independent entity to conduct annual evaluations of the campaign. The evaluations shall assess the reach and impact of the campaign, success in educating the citizens of the state regarding the legal parameters for marijuana use, success in preventing illicit access by adults and youth, and success in preventing negative health impacts from the legalization of marijuana. The first year of the program, the evaluator shall conduct surveys to establish baseline data on youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and marijuana, and any other data deemed necessary for long-term analysis.

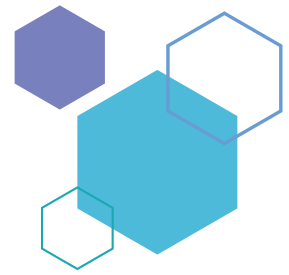


As directed by the legislature in section 381.989(2)(e), F.S., the Department has contracted with an independent entity to conduct surveys to establish baseline data. In July 2017, the Department established an interagency agreement with the Florida Survey Research Center (FSRC), housed within the University of Florida, to conduct this research.

Per the agreement, FSRC developed a survey instrument to be sent to a randomized sample in each of the five regions established in section 381.986(8)(a)5.b., F.S.

- I** The Northwest Region consists of Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington Counties.
- II** The Northeast Region consists of Alachua, Baker, Bradford, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union Counties.
- III** The Central Region consists of Brevard, Citrus, Hardee, Hernando, Indian River, Lake, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Lucie, Sumter, and Volusia Counties.
- IV** The Southwest Region consists of Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Hillsborough, Lee, Manatee, Okeechobee, and Sarasota Counties.
- V** The Southeast Region consists of Broward, Miami-Dade, Martin, Monroe, and Palm Beach Counties.

FRSC developed the survey with input from the Department as well as utilizing national surveys as a framework. The survey instrument was approved by the Institutional Review Board (IRB) at the University of Florida. FRSC worked to obtain 400 completed responses from each of the five regions for a total of 2,000 survey completions statewide.



- A total of **20,000** survey packets were mailed to potential respondents between December 22, 2017 and March 13, 2018.
- A total of **1,528** surveys were completed between December 22, 2017 and April 6, 2018.
- Based on the number of households in Florida (7,393,262) and the population of the state age 18 and older (16,514,723), a sample of 1,529 completions will provide a margin of error of +/- 2.5% at a 95% confidence level.

FRSC compiled all data and found trends to establish a baseline of data and knowledge about youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and marijuana, and any other data deemed necessary for long-term analysis.

Some of the findings included:

- More than four in five (89.4%) respondents said they think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, while fewer than one in ten (8.3%) said they think marijuana should be illegal even for medical purposes.
- About two in five (42.4%) respondents correctly said that “Low-THC cannabis, ordered by a licensed doctor for approved medical conditions” is legal in the state of Florida. More than half (55.1%) of the respondents correctly noted that “Medical marijuana, ordered by a licensed doctor for approved medical conditions” is legal in the state of Florida. Of the 1,521 respondents who answered this question, about one in four (27.4%, n=417) correctly chose both of these responses.
- More than one-half (53.7%) of the respondents said that marijuana does have short- and long-term health impacts, while more than one-quarter (28.8%) said it does not. Nearly one in five (17.5%) respondents said they were unsure or preferred not to answer the question.
- More than two in three (69.8%) respondents said that marijuana poses unique risks to children or teens, while one in seven (14.4%) said it does not. Nearly one in six (15.7%) respondents said they were unsure or preferred not to answer the question.
- Nearly three in five (57.0%) respondents said that marijuana poses unique risks to women who are pregnant or nursing, while about one in ten (11.0%) said it does not. Notably, about one in three (32.0%) respondents said they were unsure or preferred not to answer the question.
- One in ten (9.2%) respondents said that children accidentally ingesting marijuana is not a problem, and nearly one in three (32.7%) said this is rarely a problem. Three in ten (29.4%) respondents thought children accidentally ingesting marijuana is occasionally

a problem, while one in ten (9.8%) said it was frequently a problem. About one in five (18.9%) respondents said they were unsure or preferred not to answer the question.

- Overall, nearly two in three (64.3%) respondents said they are somewhat knowledgeable about laws related to marijuana use in the state of Florida, while fewer than one in ten (8.3%) said they are very knowledgeable. About one in four (24.4%) respondents said they are not at all knowledgeable about these laws.

A copy of the survey instrument and findings are included in Appendix K.

89%

Percentage of Floridians surveyed who think adults should be legally allowed to use medical marijuana.

53%

Percentage of Floridians surveyed who think marijuana has short and long-term health impacts.



BACKGROUND REVIEW

Section 381.989(2)(a)4., F.S.

4. Other cannabis-related and marijuana-related education determined by the department to be necessary to the public health and safety.

In addition to the baseline knowledge research the Department is ascertaining through the survey instrument, the Department has also conducted a review of existing medical marijuana education campaigns in other states.

Educational materials detailing safe storage, breastfeeding and general awareness were reviewed from over a dozen states with existing medical and recreational marijuana laws. Analysis included the market type, size, and an overview of the states' marijuana laws including details pertaining to ID cards, age limits and reciprocity policies. During the review, Department staff analyzed the branding, creative design, tone and messaging used to connect with target audiences regarding various topics associated with marijuana.

The background state reviews, coupled with survey data, aided the Department in creating a comprehensive medical marijuana educational campaign to reach target audiences with timely and effective information. Examples of collateral materials the Department found appropriate and potentially adaptable to Florida are included in Appendix J.

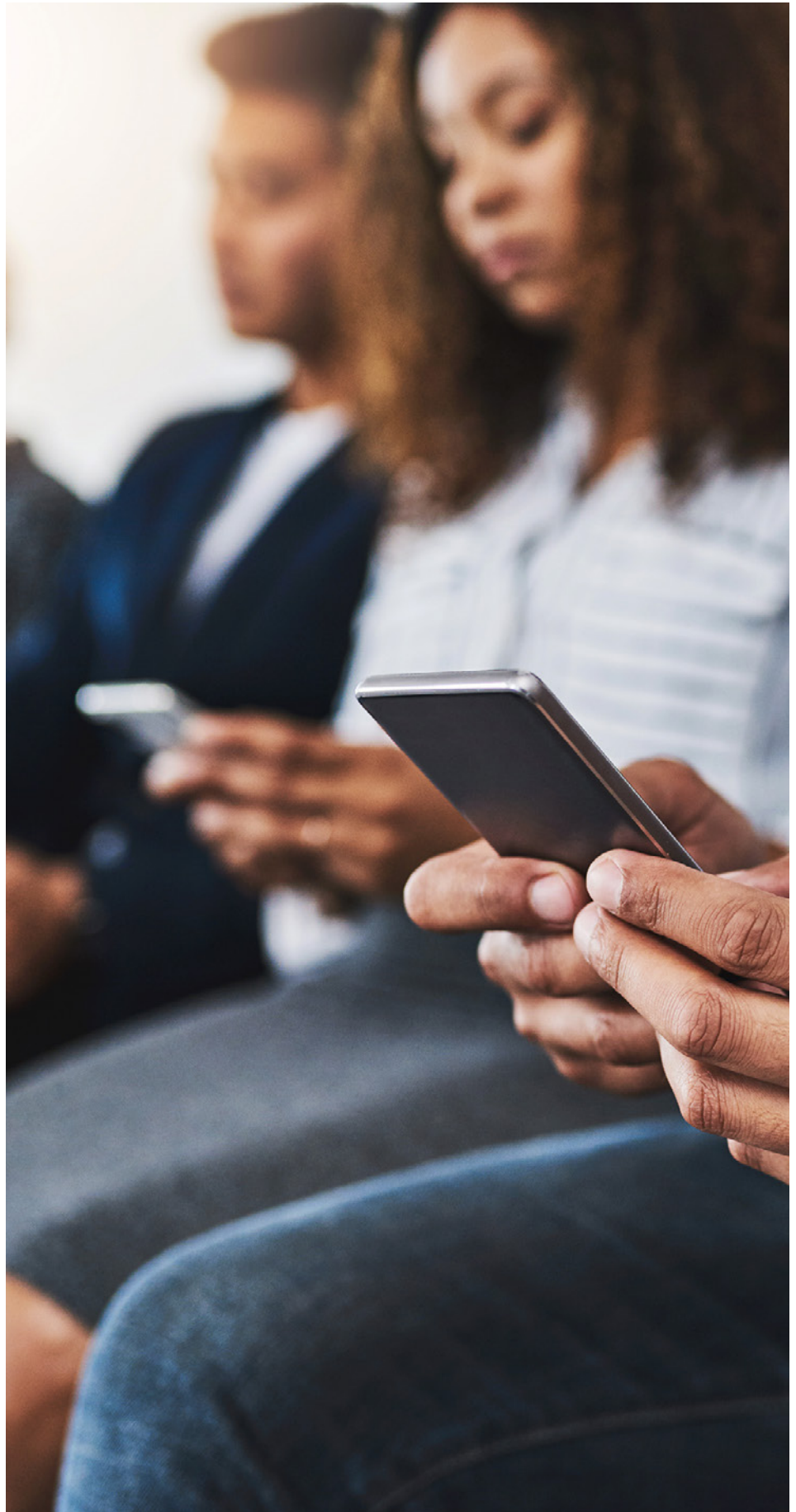


PRELIMINARY OUTREACH EFFORTS

To expeditiously begin implementation of a statewide marijuana education campaign and further publicize accurate information regarding the legal requirements for licit use of marijuana in Florida prior to final FSRC results and budget appropriation, the Department initiated preliminary education efforts with straightforward objectives—primarily, how to legally obtain medical marijuana as a patient and how to legally order medical marijuana as a physician.

The key message for the initial stage of the campaign was to “know the facts.” The main objective of this key message was to ensure that the Department establish itself as the trusted resource to patients and families – as the go to for accurate, easily accessible, easily understood and up-to-date information to guide them.

One of the main vehicles for this type of messaging was to utilize social media—Facebook and Twitter—to share messages. Examples of those messages are included in Appendix C. The Department also created a one-pager and visual story that walks patients through the process of obtaining medical marijuana. The one pager is included in Appendix D.



OFFICIAL WEBSITE LAUNCH

The Department's website [KnowTheFactsMMJ.com](https://www.knowthefactsmmj.com) fulfills a goal to have a stand-alone website that serves as a one-stop-shop for medical marijuana in Florida. The Department contracted with Salter-Mitchell to build and design this comprehensive site with the objectives of establishing the Department as the authority on responsible use and making information easier for all interested stakeholders. KnowTheFactsMMJ.com officially launched in March 2019.

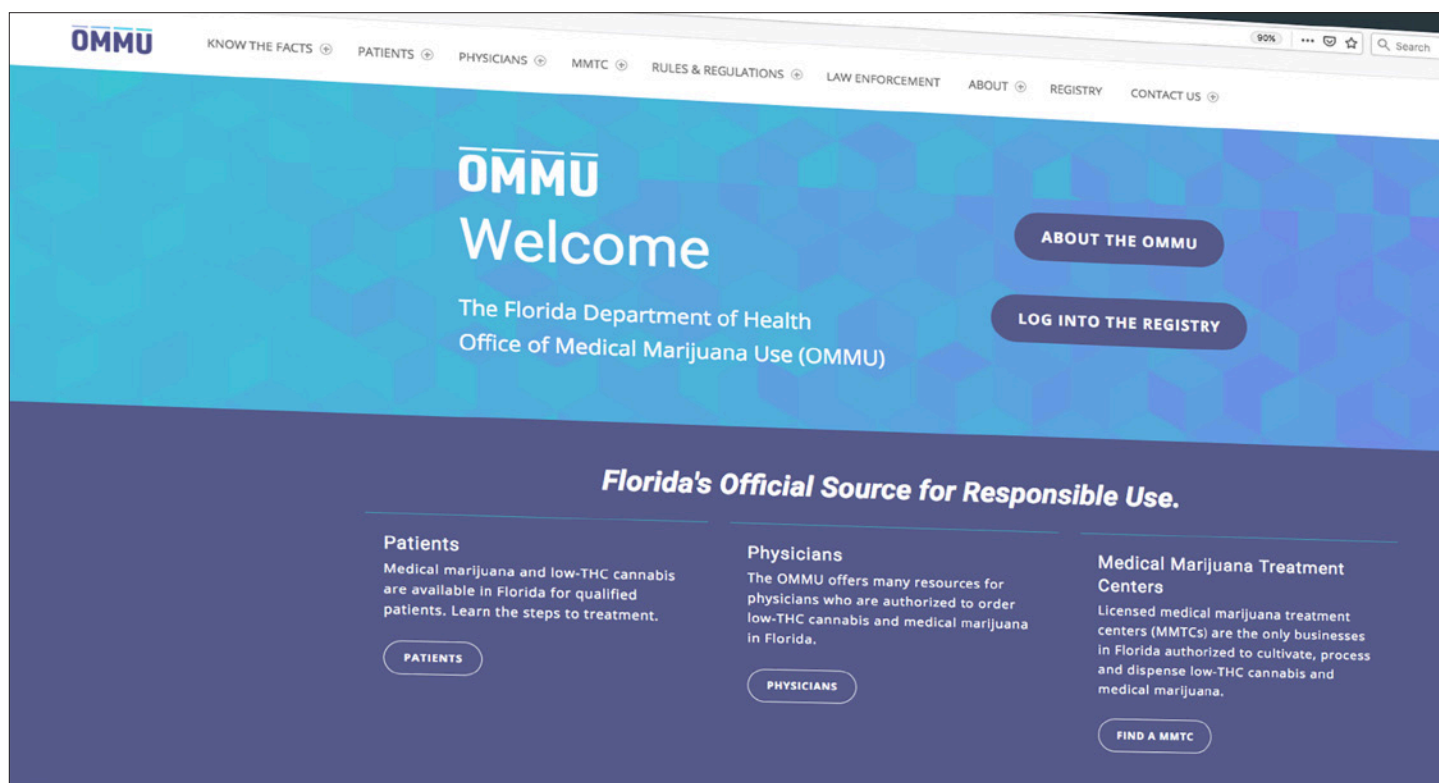
The website is dedicated to offering the most current and accurate information surrounding medical marijuana in Florida. It is the information hub for patients, physicians, medical marijuana treatment centers, law enforcement and other interested stakeholders requiring up-to-date and accurate information.

A key feature of the website includes comprehensive instructions on how to apply for a Medical Marijuana Use Registry Identification Card for qualified patients. This page provides a helpline number, downloadable forms and applications, and options to register online or by mail.

Recognizing that key stakeholders in a successful medical marijuana regulatory framework are physicians, the Department made it easier for physicians to access pertinent information on KnowTheFactsMMJ.com. Physicians can quickly access the most pertinent information including CE requirements, frequently asked questions and other resources.

The website also makes it easy to locate licensed medical marijuana treatment centers (MMTCs) that are in closest proximity to qualified patients. An updated list of MMTCs includes the name of the business, phone and email addresses, authorization status and license date along with links to the MMTC's website.

The website also features an About section that provides users with an archive of OMMU updates by year going back to 2016 to the most current update and an FAQ page with 15 of the most frequently asked questions that stakeholders may have. Several links are embedded within the FAQ which direct users to expanded information. Several of the website's main pages are highlighted in Appendix A.



PRINT EDUCATION MATERIALS & ONE-PAGERS

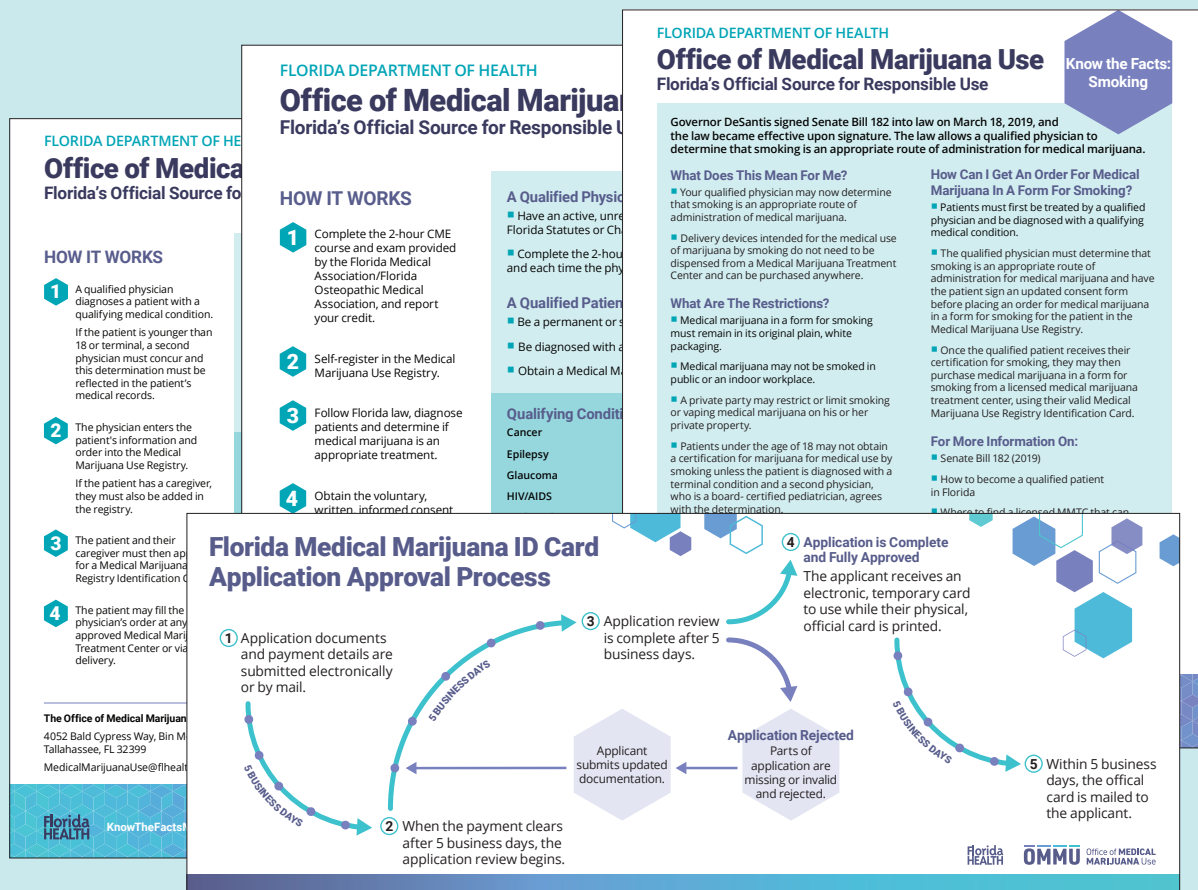
In addition to online resources, print educational materials were developed to provide qualifying patients and their caregivers with information on how to access Florida's medical marijuana program. A trifold brochure that further establishes OMMU as the official source for medical marijuana use in Florida was developed, as well as more in-depth rack cards that provide additional information on the steps to treatment. In addition, a Medical Marijuana Use Registry Identification Card application process infographic was created to help patients understand the timeline for processing an application from the submittal stage to having an ID card issued by mail. The trifold brochure can be found in Appendix F and the rack cards can be found in Appendix G. The ID card processing timeline is in Appendix E.

Other branded print education materials that the Department created include one-pagers that maintain a consistent form and style and provide concise information on a range of medical

marijuana topics. One-pagers list basic facts and requirements to qualify as a patient or physician, safe storage, smoking, and licit use of medical marijuana. These one-pagers can be found in Appendix D.

The Department also developed a one-pager to fulfill the statutory requirement of section 381.989(2)(a)3., F.S., for information regarding the short- and long-term health effects of cannabis and marijuana use, particularly on minors and young adults. This one-pager can be found in Appendix D.

To fulfill the requirement of section 381.989(2)(b), F.S., the Department sent educational materials and OMMU-branded collateral marketing materials to the administrators of hospice service providers regarding the eligibility for medical use of marijuana by individuals diagnosed with a terminal condition. Examples of the collateral marketing can be found in Appendix I.



Section 381.989(2)(c), F.S.

(c) The department may use television messaging, radio broadcasts, print media, digital strategies, social media, and any other form of messaging deemed necessary and appropriate by the department to implement the campaign. The department may work with school districts, community organizations, and businesses and business organizations and other entities to provide training and programming.

Section 381.989(2)(d), F.S.

(d) The department may contract with one or more vendors to implement the campaign.

After April 2018, the research findings from the preliminary FSRC survey were presented and a marketing strategy to budget the \$500,000 appropriated by the legislature was created. There were a few key audiences identified and trending topics that needed to be included in advertisement placements.

Department staff identified potential marketing strategies and the necessary collateral needed to convey these messages, as well as potential statewide partners. The first step of the campaign was to create a brand and style guide, followed by a comprehensive website. It was critical that there be a one-stop-shop thoughtfully constructed to be a resource for the many audiences the Department was tasked to reach.

Additionally, a variety of communication mechanisms including social media, digital media, billboards, radio, health care provider magazines, and printed resources were identified as a necessity to convey an informational message. Each of these tools directed traffic back to the website, which functions as “home base” for all information and resources.

Brand and Style Guide

In late April 2018, the Department contracted with a creative agency to take the existing logo and creative elements and expand upon them in a full brand and style guide that would detail fonts, colors, taglines, brand imagery and more. Once completed, the Department took ownership of all the native design files, fonts and collateral created within the guide.

During the discovery meeting with the chosen agency, Department staff discussed the need to position the brand as the expert/authoritative voice of all medical marijuana information in Florida. This is extended through easy-to-understand information that is provided to audiences where they already search for knowledge, such as from their physicians and online sources. By keeping the brand balanced between a clinical and conversational approach, OMMU can remain the trusted source for medical marijuana information. The full brand and style guide is included in Appendix H.

Brand Implementation & Content Creation

Due to the serious and critical work of the office, the brand messaging and visual elements established in the brand and style guide work together to position the office as the official source for information about responsible use in Florida. The style guide is a tool to keep communications consistent and cohesive across all mediums launched throughout the state of Florida. The guide outlines proper logo usage and how graphics and text should work within the OMMU brand and its campaigns. These are guidelines that provide enough detail and clarity so that staff, partners, vendors, etc. can represent the brand effectively and consistently.

To meet the specific objectives established in statute including publicizing accurate information regarding the legal requirements for licit use and possession and the safe use of medical marijuana and preventing access by those other than the qualified patient, the Department created additional educational material using the new

brand and style guide to be reviewed and shared by the impacted constituents to address:

- Steps to treatment for qualifying patients, Appendix D
- Safe storage, Appendix D
- Legal requirements for licit use and possession of marijuana in Florida, Appendix D

Along with these newly created materials, the OMMU utilized the brand and style guide to create other campaign elements such as a comprehensive, educational website; instructive materials—which include a patient guide, physician requirements, safe storage recommendations, and licit use fact sheets; business cards; social media placements; and future print and digital advertisements that will be created and placed in the coming year.

Statewide Media Buy & Ad Placement

The Department worked with a state-term contract vendor to develop and implement a statewide approach to placing advertisements in a wide-range of designated marketing areas (DMAs). To effectively target all appropriate audiences, the best method was found to be a mix of digital, traditional and social media in English, Spanish and Haitian-Creole.

Examples of the types of ads created and placed include, but are not limited to, display web banners, rich media ads, pre-roll video, audio PSAs on streaming apps and news networks, and digital ads on Connected TV.

The vendor specifically targeted those who were likely interested in the ad message, potential patients and caregivers, and medical professionals. The campaign and approach overview, along with the total media flight plan that includes specific details of ad type and placement, can be found in Appendix L.

The ad run began in June 2019 and ran through the end of July 2019. In total, the performance results of the vendor's ad placement, Department buys, and partner pushes were above expectations.

- In total, the radio campaign aired 140 radio spots and earned a net reach of 6,056,800 listeners ages 18+ tuning into 260 Florida News Network and Hispana News Network station affiliates. Paid radio spots aired June 27–30 and no cost bonus spots aired June 30–July 21.
- The digital ad campaign earned 14,604,626 impressions and 33,400 ad clicks, which translates into a 0.23 percent click-through rate. All display banner ads, mobile interstitial ads and programmatic display ads surpassed their click-through rate benchmarks.
- The social media campaign earned 3,982,624 impressions and reach of 1,607,422 users. The social media ads also earned 40,409 ad clicks, which translates into a 1.01 percent click-through rate. This exceeds the average Facebook ad click-through rate of .90 percent.
- From June 26 to July 21, 2019, new user traffic to the Department's website increased by 100 percent compared to the same time period last year and by 64 percent compared to the month preceding the campaign (May 1–31, 2019). In total, the campaign earned more than 24.6 million impressions in just four weeks.



6,056,800

Number of listeners the radio ad campaign reached.

FOCUS GROUPS

Florida Survey Research Center

In October 2019, the Department contracted with the FSRC to plan, recruit participants and moderate focus groups with the approved protocol around the state. These groups would be discussing their current opinions, knowledge of new laws, and thoughts on medical marijuana in Florida, after having seen the ad placements that occurred throughout the state.

Per the agreement, FSRC developed a survey instrument to be discussed to a randomized group of 8–10 individuals in six locations around the state:

- Northwest Region meeting in Leon County
- Northeast Region meeting in Alachua County
- Central West Region meeting in Pinellas County
- Central East Region meeting in Orange County
- Southeast Region meeting in Broward County
- Southwest Region meeting in Lee County

The survey instrument was approved by the Institutional Review Board (IRB) at the University of Florida. The focus group discussions were guided by a moderator who followed a protocol that outlined issues for the participants to discuss. Sessions typically lasted about 90 minutes and were audio recorded to aid in preparing a qualitative analysis of the focus group in which major themes of the discussions were summarized.

In total, 37 citizens participated in the focus groups: 5 in Gainesville, 9 in Tallahassee, 4 in Ft. Lauderdale, 9 in Fort Myers, 5 in Tarpon Springs, and 5 in Orlando. Upon completion, FSRC compiled all data and focus group records, as well as identified themes and deficiencies found in the group discussions.

Some of the 2019 findings included:

- Most participants correctly indicated that a person must have a doctor's order; that the doctor must be certified; that the doctor must diagnose the person with an approved condition; and, that the person must register for an identification card issued by the state in order to get and use medical marijuana.
- Focus group members cited a wide range of sources from which they had already received information and that they would seek out if they were looking for further information. Many group members also cited the Internet and Internet search engines, such as Google. The Department website was mentioned specifically, and one person said he would call the Department if he had a particular question, to ensure the information received was correct.
- When asked more specifically about social media, group members said they read about the topic on Facebook and saw posts on Instagram.

- Respondents were unsure about whether marijuana use has any short- or long-term health impacts. Respondents in all groups supported the notion that, like any other drug, there are both positive outcomes and negative side-effects to marijuana use. Ultimately, they felt, the benefits outweighed the negatives.
 - Many participants discussed potential health issues of prolonged use by children or teens as they age. The potential impact of the still-developing brain was noted.
 - When asked about illicit use among minors and accidental ingestion, participants were clear that medical marijuana, like any other prescription medication, should be kept locked up and out of reach of children. Most felt that the largest problem with accidental ingestion was connected, in particular, to edible products that often look like things children covet – gummy bears, cookies, candy, etc. Many participants thought that medical marijuana should not be made to “look like candy” and that labeling on these products should be clear and unambiguous.
 - Overall, most participants reiterated the importance of conducting more research and providing more information to the public about the positives and negatives of medical marijuana.
- A copy of the protocol and focus group report can be found in Appendix M.



YEAR 4 REPORTING

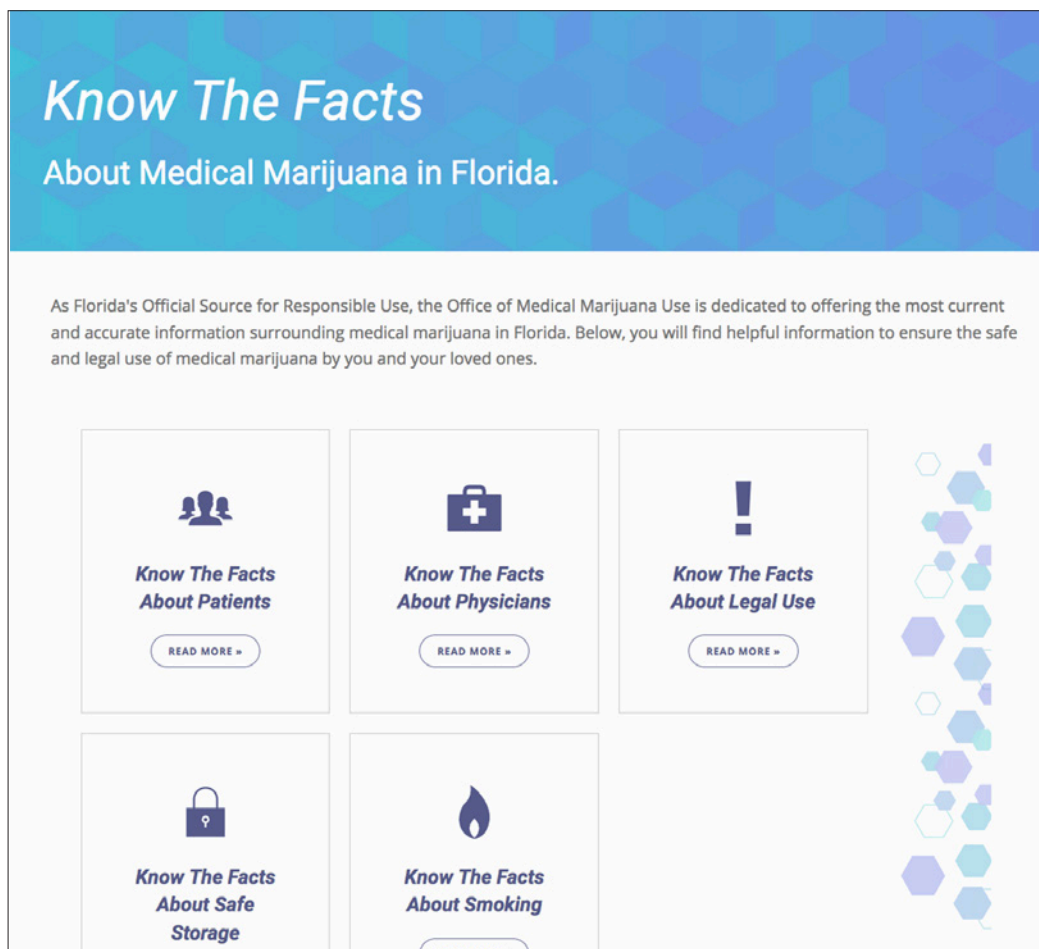
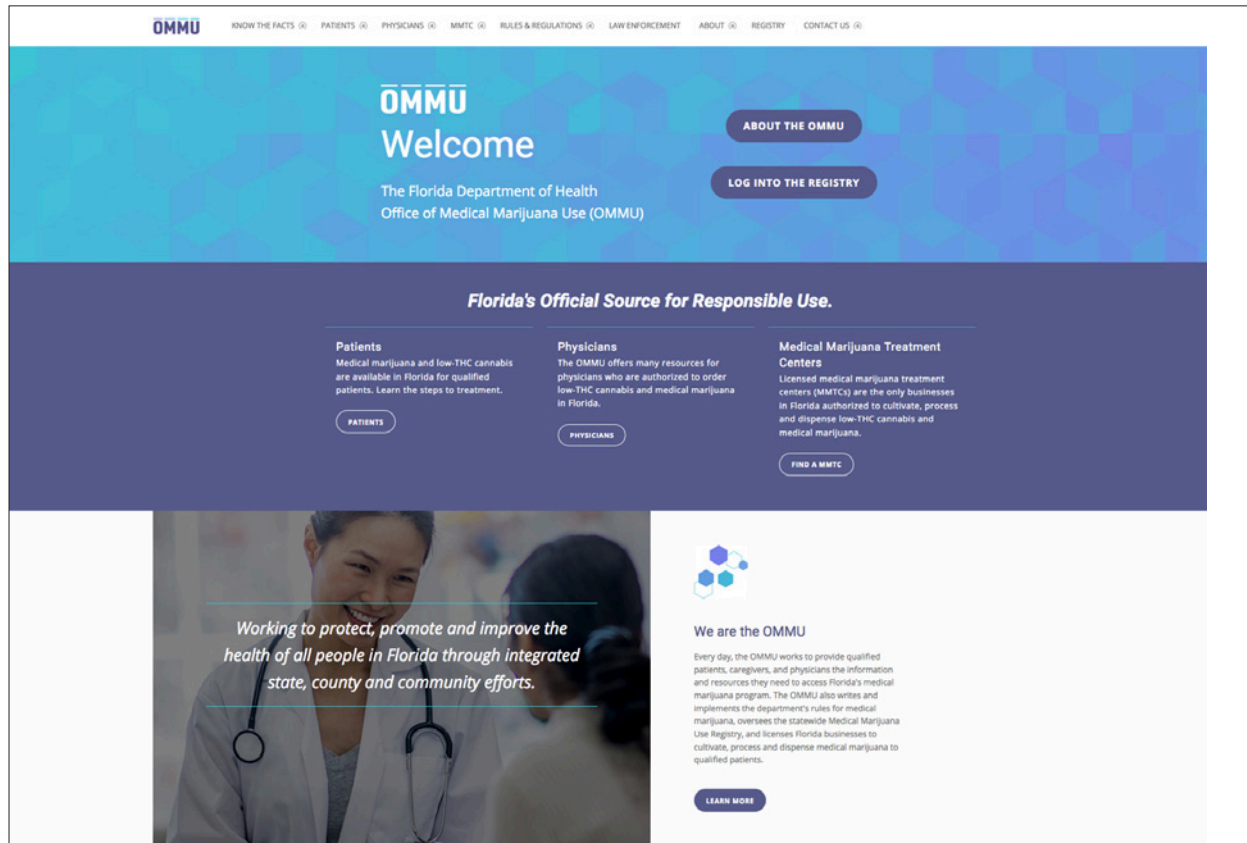
As indicated by the focus group findings during Phase II, there is a continuous need for education on the proper procedures for obtaining a Medical Marijuana Use Registry Identification Card, finding a qualified physician, and the qualifying medical conditions in order to obtain medical marijuana. Additionally, there is a need for the creation of messaging and information regarding reciprocity among states in which medical marijuana is legal, the effects of medical marijuana usage on pregnant and breastfeeding women, as well as any future legislative decisions and changes to the current or future statutes.

The Department intends on working with a third-party vendor to aid in a multifaceted campaign with maximum efficiency of appropriated funds for 2020. Department staff has conducted a multistate review for these objectives and found some resources already published by several states. During the review, staff assessed the tone, messaging and public perception of each campaign to gauge the reception of the targeted audience. Examples of those assets are included in Appendix J.

Additionally, the Department plans to work with school districts, community organizations, business organizations and other entities to provide education and training regarding Florida's medical marijuana program.



APPENDIX A – OMMU WEBSITE



Patients & Caregivers

Medical Marijuana and low-THC cannabis is available in Florida for qualified patients. Learn the steps to treatment.

Steps to Treatment

Make sure you have the most current and accurate information on medical marijuana in Florida. Learn the requirements to become a patient.

[LEARN MORE](#)

Apply for an ID Card

In order to purchase and be in possession of medical marijuana, patients and their caregivers must have an active Medical Marijuana Use Registry Identification Card. Learn how to apply for your card.

[LEARN MORE](#)

Log into the Registry

The Medical Marijuana Use Registry is a secure, online database for the registration of ordering physicians and qualified patients.

[LOG IN](#)

Steps to Treatment



A Qualified Patient Must:

- Be a permanent or seasonal Florida resident
- Be diagnosed with a qualifying medical condition by a qualified physician
- Be entered into the Medical Marijuana Use Registry
- Obtain a Medical Marijuana Use Registry Identification Card

Medical Marijuana Treatment Centers

Medical marijuana may only be purchased from licensed MMTCs. Use the search tool below to find a dispensing location near you.

Licensed medical marijuana treatment centers (MMTCs) are vertically integrated and are the only businesses in Florida authorized to dispense medical marijuana and low-THC cannabis to qualified patients and caregivers. Each MMTC must receive authorization at three stages, (1) cultivation authorization, (2) processing authorization and (3) dispensing authorization, prior to dispensing low-THC cannabis or medical marijuana.

[Search for a MMTC dispensing location near you.](#)

The approved medical marijuana treatment centers are:

Name	Phone	Email	Authorization Status	License Date
AltMed Florida (MUV)	833-880-5420	support@altmed.co	Dispensing Authorization	7/31/2017
Bill's Nursery, Inc.	n/a	n/a	n/a	4/19/2019
Columbia Care Florida	800-714-9215	info@col-carefl.com	Dispensing Authorization	8/9/2017
Curaleaf	877-303-0741	info.fl@curaleaf.com	Dispensing Authorization	11/23/2015
Cresco Florida (formerly VidaCann)	800-977-1686	info@vidacann.com	Dispensing Authorization	7/31/2017
D&D Accounting Services	n/a	n/a	n/a	4/19/2019
Deleon's Bromeliads, Inc.	n/a	n/a	n/a	4/19/2019
Dewar Nurseries, Inc.	n/a	n/a	n/a	4/19/2019
Fluent (formerly Knox Medical)	833-735-8368	info@getfluent.com	Dispensing Authorization	11/23/2015
Green Growth Brands	n/a	n/a	Cultivation Authorization	4/19/2019
GrowHealthy	863-223-8882	info@GrowHealthy.com	Dispensing Authorization	12/21/2016

APPENDIX B – OMMU WEEKLY UPDATE



Florida's Official Source for Responsible Use.



January 24, 2020

We are pleased to provide this weekly update on the Department of Health, Office of Medical Marijuana Use's (OMMU) diligent work implementing the many requirements in Amendment 2 and those set by the Florida Legislature in section 381.986, F.S. The Florida Department of Health (Department) continues to focus on the health and safety of Florida's families and is dedicated to ensuring patients have safe access to low-THC cannabis and medical marijuana.

Patients

Qualified Patients (Active ID Card): 306,185

Processing Time for Complete Application*: 5 business days

Processing Time for ID Card Printing: 5 business days

**Applications are not deemed to be complete until all required information is received and payment has successfully cleared.*

- Check your application status:
<https://mmuregistry.flhealth.gov>
- Questions about your application:
Phone: 1-800-808-9580
- Consumer comments, and concerns:
Email: MedicalMarijuanaUse@flhealth.gov

Physicians

Qualified Physicians: 2,609

A physician must have an active, unrestricted license as a physician under Chapter 458, F.S., or osteopathic physician under Chapter 459, F.S., and complete a 2-hour course and exam before being qualified to order medical marijuana and low-THC cannabis for qualified patients.

Learn more here: <https://knowthefactsmmj.com/physicians>

- Find a qualified physician:
<https://knowthefactsmmj.com/patients>
- Verify your qualified physician:
<http://www.flhealthsource.gov>
- Health care complaint portal:
<https://www.flhealthcomplaint.gov>

Weekly Highlights

- The following dispensing locations were approved by the Department for the week of January 20 – January 24, 2020:
 - AltMed Florida – Lutz
 - AltMed Florida – Sebastian
 - Columbia Care – Bonita Springs
 - The Botanist – Springhill

Medical Marijuana Treatment Centers

The department is charged with the licensing and regulation of medical marijuana treatment centers (MMTCs). MMTCs are vertically integrated businesses, and are the only businesses authorized to cultivate, process, and dispense low-THC cannabis and medical marijuana.

MMTC Authorization

After initial licensure, each MMTC must receive authorization at three stages prior to dispensing low-THC cannabis or medical marijuana: (1) cultivation authorization, (2) processing authorization, and (3) dispensing authorization.

Low-THC Cannabis & Medical Marijuana Dispensations

MMTCs dispense low-THC cannabis and medical marijuana to qualified patients and caregivers as recommended by their qualified ordering physician at approved dispensing locations, and via delivery. Medical marijuana is dispensed in milligrams of active ingredient tetrahydrocannabinol (THC), and low-THC cannabis is dispensed in milligrams of active ingredient cannabidiol (CBD).

For MMTC contact information and dispensing location addresses, visit <https://knowthefactsmmj.com/mmtc>.

MMTC Dispensations for January 17 – January 23, 2020:

MMTC Name	Dispensing Locations	Medical Marijuana (mgs THC)	Low-THC Cannabis (mgs CBD)	Marijuana in a Form for Smoking (oz)
Trulieve	43	40,031,028	294,232	9,476.998
Sutterra Wellness	37	9,626,609	656,378	1,072.054
Curaleaf	28	7,856,464	429,479	1,850.366
Liberty Health Sciences	23	4,230,745	184,005	2,835.684
Fluent	18	3,688,521	240,916	858.097
AltMed Florida (MüV)	16	6,154,339	104,825	1,785.379
VidaCann	13	2,714,556	81,470	504.582
GrowHealthy	12	2,240,053	95,737	1,136.551
MedMen	10	1,511,295	17,836	96.368
Columbia Care Florida	8	86,567	15,000	326.375
Harvest	6	163,410	4,015	268.539
GTI (Rise Dispensaries)	6	766,661	17,937	366.860
One Plant	1	30,567	0	217.670
The Botanist	1	N/A	N/A	N/A
Green Growth Brands	N/A	N/A	N/A	N/A
D&D Accounting Services	N/A	N/A	N/A	N/A
Dewar Nurseries, Inc	N/A	N/A	N/A	N/A
Tree King-Tree Farm, Inc	N/A	N/A	N/A	N/A
Perkins Nursery, Inc	N/A	N/A	N/A	N/A
Bills Nursery, Inc	N/A	N/A	N/A	N/A
Mount Dora Farms, LLC	N/A	N/A	N/A	N/A
Revolution Florida	N/A	N/A	N/A	N/A
Total	222	79,100,815	2,141,830	20,795.523

General Background Information

Medical Marijuana ID Card Application Process: Once a patient has been diagnosed by a qualified physician and entered into the Medical Marijuana Use Registry, they can immediately begin the identification card application process. The department encourages applicants to complete the process online for fastest service. Patients receive an email from OMMU once their email address is added to the registry by their qualified physician, which directs them to the application. Once an application is approved, patients instantly receive an approval email which can be used to fill an order at an approved MMTC while the physical card is printed and mailed. Learn more here: <https://knowthefactsmmj.com/patients/cards>

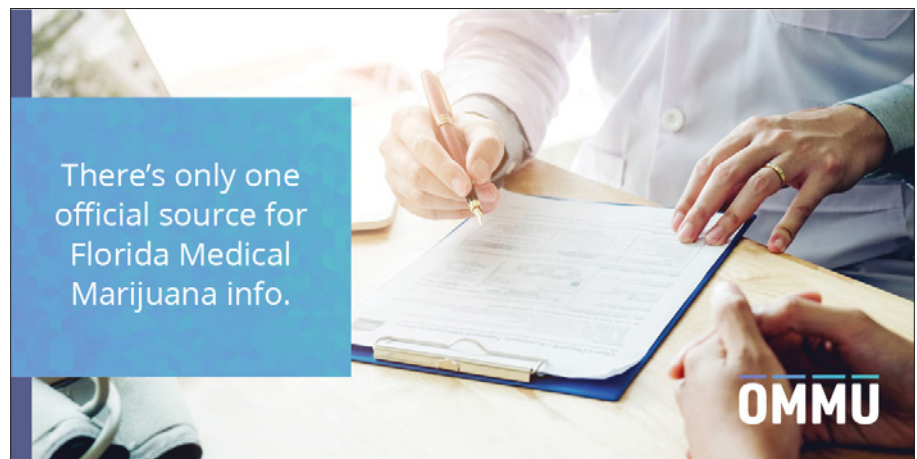
Medical Marijuana Use Registry: All orders for medical marijuana are recorded and dispensed via the Medical Marijuana Use Registry. The Medical Marijuana Use Registry is accessible online, with real time information to ordering physicians, law enforcement and medical marijuana treatment center staff. Patients and caregivers may also access the Medical Marijuana Use Registry to submit a Medical Marijuana Use Registry Identification Card application, check the status of their application, and review orders and dispensations. Learn more here: <https://knowthefactsmmj.com/registry>

For more information visit www.KnowTheFactsMMJ.com



APPENDIX C – SOCIAL MEDIA MESSAGING

- If you or a loved one are wanting information about #FLHealth's #MedicalMarijuana Use registry or how to apply? Visit the Office of Medical Marijuana Use website for more details: <https://knowthefactsmmj.com/registry/>
- Processing time for your #MedicalMarijuana application may be delayed if it is incomplete or incorrect. Get application and photo #tips from #FLHealth's Office of Medical Marijuana Use: <https://knowthefactsmmj.com/patients/cards/>
- Patients and caregivers may only fill orders for #MedicalMarijuana with one of the state's approved medical marijuana treatment centers. Find one near you: <https://knowthefactsmmj.com/treatment-centers/>
- A lot of rumors are going around! Make sure you have the correct information about #FLHealth's Office of #MedicalMarijuana Use with these FAQs: <https://knowthefactsmmj.com/know-the-facts/>
- Do you need to change, replace or surrender your #FLHealth #MedicalMarijuana Use card? Learn more: https://s27415.pcdn.co/wp-content/uploads/_documents/CRS-Request-Form.pdf



APPENDIX D – OMMU ONE-PAGERS

FLORIDA DEPARTMENT OF HEALTH

Office of Medical Marijuana Use Florida's Official Source for Responsible Use

Know the Facts:
Patients

HOW IT WORKS

1 A qualified physician diagnoses a patient with a qualifying medical condition.

If the patient is younger than 18 or terminal, a second physician must concur and this determination must be reflected in the patient's medical records.

2 The physician enters the patient's information and order into the Medical Marijuana Use Registry.

If the patient has a caregiver, they must also be added in the registry.

3 The patient and their caregiver must then apply for a Medical Marijuana Use Registry Identification Card.

4 The patient may fill the physician's order at any approved Medical Marijuana Treatment Center or via delivery.

The Office of Medical Marijuana Use:

4052 Bald Cypress Way, Bin M-01
Tallahassee, FL 32399

MedicalMarijuanaUse@flhealth.gov

A Qualified Patient Must:

- Be a permanent or seasonal Florida resident
- Be diagnosed with a qualifying medical condition
- Obtain a Medical Marijuana Use Registry Identification Card

Know the Responsibilities of Your Physician:

- Obtain the voluntary, written, informed consent from the patient or their legal guardian
- Enter an order for the patient into the Medical Marijuana Use Registry and update the registry within 7 days of any change

Qualifying Conditions:

Cancer

Epilepsy

Glaucoma

HIV/AIDS

Crohn's disease

Parkinson's disease

Multiple sclerosis (MS)

Post-traumatic stress disorder (PTSD)

Amyotrophic lateral sclerosis (ALS)

Medical conditions of the same kind or class as or comparable to those listed

A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification

Chronic nonmalignant pain caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition

For More Information:

- To find a qualified physician
- To apply for a Medical Marijuana Use Registry Identification Card
- To locate a Medical Marijuana Treatment Center
- To learn more

Go to KnowTheFactsMMJ.com or call 800-808-9580

Feb 2019

Florida
HEALTH

KnowTheFactsMMJ.com

OMMU
Office of MEDICAL
MARIJUANA Use

Office of Medical Marijuana Use

Florida's Official Source for Responsible Use

Know the Facts:
Physicians

HOW IT WORKS

- 1** Complete the 2-hour CME course and exam provided by the Florida Medical Association/Florida Osteopathic Medical Association, and report your credit.
- 2** Self-register in the Medical Marijuana Use Registry.
- 3** Follow Florida law, diagnose patients and determine if medical marijuana is an appropriate treatment.
- 4** Obtain the voluntary, written, informed consent from the patient.
- 5** Enter the certification for the patient in the Medical Marijuana Use Registry.

The Office of Medical Marijuana Use:

4052 Bald Cypress Way, Bin M-01
Tallahassee, FL 32399

MedicalMarijuanaUse@flhealth.gov

A Qualified Physician Must:

- Have an active, unrestricted license under Chapter 458, Florida Statutes or Chapter 459, Florida Statutes
- Complete the 2-hour CME course and examination initially and each time the physician renews his or her license

A Qualified Patient Must:

- Be a permanent or seasonal Florida resident
- Be diagnosed with a qualifying condition
- Obtain a Medical Marijuana Use Registry Identification Card

Qualifying Conditions:

Cancer	Medical conditions of the same kind or class as or comparable to those listed
Epilepsy	
Glaucoma	
HIV/AIDS	A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
Crohn's disease	
Parkinson's disease	
Multiple sclerosis (MS)	Chronic nonmalignant pain caused by a qualifying medical condition or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition
Post-traumatic stress disorder (PTSD)	
Amyotrophic lateral sclerosis (ALS)	

For More Information:

- To complete the required CME course
- To access and learn how to use the Medical Marijuana Use Registry
- To learn more

Go to KnowTheFactsMMJ.com or call 800-808-9580

Feb 2019

Office of Medical Marijuana Use

Florida's Official Source for Responsible Use

Know the Facts:
Safe Storage

Medical marijuana is available in Florida for qualified patients. However, just like with any medicine, medical marijuana can be potentially harmful if accidentally consumed by young children.

If you have medical marijuana in your home, take the below precautions to ensure the safety of your children and young visitors to your home:

Store medical marijuana in a place out of children's reach and sight

- Children are curious and put all sorts of things in their mouths. Pick a storage place in your home that children cannot reach or see – preferably behind lock and key.

Consider purchasing a medication lock box

- Children of all ages have a way of getting into anything – even medical marijuana products. A lock box provides a safe, convenient and affordable method for securing medical marijuana products in the home or while traveling.

Put medical marijuana away after every use

- It's important to always put medical marijuana back in its safe storage location, even if you have to use it again in a few hours. Never leave medical marijuana products unattended on a kitchen counter or bedside table.

Be prepared in case of an emergency

- Call the **Poison Control Center** at **(800) 222-1222** right away if you think your child accidentally consumed medical marijuana. Program the number into your phone so you will have it when you need it!

For More Information:

Go to **KnowTheFactsMMJ.com** or call **800-808-9580**

The Office of Medical Marijuana Use:

4052 Bald Cypress Way, Bin M-01
Tallahassee, FL 32399
MedicalMarijuanaUse@flhealth.gov

SOURCE: This information was adapted from the CDC's Up and Away campaign

Jan 2019

Office of Medical Marijuana Use

Florida's Official Source for Responsible Use

Know the Facts:
Smoking

Governor DeSantis signed Senate Bill 182 into law on March 18, 2019, and the law became effective upon signature. The law allows a qualified physician to determine that smoking is an appropriate route of administration for medical marijuana.

What Does This Mean For Me?

- Your qualified physician may now determine that smoking is an appropriate route of administration of medical marijuana.
- Delivery devices intended for the medical use of marijuana by smoking do not need to be dispensed from a Medical Marijuana Treatment Center and can be purchased anywhere.

What Are The Restrictions?

- Medical marijuana in a form for smoking must remain in its original plain, white packaging.
- Medical marijuana may not be smoked in public or an indoor workplace.
- A private party may restrict or limit smoking or vaping medical marijuana on his or her private property.
- Patients under the age of 18 may not obtain a certification for marijuana for medical use by smoking unless the patient is diagnosed with a terminal condition and a second physician, who is a board-certified pediatrician, agrees with the determination.

How Much Can I Have?

- Your qualified physician may order up to six 35-day supplies of medical marijuana in a form for smoking within each certification.
- A 35-day order may not exceed 2.5 ounces of smokable medical marijuana.
- Qualified patients may only possess up to 4 ounces of medical marijuana in a form for smoking at any given time.

How Can I Get An Order For Medical Marijuana In A Form For Smoking?

- Patients must first be treated by a qualified physician and be diagnosed with a qualifying medical condition.
- The qualified physician must determine that smoking is an appropriate route of administration for medical marijuana and have the patient sign an updated consent form before placing an order for medical marijuana in a form for smoking for the patient in the Medical Marijuana Use Registry.
- Once the qualified patient receives their certification for smoking, they may then purchase medical marijuana in a form for smoking from a licensed medical marijuana treatment center, using their valid Medical Marijuana Use Registry Identification Card.

For More Information On:

- Senate Bill 182 (2019)
- How to become a qualified patient in Florida
- Where to find a licensed MMTC that can dispense medical marijuana in a form for smoking

Go to **[KnowTheFactsMMJ.com/Smoking](https://www.flhealth.gov/ommj/Smoking)**

The Office of Medical Marijuana Use:

4052 Bald Cypress Way, Bin M-01
Tallahassee, FL 32399
MedicalMarijuanaUse@flhealth.gov

April 2019

Office of Medical Marijuana Use

Florida's Official Source for Responsible Use

Know the Facts:
Health Effects
on Minors

Florida's medical marijuana law allows the use of medical marijuana and low-THC cannabis by patients under the age of 18, as recommended by the patient's qualified physician. However, marijuana use in adolescence can have potentially harmful and long-lasting effects on a teen's health and well-being. It is important for minors and their caregivers to be aware of the possible health effects in order to make a well-informed decision about whether medical marijuana is right for them or a loved one.

Requirements of Minor Patients

Florida law has specific requirements for the medical use of marijuana by minors. These include:

- A qualified physician must determine that the medical use of marijuana would likely outweigh the potential health risks for all patients. If the patient is younger than 18 years of age, a second physician must concur with this determination, and such concurrence must be documented in the patient's medical record.
- A qualified physician may not issue a physician certification for marijuana in a form for smoking to a patient under 18 years of age unless the patient is diagnosed with a terminal condition, the qualified physician determines that smoking is the most effective route of administration for the patient, and a second physician who is a board-certified pediatrician concurs with such determination.
- The certifying physician must obtain the written informed consent of the patient's parent or legal guardian before issuing a physician certification to the patient for marijuana in a form for smoking.
- If a qualified patient is younger than 18 years of age, only a caregiver may purchase or administer marijuana for medical use by the qualified patient. The qualified patient may not purchase marijuana.

Marijuana Use During Adolescence

The teen brain is actively developing and often does not fully develop until the mid-20s. Marijuana use during this period may have negative effects on the developing brain. These effects include:

- Difficulty thinking and problem solving
- Problems with memory and learning
- Impaired coordination
- Difficulty maintaining attention

Along with the developing brain, marijuana use in adolescence can also have serious impacts on a teen's school and social life. These effects include:

- Decline in school performance
- Increased risk of mental health issues
- Impaired driving
- Potential for addiction

For More Information:

KnowTheFactsMMJ.com
TinyURL.com/sg-minors
TinyURL.com/cdc-teens

The Office of Medical Marijuana Use:

4052 Bald Cypress Way, Bin M-01
Tallahassee, FL 32399
MedicalMarijuanaUse@FLHealth.gov

SOURCE: U.S. Department of Health & Human Services and Centers for Disease Control and Prevention

Jan 2020

Eligible patients

Medical marijuana is available to permanent or seasonal Florida residents that are diagnosed with a qualifying medical condition.

Qualifying conditions


It is the responsibility of a qualified physician to diagnose patients with a qualifying medical condition and determine if medical marijuana is an appropriate treatment.

Use the search tool

To find a qualified physician, or to see if your current physician is qualified, use the Medical Marijuana Qualified Physician Search tool.

Get an ID card

Qualified patients and caregivers are required to have a Medical Marijuana Use Registry ID card to purchase and be in possession of medical marijuana.



**Know the Facts:
Legal Use**

KnowTheFactsMMJ.com 800.808.9580

Florida HEALTH **OMMU** Office of MEDICAL MARIJUANA Use

Find an MMTC

Medical marijuana may only be purchased at a licensed Medical Marijuana Treatment Center—either at a dispensing location or via delivery.

Store it safely

Keep medical marijuana out of children's reach and sight—preferably in a medication lock box—and put it away after every use.

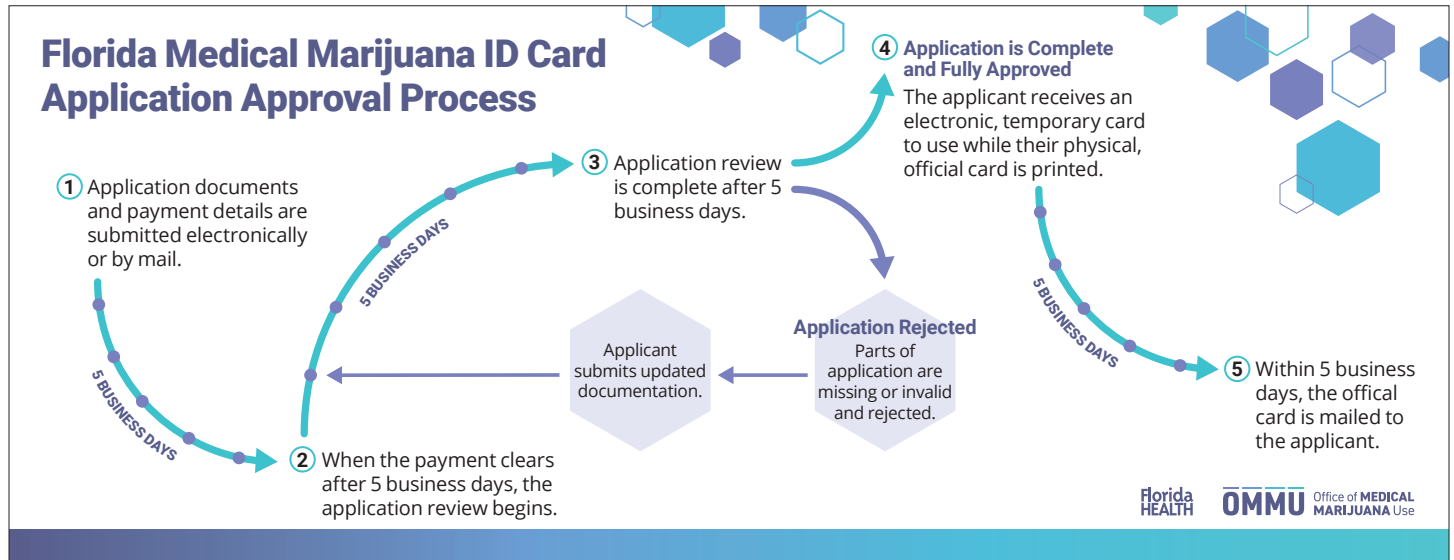
Use it privately

Qualified patients can use medical marijuana at home or on private property. Public use is illegal, except for low-THC cannabis.

Keep it in Florida

Although medical marijuana is available in Florida, it remains federally illegal. Because of this, you can't take it in or out of the state.

APPENDIX E – ID CARD PROCESSING TIMELINE



APPENDIX F – OMMU BROCHURE

As Florida's *Official Source for Responsible Use*, the Office of Medical Marijuana Use (OMMU) is dedicated to offering the most current and accurate information surrounding medical marijuana in Florida.

The OMMU works to provide qualifying patients and their caregivers the information and resources they need to access Florida's medical marijuana program.

The OMMU also writes and implements the Department of Health's rules for medical marijuana, oversees the statewide Medical Marijuana Use Registry, and licenses Medical Marijuana Treatment Centers that cultivate, process and dispense medical marijuana to qualified patients.



The Office of Medical Marijuana Use *Florida's Official Source for Responsible Use*

**Medical marijuana is available in
Florida for qualifying patients.**

Find a qualified physician in your area who can properly diagnose and order low-THC cannabis and medical marijuana for you or a loved one.

KnowTheFactsMMJ.com

Contact the OMMU

800-808-9580 or 850-245-4657
MedicalMarijuanaUse@FLHealth.gov

Mailing Address:

4052 Bald Cypress Way, Bin M-01
Tallahassee, FL 32399

**Mailing Address for
ID Card Applications:**
P.O. Box 31313
Tampa, FL 33631



FLORIDA'S MEDICAL MARIJUANA PROGRAM

OMMU
Office of MEDICAL
MARIJUANA Use

**Florida
HEALTH**

QUALIFYING MEDICAL CONDITIONS:

- Cancer
- Epilepsy
- Glaucoma
- Crohn's Disease
- HIV/AIDS
- Parkinson's Disease
- Multiple Sclerosis (MS)
- Amyotrophic lateral sclerosis (ALS)
- Post-traumatic stress disorder (PTSD)
- Medical conditions of the same kind or class or comparable to the ones listed above
- Chronic nonmalignant pain that is caused by or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition
- A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification



STEPS TO TREATMENT:

- 1** Patients must first be diagnosed with a qualifying medical condition by a qualified physician.
- 2** Patients and their caregivers will be entered into the Medical Marijuana Use Registry by their qualified physician.
- 3** Patients and their caregivers will then apply for their Medical Marijuana Use Registry identification card.
- 4** Once the identification card application has been approved, patients can fill their orders at a licensed Medical Marijuana Treatment Center.

CAREGIVERS:

A caregiver is a person who agrees to assist with a qualified patient's medical use of marijuana, has a Caregiver Identification Card, and meets the requirements of Florida law.

FIND A QUALIFIED PHYSICIAN:

Physicians must be licensed as a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) and take a required 2-hour course and examination to be qualified to order low-THC cannabis and medical marijuana for qualifying patients.

It is the responsibility of a qualified physician to follow Florida law, diagnose patients with a qualifying condition, and determine if medical marijuana is an appropriate treatment.

Qualified physicians can be searched online by location and specialty by visiting:

tinyurl.com/MQAsearch



MEDICAL MARIJUANA TREATMENT CENTERS:

Qualified patients and their caregivers can only purchase low-THC cannabis and medical marijuana products from licensed Medical Marijuana Treatment Centers (MMTCs).

MMTCs are the only businesses in Florida authorized to cultivate, process, and dispense medical marijuana and low-THC cannabis to qualified patients and their caregivers.

Visit our website to find a list of the approved MMTC dispensing locations to find one near you.

[KnowTheFactsMMJ.com/MMTC/#Search](https://www.knowthefactsmmj.com/MMTC/#Search)

APPENDIX G — OMMU RACK CARDS

Steps for Medical Marijuana Treatment in Florida

STEP 1: **Visit a Qualified Physician**

To be eligible for low-THC cannabis or medical marijuana, patients must first be diagnosed with a qualifying medical condition by a qualified physician.

Qualifying Medical Conditions:

- Cancer
- Epilepsy
- Glaucoma
- HIV/AIDS
- Post-traumatic stress disorder (PTSD)
- Amyotrophic lateral sclerosis (ALS)
- Crohn's Disease
- Parkinson's Disease
- Multiple Sclerosis (MS)
- Medical conditions of the same kind or class or comparable to the others listed
- A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
- Chronic nonmalignant pain that is caused by or that originates from a qualifying medical condition and persists beyond the usual course of that qualifying medical condition

Physicians must be licensed as a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) and take a required 2-hour course and examination provided by the Florida Medical Association (FMA) and Florida Osteopathic Medical Association (FOMA) to be qualified to order low-THC cannabis and medical marijuana for qualifying patients.

It is the responsibility of the qualified physician to follow Florida law, diagnose patients with a qualifying medical condition, and determine if medical marijuana is an appropriate treatment.

Patients can search online to locate a qualified physician by location and specialty by visiting: tinyurl.com/MQAsearch

Additional Requirements of Qualified Physicians

Some additional requirements include, but are not limited to the following:

- Qualified physicians must conduct a physical examination while physically present in the same room as the patient and a full assessment of the patient's medical history.
- Qualified physicians must determine and document that the medical use of marijuana would likely outweigh the potential health risks for the patient
- Each time the qualified physician issues a physician certification, the physician must have the patient complete the approved consent form.
- If a patient is younger than 18 years of age, a second physician must agree with the patient's medical use of marijuana, and such determination must be documented in the patient's medical record.
- A patient under 18 years of age may only receive a recommendation for medical marijuana in a form for smoking if they are diagnosed with a terminal condition and the qualified physician determines that smoking is the most effective route of administration. A second physician who is a board-certified pediatrician must agree with the determination.
- Qualified physicians must determine whether the patient is pregnant and may only order low-THC cannabis for a patient who is pregnant.

For more information, contact the Office of Medical Marijuana Use:

Call: 800-808-9580 or 850-245-4657

Email: MedicalMarijuanaUse@FLHealth.gov

Use the QR code and visit: [KnowTheFactsMMJ.com](https://www.flhealth.gov/ommj)



Steps for Medical Marijuana Treatment in Florida

2 STEP 2: Be Entered into the MMUR

After a patient visits a qualified physician and is diagnosed with a qualifying medical condition, the qualified physician will enter the patient and their caregiver, if applicable, into the Medical Marijuana Use Registry (MMUR).

Patients should ensure that they provide their qualified physician with their current and accurate information, including an email address, so that they can access the MMUR and receive important updates.

Once the patient has been entered into the MMUR, they will receive their unique Patient ID Number from the qualified physician. Patients will need their Patient ID Number to apply for their Medical Marijuana Use Registry identification card.

Upon being entered into the MMUR, patients and caregivers will receive two emails from the Office of Medical Marijuana Use that contain their username and a temporary password so that they may log into the MMUR.

Patients and caregivers can log into the MMUR at: **MMURRegistry.FLHealth.gov**

For help logging into the MMUR, visit **KnowTheFactsMMJ.com/Registry**

If any information on the patient's or caregiver's MMUR profile is incorrect, they will need to contact their qualified physician to have it corrected.

About the MMUR

The Medical Marijuana Use Registry (MMUR) is a secure, online database for the registration of qualified physicians, and qualified patients and their caregivers.

The MMUR is the database in which qualified physicians will enter the qualified patient's recommended orders for medical marijuana and low-THC cannabis. Patients are able to view their orders by logging into the MMUR and accessing the "Your Profile" page.

Law Enforcement and Medical Marijuana Treatment Center employees may also access a patient or caregiver's profile in the MMUR for necessary purposes.

All personal identifying information in the MMUR is confidential pursuant to section 381.987, Florida Statutes.

For more information, contact the Office of Medical Marijuana Use:

Call: 800-808-9580 or 850-245-4657

Email: MedicalMarijuanaUse@FLHealth.gov

Use the QR code and visit: **KnowTheFactsMMJ.com**



Steps for Medical Marijuana Treatment in Florida

3 STEP 3: Apply for a MMUR ID Card

Patients and their caregivers are required to have an active Medical Marijuana Use Registry identification card to purchase and be in possession of medical marijuana and low-THC cannabis.

How to apply:

There are two ways that patients and caregivers may apply for their ID card:

1. ONLINE

Applications can be submitted online by visiting the "Your Card" page in the Medical Marijuana Use Registry at: [MMURegistry.FLHealth.gov](https://mmuregistry.flhealth.gov)

Applicants should use their email address and the temporary password that was emailed to them to log into the MMUR.

2. BY MAIL

Applicants may also submit a paper application via regular mail.

Paper applications can be found on the OMMU's website at: knowthefactsmmj.com/patients/cards

Florida law requires specific information and documentation to be submitted with a Medical Marijuana Use Registry identification card application.

View the Application Requirements to ensure that the appropriate documentation is provided. If any part of an application is rejected for missing or invalid documentation, the processing time will be delayed.

Please note that the address provided on the application is the address where the card will be mailed. Applicants are permitted to provide a P.O. Box on their application, so long as their required Proof of Residency documentation includes the P.O. Box address.

Application Requirements:

PHOTO

- If applying online, the applicant's state ID or driver's license photo will automatically be added to their application if there is a match to their information in Division of Highway Safety and Motor Vehicle's State ID system.

- For all other applications, applicants must submit a full-face, passport-style, color photograph taken in front of a plain white background within the last 90 days, that is 2x2 inches in size.

PROOF OF RESIDENCY

- Adult applicants must submit a copy of a valid Florida driver's license or Florida identification card to prove Florida residency.

- Seasonal residents that do not possess a valid Florida driver's license or Florida identification card must submit a copy of two of the following documents:

- A deed, mortgage, monthly mortgage statement, mortgage payment booklet or residential rental or lease agreement.
- A utility hookup or work order dated within 60 days before registration in the medical use registry.
- A utility bill, not more than 2 months old.
- One proof of residential address from the seasonal resident's parent, step-parent, legal guardian or other person with whom the seasonal resident resides and a statement from the person with whom the seasonal resident resides stating that the seasonal resident does reside with them.
- Mail from a financial institution, including checking, savings, or investment account statements, not more than 2 months old.
- Mail from a federal, state, county, or municipal government agency, not more than 2 months old.

Medical Marijuana Use Registry identification cards must be renewed annually. The card's expiration date is printed on the front of the card.

Applicants may begin a renewal application 45 days prior to their card's expiration date.

Contact the Office of Medical Marijuana Use:

Call: 800-808-9580 or 850-245-4657

Email: MedicalMarijuanaUse@FLHealth.gov

Use the QR code and visit: [KnowTheFactsMMJ.com](https://knowthefactsmmj.com)



Steps for Medical Marijuana Treatment in Florida

4 STEP 4: Visit an MMTC

When a patient or caregiver's Medical Marijuana Use Registry identification card application is fully approved, they will receive an email notifying them of their approval. Patients and caregivers can use the approval email as a temporary card until they receive their physical ID card in the mail.

Once qualified patients have an approved Medical Marijuana Use Registry identification card and an active physician recommendation, they can fill their orders at a licensed Medical Marijuana Treatment Center (MMTC).

Licensed MMTCs are the only businesses in Florida authorized to cultivate, process, and dispense medical marijuana and low-THC cannabis to qualified patients and their caregivers.

Medical marijuana and low-THC cannabis may **only** be purchased from a licensed MMTC. Marijuana purchased anywhere other than a licensed MMTC is illegal.

Qualified patients are not authorized to cultivate their own medical marijuana.

Locate a MMTC

The Office of Medical Marijuana Use provides a current list of licensed MMTCs, their contact information, and approved dispensing locations on our website.

Visit [KnowTheFactsMMJ.com/MMTC/#Search](https://www.knowthefactsmmj.com/MMTC/#Search) to find an MMTC dispensing location near you.

Qualified patients and their caregivers are able to purchase medical marijuana and low-THC cannabis from any of the licensed MMTCs.

Medical marijuana and low-THC products are also able to be delivered directly to the qualified patient or their caregiver. Contact an MMTC to arrange a delivery.

Cost of Products

The original price of a medical marijuana product is determined by the MMTC but can and does vary. Much like other competitive retail products, the cost of medical marijuana is market-driven. The most effective way to find the best price is to shop around and compare prices. Product price and availability can be found on each MMTC's website.

Generally, insurance does not cover the cost of medical marijuana products due to marijuana remaining an illegal controlled substance under federal law.

Product Packaging

Medical marijuana and low-THC products are required to remain in their original packaging at all times.



For more information, contact the Office of Medical Marijuana Use:

Call: 800-808-9580 or 850-245-4657

Email: MedicalMarijuanaUse@FLHealth.gov

Use the QR code and visit: [KnowTheFactsMMJ.com](https://www.knowthefactsmmj.com)



APPENDIX H – OMMU STYLE GUIDE



OFFICE OF MEDICAL MARIJUANA USE IDENTITY GUIDE

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BRAND OVERVIEW

BRAND OVERVIEW

OUR BRAND

Every day, the Office of Medical Marijuana Use (OMMU; an office within the Florida Department of Health) works to provide information to patients, caregivers and physicians and connect them to the medical marijuana they need. The Office also writes and implements the department's rules for medical marijuana, oversees the statewide Medical Marijuana Use Registry, and licenses Florida businesses to cultivate, process, and dispense medical marijuana to qualified patients.

Due to the serious and critical work of the Office, the brand messaging and visual elements work together to position the Office as the official source for information about responsible use in Florida. The expert/authoritative nature of the Office is softened a bit with colors, and a tonal framework that also makes the brand approachable and trustworthy. This is extended through easy-to-understand information that is provided to audiences where they already search for knowledge, such as from their physicians and online sources. By keeping the brand balanced between a clinical and conversational approach, OMMU can remain the trusted source for medical marijuana information.

This guide builds upon existing visual elements established by the Office at its inception, and creates a modern, scalable framework for ease of expansion.

ABOUT THE GUIDELINES

This style guide is a tool to keep communications consistent and cohesive across all mediums launched throughout the state of Florida. This guide outlines proper logo usage and how graphics and text should work within the OMMU brand and its campaigns. These are guidelines that provide enough detail and clarity so that staff, partners, vendors, etc. can represent the brand effectively and consistently.

BRAND CHARACTER

BRAND CHARACTER

CORE VALUES

The CORE VALUES of the organization are the pillars that guide the Office's way of communicating, who it partners with and how it speaks. It also defines the messages that are communicated. The core values act as a litmus test to evaluate campaign elements, and guide decision making for design, marketing and public relations.

CORE VALUES

- Factual
- Trustworthy
- Responsive
- Straightforward/Easily Understood
- Official

PERSONALITY

A PERSONALITY represents the characteristics and qualities that distinguish this organization from others. They are the traits that make this organization (and its future campaigns) unique and reflect who it is and how it acts.

PERSONALITY

- Straightforward
- Wise
- Direct
- Practical
- Polite
- Dignified/Formal
- Serious
- Modern/Clinical
- Pragmatic

TARGET AUDIENCES

PRIMARY

- Qualifying Florida patients and their caregivers
- Physicians

SECONDARY

- Paramedics
- Law Enforcement
- Hospitals
- Medical Boards
- Local Government
- Schools
- Legislature
- Regulators
- Other State Agencies
- Stakeholder groups

BRAND CHARACTER

POSITIONING, MESSAGING, TONE & TAGLINE

The TONE & VOICE of the organization should be **authoritative**, **straightforward** and **trustworthy**. The messages should focus on facts in order to dispel any potential confusion that can sometimes arise at the beginning of a newer law or legal implementation. OMMU's public outreach content should mirror that of a physician or counselor; sought out for their knowledge and care.

It's important that all content and copy be provided in **simple** and **easy-to-understand** terms for all ages and education levels. The copy should be **informative**, but not presented in a legal or academic manner as to confuse or alienate any groups. Clinical language can be used when talking with physicians but should be done so minimally and only when necessary.

The core values will be used to communicate the health message with **authority** and **care**, foregoing a tone that is judgmental. Perceptions surrounding the use of medical marijuana are varied, and it is critical to remain clinically-focused to encourage a **trusting relationship** with the

general public. The voice should invite audiences to engage with the Office no matter their questions or concerns.

KEY MESSAGES

- OMMU is the only source for all information about medical marijuana in Florida
- Medical marijuana is now legal in Florida, but it remains illegal under federal law
- Medical marijuana is only available for qualifying medical conditions
- Medical Marijuana can be helpful when recommended by a doctor
- Physicians can only be qualified to order medical marijuana for patients if they are qualified
- Medical marijuana can only be obtained or purchased if the patient or their caregiver has a registry identification card
- Medical Marijuana Treatment Centers are the only, state approved centers that dispense medical marijuana orders and delivery devices

TAGLINE

Florida's Official Source for Responsible Use.



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BRAND IDENTITY

BRAND IDENTITY

LOGO

The OMMU logo was designed to uphold the Office's position as the official and credible source for medical marijuana information. The logo uses an authoritative typeface, but softened corners create a more approachable, friendly and caring feel, as defined by the brand pillars of the Office. This message is also portrayed in the soft and vibrant color choices.

The logo can be paired with OMMU's tagline when deemed appropriate. Acceptable logo renderings can be found on the following page.

The logo should never be rendered less than 1.5 inches in width for print and 200 pixels in width for digital.



Florida's Official Source for Responsible Use.



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BRAND IDENTITY



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BRAND IDENTITY

ABBREVIATED MARK

The **Abbreviated Mark** is the primary variant for smaller reproductions and cases where a simplified logo is ideal, such as pens, shirts, and small digital ads.



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BRAND IDENTITY

CLEAR SPACE

The logo should always be presented with a minimum margin of clear space around it. The width of this space is defined as the height of the "O" in OMMU, extended in a rectangle around the logotype. Though some applications call for more, always allow **at least** this amount of clear space around the logo. This space has been included as a margin in the provided logo files for ease of reference.



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BRAND IDENTITY

DON'TS

It is important to maintain the consistency of the OMMU brand. Renderings of the brand elements should follow the brand rules. Here are some examples of variations and edits that are not permitted:

- Breaking the logo into pieces
- Warping the logo
- Using unofficial colors
- Tilting the logo
- Enclosing the logo in a box smaller than the minimum clear space
- Adding text to the logo
- Drop shadows
- Adding a stroke



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BRAND IDENTITY

TYPE

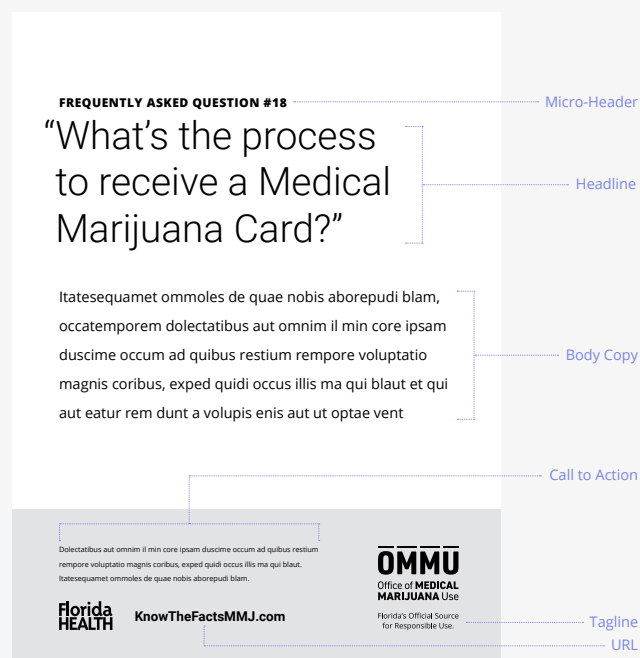
Two fonts serve as the foundation of the OMMU type system.

Headlines, Display Type, URL, Hashtag:

- Roboto Regular
- Roboto Light
- Roboto Italic
- Roboto Bold

Body Copy, Tagline, Call to Action, Micro-headers:

- Open Sans Regular
- Open Sans Italic
- Open Sans Bold
- Open Sans Extrabold



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BRAND IDENTITY

ROBOTO

*Headlines, Display Type,
URL, Hashtag*

ROBOTO REGULAR

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

ROBOTO LIGHT

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

ROBOTO ITALIC

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

ROBOTO BOLD

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

Get the real facts.
Get the real facts.
Get the real facts.

KnowTheFactsMMJ.com



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BRAND IDENTITY

OPEN SANS

*Body Copy, Tagline, Call to
Action, Micro-Headers*

OPEN SANS REGULAR

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

OPEN SANS ITALIC

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

OPEN SANS BOLD

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

OPEN SANS EXTRABOLD

ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz

FREQUENTLY ASKED QUESTION #18

Minim timeam ius id, his ei dico labitur nominati, id cibo munere fuisset qui. Cum ullum solet singulis in. An sed regione feugiat assentior. Oblique accusata efficiendi sea cu, mei nominavi deserunt an, eos corpora propriae molestiae an.

Florida's Official Source for Responsible Use.



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BRAND IDENTITY

COLOR PALETTE

The **primary** color palette consists of clean, modern, clinical, and hopeful shades of lilac and teal, paired with a darker, muted purple to provide an authoritative foundation.

The **tonal** palette provides some variety in the primary colors to add flexibility in color application. The **secondary** palette offers two intermediate shades of blue created from the transitional gradient between the primary colors. The **neutral** palette is comprised of white and grey and serves to offset the more vibrant nature of the rest of the palette.

PRIMARY



RGB 121 132 232
HEX #7984e8
CMYK 56 49 0 0
PANTONE 7452 C



RGB 66 203 212
HEX #42cbd3
CMYK 65 0 21 0
PANTONE 319 C



RGB 87 92 138
HEX #575c8a
CMYK 75 68 23 5
PANTONE 7673 C

TONAL



RGB 0 167 181
HEX #00a7b5
CMYK 77 12 29 0
PANTONE 7710 C



RGB 60 63 99
HEX #3c3f63
CMYK 75 68 23 40
PANTONE 5265 C

SECONDARY



RGB 102 158 224
HEX #669ee0
CMYK 58 29 0 0
PANTONE 284 C

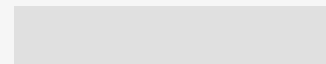


RGB 79 185 217
HEX #4fb9d8
CMYK 62 7 9 0
PANTONE 637 C

NEUTRAL



RGB 255 255 255
HEX #ffffff
CMYK 0 0 0 0



RGB 224 224 224
HEX #e0e0e0
CMYK 0 0 0 10
PANTONE 663 C

BRAND IDENTITY

COLOR PALETTE

The palette includes a set of gradients for use in layout and backgrounds.

TONAL GRADIENTS



TRANSITIONAL GRADIENT

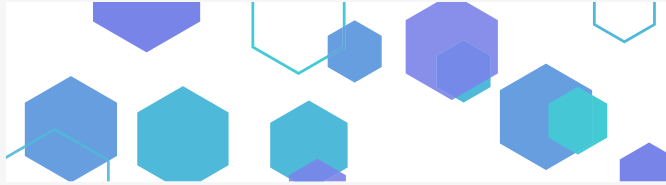


BRAND IDENTITY

SECONDARY ELEMENTS

Secondary elements may be used as backgrounds and compositional elements to maintain the distinct look of the brand.

OVERLAY ELEMENTS



BACKGROUND ELEMENTS



BRAND IDENTITY

IMAGERY

The overall impact should be crisp and clear. It's important that as the official source for information, the photography should support the trustworthy and approachable function of the Office. This means there should be a balance between a consultative and conversational approach, and a tested and trustworthy clinical feel. Imagery must always be bright, soothing, and staying in line with the cool tones of the logo and color palette. When people are featured in the photos, patients and caregivers should be contemplative and hopeful, while the physicians should be helpful. The patient images should show that the decision to use medical marijuana is something that is measured, considered and carefully decided.

COMPOSITION:

- People/Patients of all ages, races, genders, etc.
- Caregivers with Patients
- Physicians and medical staff
- Helpful and supportive moments: hands, papers, etc.
- Possible Settings: doctor's office, medical facility, patient homes (indoor and outdoor)

STYLE:

- Natural light for an approachable and trustworthy presentation
- Bright whites
- Plenty of "white space" and visual breathing room
- Cool tones and colors (compliments brand color palette)



BRAND IDENTITY

CO-BRANDING

The **Florida Health logotype** (sans sunburst, as outlined in the *Florida Health Brand & Content Standards*) should be included in all materials unless its inclusion is impractical. The logo should be rendered in a **single** color to minimize dilution of the OMMU color palette. The Florida Health logotype should occupy a subordinate position in the hierarchy of any layout (see Guidelines & Execution for example usage).



GUIDELINES & EXECUTION

GUIDELINES & EXECUTION

LOGO & TYPE USAGE

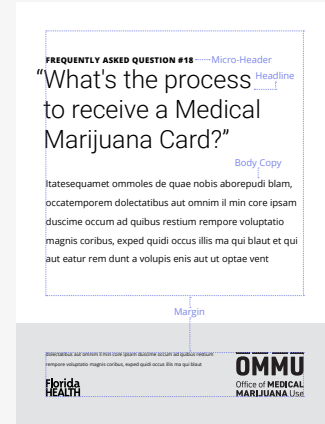
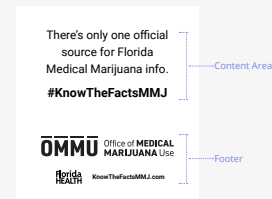
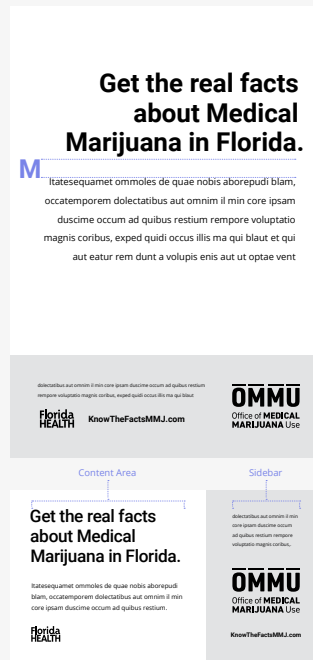
Requirements vary across different media types, but all layouts produced for OMMU should follow the same general layout structure:

- A main content area containing **Headers, Body Copy, and Images.**
- A footer or sidebar containing **Logos, Call to Action, and URL.**

Occasionally it may be advantageous to place some footer/sidebar elements such as the Florida Health logotype in the content area, and as such this structure should be viewed as a set of guidelines rather than strict rules.

Ad headlines and copy should be arranged in a single block, justified left, right, or center, depending on the needs of the design. There should be space between Headlines and Body Copy of at least the height of one of the Headline's capital letters.

All designs should include margins to keep content separated from edges and borders of the layout. In general, the larger a design, the more generous the margins.



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GUIDELINES & EXECUTION

PRINT GUIDELINES

Print pieces for OMMU and its campaigns should use the Office's brand elements to create clean, clear and communicative designs.

Headlines and **body copy** should be aligned together, either center, left, or right justified. **Call to Action** should be placed into a footer or sidebar, along with the **OMMU logo**, **Florida Health logotype**, and **URL**. **Secondary elements** may be used as backgrounds and compositional elements to maintain the distinct look of the brand.



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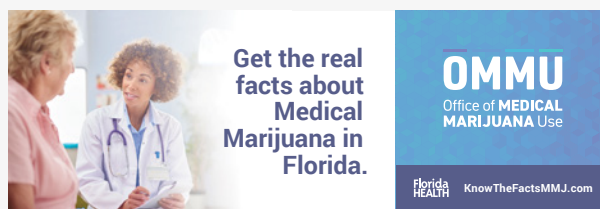
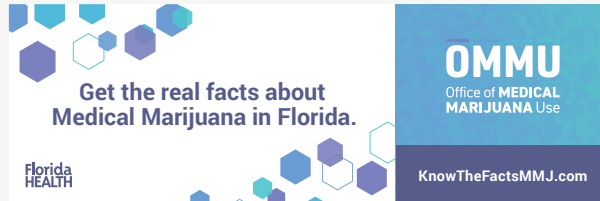
GUIDELINES & EXECUTION

OUT OF HOME GUIDELINES

Out of Home design for OMMU should start with a brief headline and feature simple imagery, plus the URL as a call to action. It's best to avoid any body copy, subheads, or wordy phrases; viewers will only have seconds to digest the information.

The current guidelines reflect the OMMU logo as a larger element within the billboard to introduce the brand to the market. As the OMMU office begins to build brand awareness, these guidelines could change to emphasize the URL for specific campaigns.

The **OMMU logo** and **URL** should be boxed to the right as shown, while **headline** and **imagery** is placed on the left. The **Florida Health logotype** should be placed somewhere toward the bottom of the layout, with sufficient contrast to avoid being lost in the background.

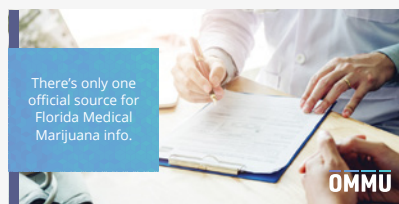
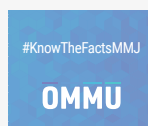


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GUIDELINES & EXECUTION

DIGITAL GUIDELINES

Digital design should, like Out of Home, aim for simplicity. Digital ads and social posts should focus on one compelling image or message with minimal use of copy. As most digital creative is relatively small, the **Abbreviated Mark** should be used.



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GUIDELINES & EXECUTION

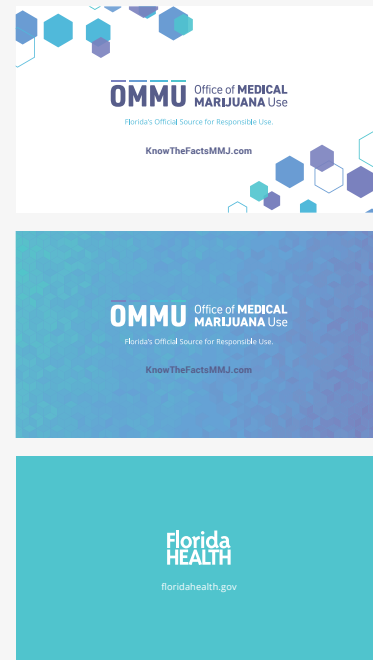
BROADCAST GUIDELINES

Video produced for OMMU should include logo cards at the end for both OMMU and for the Department of Health.

The OMMU Logo Card should include the **logo** and **URL**, and may also include the Office's **tagline**. It should be centered in the frame, and may be rendered on a neutral background or using the brand's **secondary elements**.

The Department of Health Logo Card should include the **Florida Health logotype** and **URL** centered, rendered in white, on a background in one of the OMMU brand colors.

Type elements in video production should use the OMMU typefaces unless a future department campaign specifies other type options.



GUIDELINES & EXECUTION

DOCUMENT GUIDELINES

Documents produced for OMMU should maintain a consistent brand character to reinforce the **authority** and **trustworthiness** of the information it distributes. Depending on content and format, documents can make use of branded headers and covers to accomplish this.



GUIDELINES & EXECUTION

INTERNAL IDENTITY SAMPLES



GUIDELINES & EXECUTION

CAMPAIGN STYLING

The first phase of the OMMU outreach campaign is called *Know the Facts*. The goal of the campaign is to establish the Office in audience's minds as the trusted place to go to learn the facts about Florida's Medical Marijuana law. The campaign focuses on providing information to patients, caregivers and physicians so that they can legally order and access medical marijuana.

But as the campaign asks its audiences to find OMMU for information, the Office will also actively reach out to make connections and relationships. Through approachable and trustworthy headlines, images and strategic channel choices, OMMU acts as the consultative and responsive source.

The campaign uses a Frequently Asked Questions framework to build a conversational, yet authoritative back and forth between expert and audience. Headlines are positioned as questions and can grow to extend into two-way communication channels such as social media and digital platforms. The theme is supported by a branded URL and hashtag.

**The above reflects an example idea for the already-established Know the Facts campaign. This does not dictate that all campaigns conducted by OMMU should be executed in this way, rather it outlines a "first phase" example in order to effectively create guideline use cases within this style guide.*

APPENDIX I – COLLATERAL MARKETING MATERIAL



APPENDIX J – OTHER STATE COLLATERAL

MARIJUANA ^{IN} COLORADO

Be educated. Be responsible.

.....

Who can buy, have or use it?

- ▲ You must be 21 to purchase, possess or use retail marijuana or marijuana products. It's illegal to give or sell retail marijuana to minors.
- ▲ Colorado residents 21 years and older can purchase as much as 1 ounce of retail marijuana at a time. Non-residents can purchase up to 1 ounce.
- ▲ Adults 21 years and older can purchase, possess, grow and transport as many as 6 marijuana plants in an enclosed and locked space, as long as it is not sold to anyone else. Only 3 of the plants can be mature (flowering) at any one time. If the home has residents under the age of 21, the grow area must be enclosed and locked in a separate space that minors cannot access.

If you use, where can you?

- ▲ Marijuana use is legal within the confines of private property. Just keep in mind that property owners can ban the use and possession of marijuana on their properties. Renters should be aware of their property owners' rules.
- ▲ Consuming marijuana is banned in public areas. This includes: amusement, sporting and music venues, as well as



State of Illinois
Illinois Department of Public Health

Medical Cannabis-Infused Products



MARIJUANA PREGNANCY AND BREASTFEEDING GUIDANCE

FOR COLORADO HEALTH CARE PROVIDERS



March 18, 2015

SCREENING QUESTIONS

In addition to asking about alcohol, tobacco, and other drug use (including prescription drugs), now that marijuana is legal in Colorado, we recommend asking all teens and women who could become pregnant about marijuana use.

1. Have you used marijuana in the last year?

If no: Go to question 2

If yes: *When was the last time you used marijuana? How do you use marijuana? What form of marijuana do you use? How often do you use and how much?*

If pregnant: *How has your use of marijuana changed since finding out you are pregnant?*

If concerned about substance abuse: Use the Cannabis Use Disorder Identification Test (CUDIT) and referral recommendations found in the resources section.

2. Does anyone use marijuana in your home?

If yes or no: *It is important to ensure that your home is safe for your child. Make sure that any potentially harmful substances are out of reach of your child, including marijuana, alcohol, prescription drugs or household substances.*

If yes: Provide additional education on avoidance of secondhand smoke and safe storage, more information below.

TIPS FOR USING THIS GUIDANCE:

All information in italics scripted talking points to share with your patients, written at about a middle school reading level.



COLORADO
Department of Public
Health & Environment

PRENATAL VISITS

It is important to reassess substance use at each visit, because many women continue using substances throughout the pregnancy or may begin or resume using substances during pregnancy.

Discuss importance of cessation of marijuana and other potentially harmful substances during pregnancy and breastfeeding and offer support if needed, found in the resource section.

Discuss patient's plan for marijuana use after pregnancy. *Tell me about whether you intend to use marijuana after delivering your baby.*

Discuss breastfeeding and marijuana: *Are you planning to breastfeed your child?* If yes, see breastfeeding section for more information.

Please inform your patient: *Marijuana is now legal for adults over 21. But this doesn't mean it is safe for pregnant moms or babies. Some hospitals test babies after birth for drugs. If your baby tests positive for THC at birth, Colorado law says child protective services must be notified.*

As a prenatal care provider, if you are concerned about a patient's substance use, you can recommend testing of mother during prenatal care and/or at delivery or testing of the newborn at birth.

Newborn testing information:

- Meconium testing generally identifies maternal marijuana use after 24 weeks gestation.
- Urine testing generally identifies maternal marijuana use after 32 weeks gestation.
- Umbilical cord testing generally identifies maternal marijuana use after 24 weeks gestation.

WELL WOMAN VISITS:

Discuss contraception options if patient wants to continue recreational or medical marijuana, alcohol or other substance use and/or does not desire pregnancy.

If patient desires a pregnancy, discuss importance of cessation of marijuana and other potentially harmful substances. Consider use of contraception while the patient is working towards cessation of substances.

What are medical cannabis-infused products?

These are products such as foods (or "edibles") and tinctures that are infused with concentrated marijuana oils. Edibles are the most popular form of cannabis-infused products, and are also the most likely to result in over-consumption. Types of medical cannabis-infused products may include, but not limited to:

- edibles such as baked goods, candy or lozenges;
- teas and sodas;
- tinctures, tonics, and oils which are added to food, medicines, and liquids, or consumed directly in small drops or by placing drops under the tongue;
- topicals, which are applied directly onto the skin in the form of oils, balms, salves, lotions, sprays or ointments.



Pros

- Provide long-lasting relief
- Good alternative for people averse to inhaling
- Dosage may be more precise than with smoked products
- Topical cannabis does not produce a psychoactive effect

Cons

- Can take more time to be effective
- Dosage can vary widely depending on weight, metabolism, experience, and other factors
- Appealing to children and pets (and should be locked up to avoid accidents)
- Creates a different "high" than smoking which may be unfamiliar to patients

How will medical cannabis-infused products affect me?

The effects of medical cannabis-infused products are much different than smoking or vaporizing. Medical cannabis-infused products usually have a longer effect on the body and those effects vary from person to person and are dependent on the type and amount consumed, as well as the method in which they are consumed.

New users often experience different effects than more experienced users. Some medical cannabis patients feel no effect the first time they try it. Others — especially those who use too much their first time — may experience unpleasant feelings, such as an increased heart rate or a sense of paranoia.

What should I know before using medical cannabis-infused products?

Registered patients should use caution when using medical cannabis-infused products. It is much easier to over-consume and over-medicate with ingested products. It is important to understand there are two very significant differences between inhaling and ingesting medical cannabis:

- Ingesting medical cannabis typically produces stronger and longer-lasting effects because of the way the body processes it.
- Inhaling medical cannabis results in an immediate effect, which peaks within 10 - 15 minutes, while ingesting medical cannabis can take up to two hours to take effect and can peak for a couple of hours after that.

If you choose to use medical cannabis-infused products

1. Do not eat raw cannabis - raw cannabis does not deliver therapeutic benefits and is not recommended.
2. Beware of the potency of cannabis-infused products. Start with a low dosage and go slowly. Always read the product packaging label. Some products, such as dense, rich brownies can take longer to digest, which means it will take longer to feel the effects. Products like infused drinks and tinctures are absorbed into the body much more quickly, so the effects will be felt much sooner.
3. Review the labeling of each medical cannabis-infused product.

Where can I learn more?

Visit the NYSDOH website for more information on the Medical Marijuana Program in New York State.

If you have additional questions, please contact the Medical Marijuana Program at the NYSDOH:

Medical Marijuana Program
1-866-811-7957, Option 1

Email:
mmp@health.ny.gov

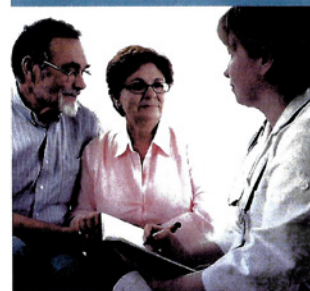
Website:
www.health.ny.gov/regulations/medical_marijuana/



Department
of Health

The New York State Medical Marijuana Program :

Physician Information



The Medical Marijuana Program in New York State ensures that medical marijuana is available for certified patients with serious conditions.

The program also ensures that approved medical marijuana products are manufactured and dispensed in a manner that protects public health and safety.

Florida Department of
Health: Survey of
Floridians Regarding
Medical Marijuana



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Introduction

Researchers at the Florida Survey Research Center at the University of Florida (FSRC) worked with the Florida Department of Health (DOH) to conduct a survey of citizens in Florida about their knowledge of and opinions about marijuana use. The survey collected information about Florida residents' general awareness and knowledge about issues related to marijuana, as well as their knowledge and understanding of laws related to use of marijuana in the state of Florida.

The survey targeted residents in Florida who are 18 years of age or older utilizing a listed ABS sample of single-family residences, stratified into five regions (detailed below). Sampled Florida residents were also offered the option to complete the same survey online using a unique password included in the cover letter they were mailed. Of the 1,528 total responses, 135 (8.8%) completed the survey online.

This report details the responses of the 1,528 Florida residents who completed surveys by mail and internet with the FSRC.

The survey instrument included a variety of questions about perceptions and knowledge related to marijuana use. The specific categories of questions are as follows:

- Knowledge & opinions on marijuana use
 - Laws in the state of Florida & nationally
 - Potential health impacts of marijuana use
- Marijuana in Florida
 - State laws
 - Sources of information
 - Medical Use of Marijuana Act (Senate Bill 8A)
 - Requirements to obtain & possess marijuana in Florida
- Demographic questions

The results of this study provide the Florida DOH with a substantial amount of information about Florida residents' knowledge of and opinions about marijuana use in Florida.

Format of the Report

This report is divided into several sections that first present background on the research process and then present the results of the completed surveys. The sections that follow provide the detailed results, including comprehensive information on the findings with tables and figures (where appropriate) summarizing responses to each question. For survey results, please note that each Table or Figure indicates the total number of respondents who answered the question (as with all self-administered mail surveys, respondents may not have replied to all questions) and that figures and tables are labeled to correspond to survey questions.

Weighting

Ideally, a selected sample is a miniature of the population it came from. This should be reflected in the sample being representative with respect to all variables measured in the survey. Unfortunately, this is usually not the case. When such problems occur, it may be difficult to draw reliable conclusions from the observed survey data, unless something has been done to correct for the issue.

A commonly applied correction technique is a weighting adjustment. This assigns an adjustment weight to each survey respondent. Persons in under-represented groups get a weight larger than 1, and those in over-represented groups get a weight smaller than 1. In the computation of means, totals and percentages, the weighted values are used.

In this case, older respondents (especially those over age 65) were over-represented and younger respondents were under-represented in the sample. Thus, an adjustment to better match the sample to the population (derived from US Census data) was used, dividing the population percentage by the sample percentage. In some cases, the total number of overall respondents may appear slightly higher than 1528 due to rounding based on these calculations.

Procedure & Methodology

The surveys were conducted by mail and internet from the survey facilities of the FSRC at the University of Florida in Gainesville, Florida. The population under study in the survey was residents of the state of Florida who were 18 years of age or older at the time of the survey.

Regions

The sampling frame for the state of Florida was divided into five regions, detailed below:

1. **Central** (Brevard, Citrus, Hardee, Hernando, Indian River, Lake, Orange, Osceola, Pasco, Pinellas, Polk, Seminole, St. Lucie, and Volusia counties);
2. **Northeast** (Alachua, Baker, Bradford, Clay, Dixie, Duval, Flagler, Gilchrist, Hamilton, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Suwannee, and Union counties);
3. **Northwest** (Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties)
4. **Southeast** (Broward, Miami-Dade, Martin, Monroe, and Palm Beach counties); and
5. **Southwest** (Charlotte, Collier, DeSoto, Glades, Hendry, Highlands, Hillsborough, Lee, Manatee, Okeechobee, and Sarasota counties).

Implementation

A total of 20,000 survey packets were mailed to potential respondents (4,000 in each region) by the UF Mailing and Printing Office between December 22, 2017 and March 13, 2018.

A total of 1,528 surveys were completed between December 22, 2017, and April 6, 2018. Completions by region appear below:

Region	Total
Central	312
Northeast	354
Northwest	354
Southeast	186
Southwest	319
(unknown)	3
Total	1528

Sampling

ABS (address-based sampling) is sampling from address frames that are typically based, in part, on files compiled by the US Postal Service. As the *American Association for Public Opinion Research* notes, “Quite simply, the address lists available today are the best frames available for national U.S. household surveys.”¹ The ABS sample for this survey of households in Florida was randomly drawn by the commercial sampling firm Genesys, and included addresses listed in the ABS frame for counties designated in the region.

The completed sample size for this survey report is 1,528 completed surveys. Based on the number of households in Florida (7,393,262) and the population of the state age 18 and older (16,514,723)², a sample of 1,529 completions will provide a margin of error of +/- 2.5% at a 95% confidence level. This means that 95 percent of the time the true responses for the overall sample will be 2.5 percentage points above or below the response from the survey. (For example, if 75% of the respondents indicate that their favorite color is blue, the true percentage of individuals whose favorite color is blue will be between 72.5% and 77.5%.)

Mail Survey Procedures

The Florida Survey Research Center makes substantial efforts to improve response rates and reduce error from non-responses when conducting mail surveys. Non-response error may result in a bias because those individuals who either refuse to participate or cannot be reached to participate may be systematically different from those individuals who do complete the survey.

Our efforts to improve response rates and reduce non-response include the following³:

- ❖ Preparation of a packet containing a cover letter, the questionnaire (including detailed instructions explaining how to answer and return the questionnaire), and a postage-paid envelope to return the survey;
- ❖ Mailing the survey packet in a business envelope rather than a flat mail-out (to avoid confusion with advertisements and “junk” mail);
- ❖ Mailing the survey packet in a smaller business envelope to make the survey packet appear less burdensome (suggesting less of a time commitment on the part of the respondent);
- ❖ Using an outer mailing envelope that appears professional and is legitimized by official University of Florida logos, avoiding gimmicks such as envelopes in unusual shapes, sizes, and colors that may discourage respondent participation;
- ❖ Every mail survey is accompanied by a cover letter which serves as a precise, one-page introduction to the questionnaire and is legitimized by the use of official University of Florida letterhead and Institutional Review Board information and approval, and personalized with individualized salutations, dates, and signatures;
- ❖ The questionnaire is designed to be clear, concise, and esthetically pleasing to encourage respondent participation and is constructed as a four-page booklet, a design proven promote higher response rates;

¹ [AAPOR Report: Address-Based Sampling](#), January 7, 2016 (accessed March 9, 2018)

² US Census Bureau: State Quick Facts, ACS 2017

³ See Dillman, Don. 2000. *Mail and Internet Surveys: The Tailored Design Method*. New York, NY: John Wiley & Sons, Inc. and Gideon, Lior. 2012. *Handbook of Survey Methodology for the Social Sciences*. New York, NY: Springer.

- ❖ The questionnaire is organized using different sections to separate topics in an attractive and logical order. Detailed instructions are provided. Questions are adequately spaced, rather than overcrowded, with plenty of white space in between. Simple fonts are used rather than decorative lettering, and the layout and styling format remain cohesive throughout the entire questionnaire. All questions, and pages, are clearly numbered. Questions are ordered in a logical manner within groupings of similar topics. Transition statements and visual cues signal a change in topic both verbally and visually.

Pretest

Pretesting is used to identify any problems with questionnaire design, including question wording, transitions between sections of the survey, and clarity of language and concepts. Following initial construction of the survey instrument, FSRC researchers critically read each of the questions and revise as needed. After this first round of revisions, the questionnaire is shared with the client, colleagues, and other appropriate audiences. This feedback is used to determine how long the questionnaire will take respondents to complete, as well as the clarity of the questionnaire.

Internet Survey Procedures

The Florida Survey Research Center makes substantial efforts to improve response rates and reduce error from non-responses when conducting internet surveys. Non-response error may result in a bias because those individuals who either refuse to participate or cannot be reached to participate may be systematically different from those individuals who do complete the survey.

Our efforts to improve response rates and reduce non-response include the following⁴:

- ❖ Introducing the questionnaire with an introductory statement on the welcome-screen that emphasizes ease of responding and provides clear instructions on how to take necessary computer actions to complete the questionnaire;
- ❖ Providing a unique user name and password for each potential respondent that limits access to only those in the sample and restricts completion to one survey per user;
- ❖ Presenting questions in a conventional format similar to paper surveys using a design (question wording, question order, question grouping, etc.) that promotes participation and full response to all questions;
- ❖ Allowing respondents the option to stop the survey, save their responses, and return to complete it at a later time;

Pretest

Pretesting is used to identify any problems with questionnaire design, including question wording, transitions between sections of the survey, and clarity of language and concepts. Following construction and approval of the survey instrument, the survey is coded and loaded into the FSRC Internet Survey system. The FSRC pretesting process begins by repeated testing of the programming language to insure that the questionnaire is working properly and that all responses are properly coded. Revisions are made as needed, and implementation begins.

⁴ See Dillman, Don. 2000. *Mail and Internet Surveys: The Tailored Design Method*. New York, NY: John Wiley & Sons, Inc. and Gideon, Lior. 2012. *Handbook of Survey Methodology for the Social Sciences*. New York, NY: Springer.

Analysis

Returned mail surveys are opened, reviewed by a supervisor for accuracy and completeness, coded appropriately, and then data reduced into an Excel file. Online survey data were downloaded from the FSRC secure servers, and reviewed by a supervisor for accuracy. These two files were then merged to form an overall database of responses to the survey. Since unique identifiers were assigned to each respondent, survey responses were checked to ensure that no participant replied more than once (by mail and online).

Data were entered and downloaded at regular intervals and analyzed. Each question option and branching set was checked to be certain that everything was working correctly and that accurate data were being recorded. At the conclusion of data collection, the overall dataset was analyzed by FSRC researchers using the SPSS analysis program. The detailed results of this analysis are presented in the remainder of this report.

Executive Summary

- ❖ More than four in five (89.4%) respondents said they think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, while fewer than one in ten (8.3%) said they think marijuana should be illegal even for medical purposes.
- ❖ About three in five (61.8%) respondents said they think adults should be allowed to legally use marijuana for recreational purposes, while about three in ten (29.9%) said they think marijuana should be illegal for recreational purposes.
- ❖ About two in five (42.4%) respondents correctly said that “Low-THC cannabis, ordered by a licensed doctor for approved medical conditions” is legal in the state of Florida. More than half (55.1%) of the respondents correctly noted that “Medical marijuana, ordered by a licensed doctor for approved medical conditions” is legal in the state of Florida. Of the 1,521 respondents who answered this question, about one in four (27.4%, n=417) correctly chose both of these responses.

Just 3.6 percent of respondents erroneously said that “recreational marijuana, for adults age 21 and older” was legal in Florida. However, one in ten (10.3%) said none of these actions were legal in Florida, and two in five (18.9%) said they were either unsure of which options were legal or preferred not to provide an answer.

- ❖ Two in five (39.3%) respondents agreed that allowing medical marijuana makes it easier for people to get marijuana even if they don’t have a real medical need, while more than half (54.6%) said it makes no difference.
- ❖ About one in four (25.6%) respondents said they think the federal government should enforce federal marijuana laws in states that decide to allow medical and/or recreational marijuana, while about two in three (66.2%) said they do not think federal marijuana laws should be enforced in these states.
- ❖ About one in three (35.8%) respondents said it would bother them if a business selling marijuana opened in their neighborhood. Nearly one-half (48.5%) of respondents said it would not bother them if a business selling marijuana opened in their neighborhood, and about one in eight (13.7%) said it would depend on circumstances.

Nearly one-half (48.1%) of the respondents said it would bother them if people used marijuana in public. About one in three (31.3%) respondents said it would not bother them if people used marijuana in public, and about one in five (18.3%) said it would depend on circumstances.

About one in eight (13.1%) respondents said it would bother them if people used marijuana in their own homes. More than three in four (77.4%) respondents said it would not bother them if people used marijuana in their own homes, and fewer than one in ten (7.6%) said it would depend on circumstances.

- ❖ More than one-half (53.7%) of the respondents said that marijuana does have short- and long-term health impacts, while more than one-quarter (28.8%) said it does not. Nearly one in five (17.5%) respondents said they were unsure or preferred not to answer the question.
- ❖ More than two in three (69.8%) respondents said that marijuana poses unique risks to children or teens, while one in seven (14.4%) said it does not. Nearly one in six (15.7%) respondents said they were unsure or preferred not to answer the question.

Two in three, or more, of these respondents identified the following as risks for children and teens posed by marijuana use: impaired driving (73.2%); difficulty thinking and problem solving (67.8%); problems with memory and learning (67.5%); decline in school performance (64.2%); and, difficulty maintaining attention (63.5%). About three in five of these respondents noted impaired coordination (58.8%) and about half (50.8%) noted potential for addiction. About one in three (36.4%) of these respondents cited increased risk of mental health issues.

- ❖ Nearly three in five (57.0%) respondents said that marijuana poses unique risks to women who are pregnant or nursing, while about one in ten (11.0%) said it does not. Notably, about one in three (32.0%) respondents said they were unsure or preferred not to answer the question.

More than two in three (68.8%) of these respondents cited problems related to smoke inhalation as a unique risk from marijuana posed to women who are pregnant or nursing, and about three in five (58.7%) indicated developmental problems for the fetus as a unique risk. About half of these respondents noted low birth weight (54.8%) and future problems with learning (47.1%) as unique risks.

- ❖ One in ten (9.2%) respondents said that children accidentally ingesting marijuana is not a problem, and nearly one in three (32.7%) said this is rarely a problem. Three in ten (29.4%) respondents thought children accidentally ingesting marijuana is occasionally a problem, while one in ten (9.8%) said it was frequently a problem. About one in five (18.9%) respondents said they were unsure or preferred not to answer the question.
- ❖ More than one in three (36.9%) respondents said that allowing medical marijuana makes it more likely that children will accidentally swallow marijuana, while about half (48.1%) said it does not make a difference. About one in six (15.1%) respondents said they were unsure or preferred not to answer the question.
- ❖ Overall, nearly two in three (64.3%) respondents said they are somewhat knowledgeable about laws related to marijuana use in the state of Florida, while fewer than one in ten (8.3%) said they are very knowledgeable. About one in four (24.4%) respondents said they are not at all knowledgeable about these laws.

- ❖ About two in three (63.0%) respondents have received information about laws related to marijuana use in Florida from local TV news, and nearly half (46.0%) have read about the topic in the local newspaper. About two in five respondents received information from friends or family members (40.3%) or national/cable TV news (36.6%), and about one in four received information from social media (28.6%) or on-line news sites or blogs (24.2%). Fewer respondents saw, heard, or read information about laws related to marijuana use in Florida on various government and other websites.
- ❖ Nearly one in three (31.6%) respondents erroneously said that smoking medical marijuana is legal in Florida, while a similar number (35.5%) correctly said that eating edible forms of medical marijuana is legal in Florida. About one in four (24.2%) respondents correctly noted that vaping medical marijuana is legal in Florida. Approximately one in ten respondents erroneously indicated that any licensed physician can order medical marijuana (13.4%); only terminal conditions qualify for medical marijuana (11.5%); and, that none of these actions are legal in Florida (10.7%). Notably, one in three (32.1%) respondents is unsure about actions allowed under the Florida State Legislature Medical Use of Marijuana Act.
- ❖ Two in three (68.6%) respondents correctly note that an order from a qualifying physician is required for a patient to legally obtain and possess medical marijuana in Florida, and a similar number correctly indicate that a qualifying medical condition is required. About half (52.3%) of the respondents said an ID card is required for a patient to legally obtain and possess medical marijuana in Florida, and nearly one in three (30.5%) said entry on the state registry is required. Only about one in four (28.1%) respondents correctly identified all four requirements.
- ❖ More than half (55.5%) of the respondents said that they have used marijuana, while about two in five (41.5%) said they have not.

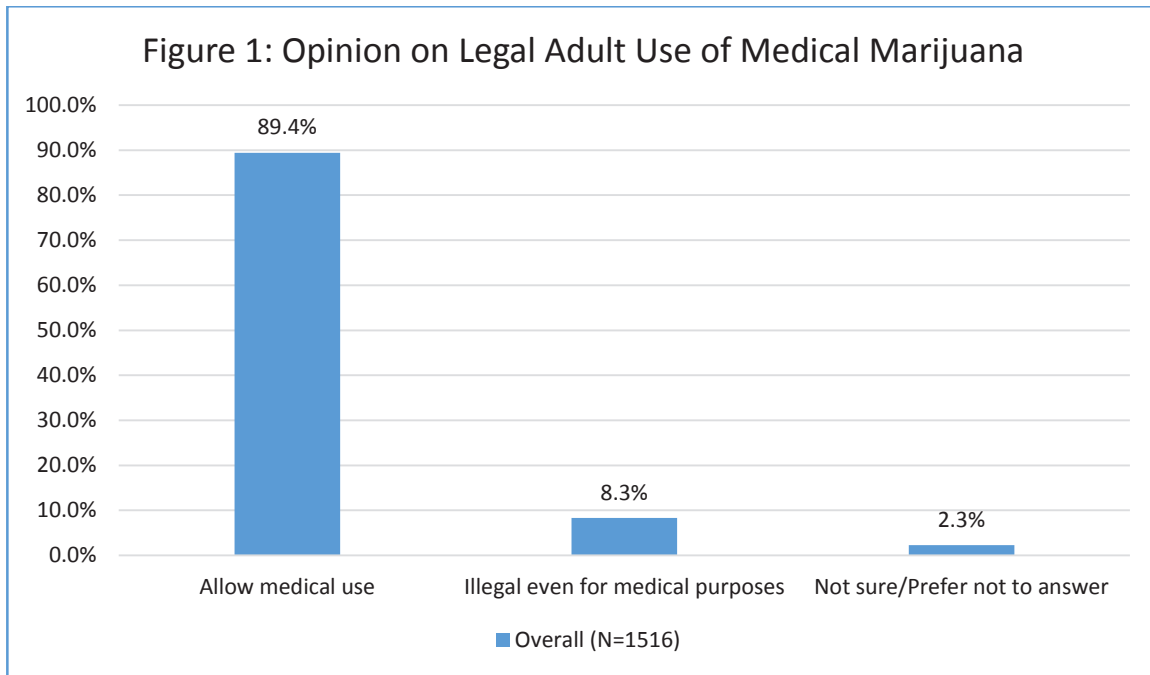
Results

Knowledge & Opinions on Marijuana Use

The first section of the survey asked a series of questions about respondents' general knowledge of and opinions about marijuana use.

Opinion on Legal Adult Use of Medical Marijuana

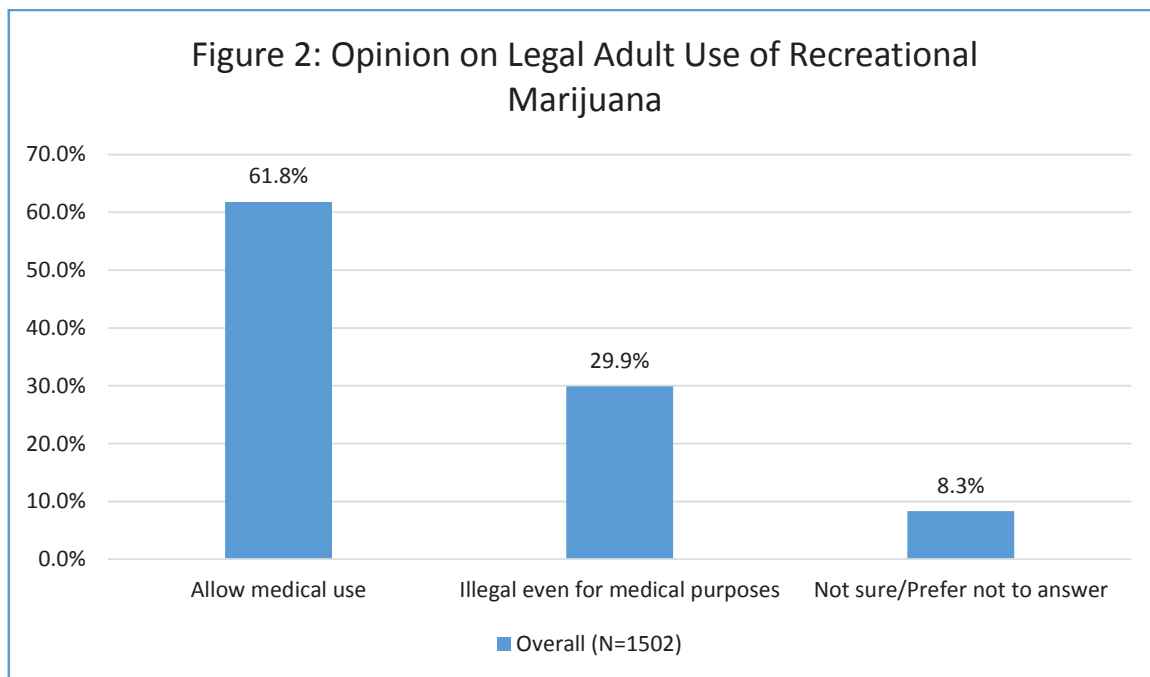
The first question asked: "Do you think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, or do you think that marijuana should be illegal even for medical purposes?" The responses appear in Figure 1.



Overall, more than four in five (89.4%) respondents said they think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, while fewer than one in ten (8.3%) said they think marijuana should be illegal even for medical purposes.

Opinion on Legal Adult Use of Recreational Marijuana

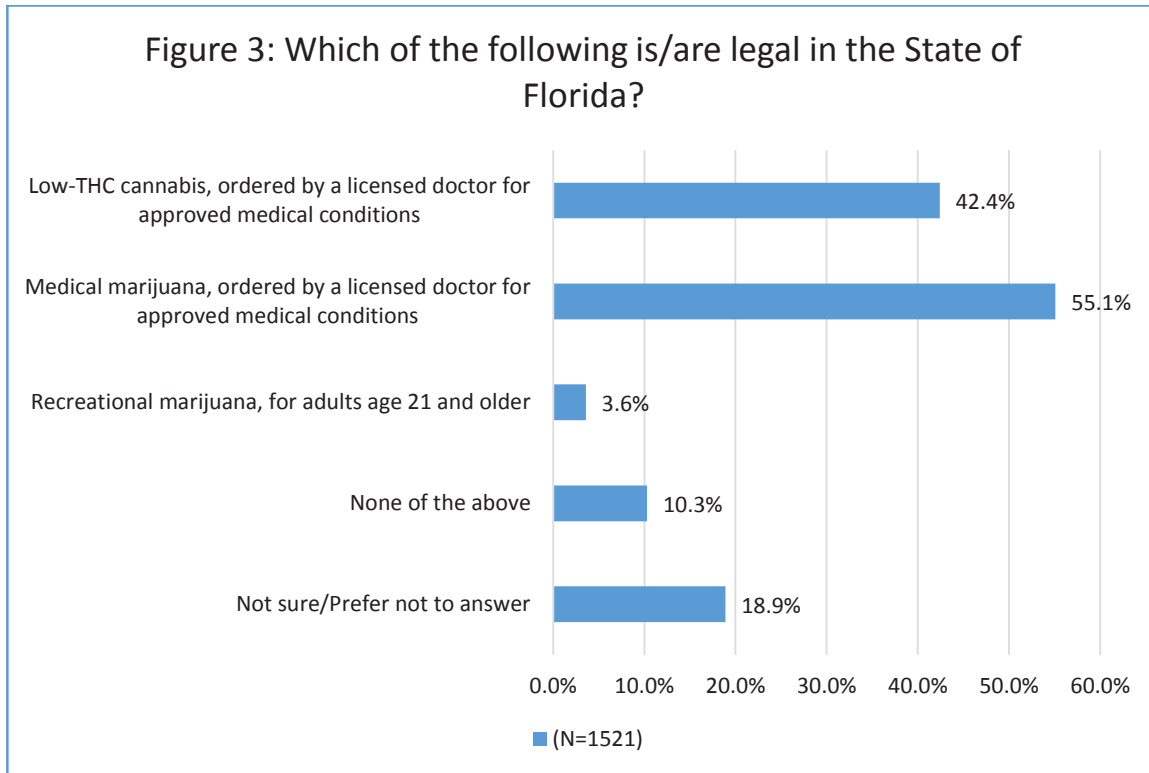
The next question asked: “Do you think adults should be allowed to legally use marijuana for recreational purposes, or do you think that recreational marijuana use should remain illegal?” The responses appear for in Figure 2.



Overall, about three in five (61.8%) respondents said they think adults should be allowed to legally use marijuana for recreational purposes, while about three in ten (29.9%) said they think marijuana should be illegal for recreational purposes.

Knowledge of Florida Laws Regarding Marijuana

Next, respondents were asked: “To the best of your knowledge, which of the following is/are legal in the state of Florida: Low-THC cannabis, ordered by a licensed doctor for approved medical conditions; Medical marijuana, ordered by a licensed doctor for approved medical conditions; Medical marijuana, ordered by a licensed doctor for approved medical conditions; Recreational marijuana, for adults age 21 and older; None of the above?” Respondents could select multiple responses. The results appear in Figure 3.

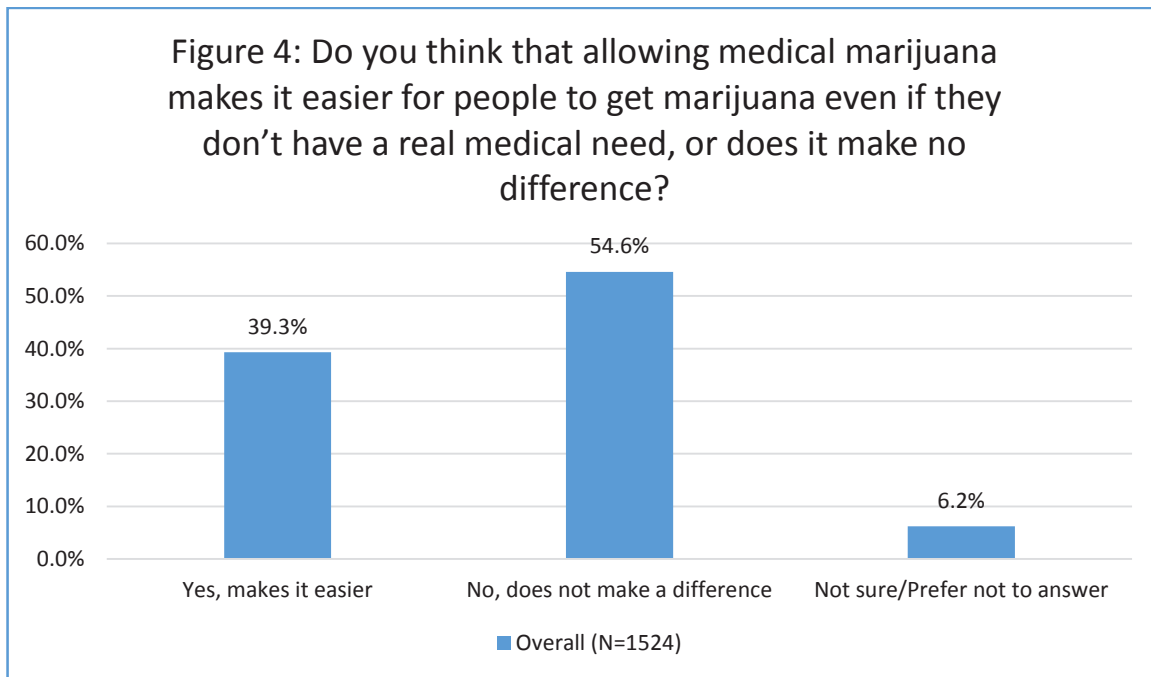


About two in five (42.4%) respondents correctly said that “Low-THC cannabis, ordered by a licensed doctor for approved medical conditions” is legal in the state of Florida. More than half (55.1%) of the respondents correctly noted that “Medical marijuana, ordered by a licensed doctor for approved medical conditions” is legal in the state of Florida. Of the 1,521 respondents who answered this question, about one in four (27.4%, n=417) correctly chose both of these responses.

Just 3.6 percent of respondents erroneously said that “recreational marijuana, for adults age 21 and older” was legal in Florida. However, one in ten (10.3%) said none of these actions were legal in Florida, and two in five (18.9%) said they were either unsure of which options were legal or preferred not to provide an answer.

Opinion on whether Allowing Medical Marijuana Influences Acquisition for Those without Need

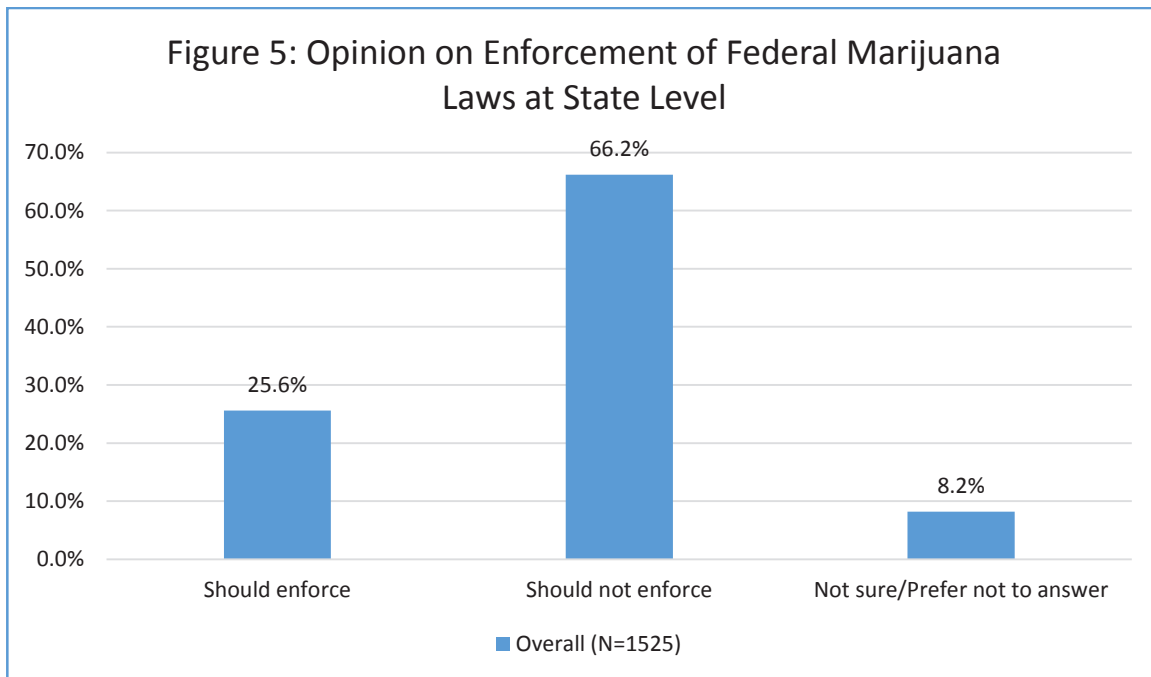
The next question asked: “Do you think that allowing medical marijuana makes it easier for people to get marijuana even if they don’t have a real medical need, or does it make no difference?” The responses appear for in Figure 4.



Two in five (39.3%) respondents agreed that allowing medical marijuana makes it easier for people to get marijuana even if they don’t have a real medical need, while more than half (54.6%) said it makes no difference.

Opinion on whether Federal Laws on Marijuana should be Enforced at State Level

The next question asked: “Some states have decided to allow medical and/or recreational marijuana use, but it is still prohibited under federal law. Do you think the federal government should or should not enforce federal marijuana laws in these states?” The responses appear for in Figure 5.

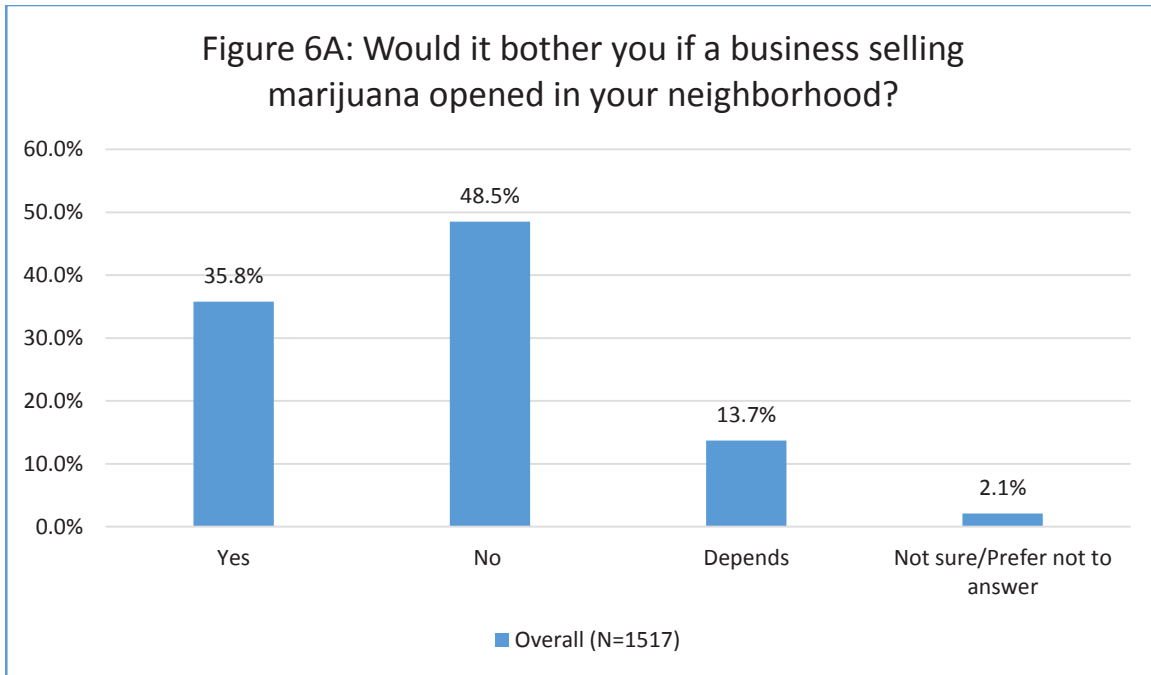


Overall, about one in four (25.6%) respondents said they think the federal government should enforce federal marijuana laws in states that decide to allow medical and/or recreational marijuana, while about two in three (66.2%) said they do not think federal marijuana laws should be enforced in these states.

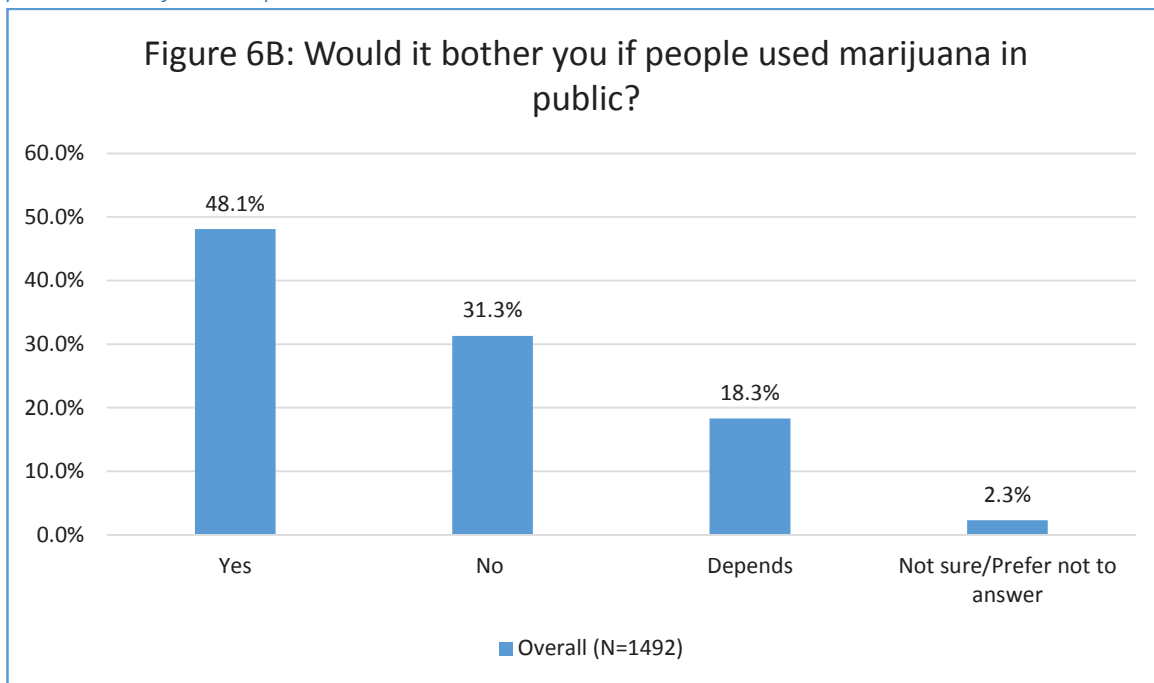
Personal Preferences Regarding the Sale and Use of Marijuana

Next, the survey asked a series of three questions about the sale and use of marijuana: “Knowing that some states have decided to allow legal medical and/or recreational marijuana use, would it bother you if: A business selling marijuana opened in your neighborhood; People used marijuana in public; People used marijuana in their own homes?” The responses appear for in Figures 6A, 6B, and 6C.

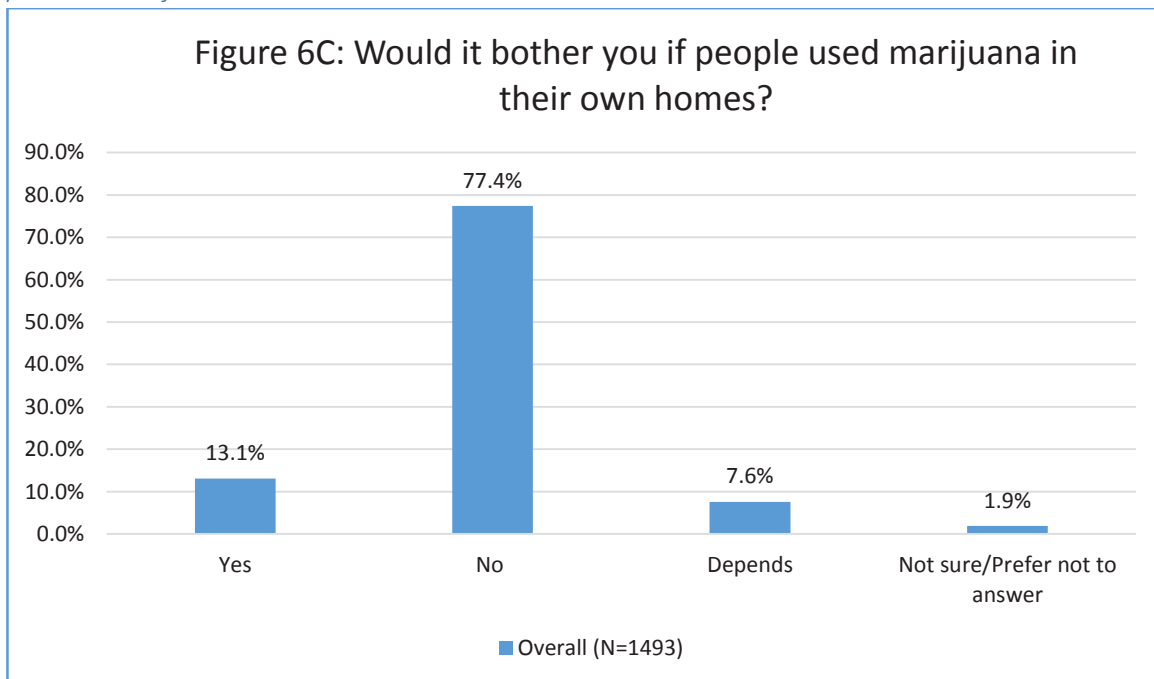
A business selling marijuana opened in your neighborhood



About one in three (35.8%) respondents said it would bother them if a business selling marijuana opened in their neighborhood. Nearly one-half (48.5%) of respondents said it would not bother them if a business selling marijuana opened in their neighborhood, and about one in eight (13.7%) said it would depend on circumstances.



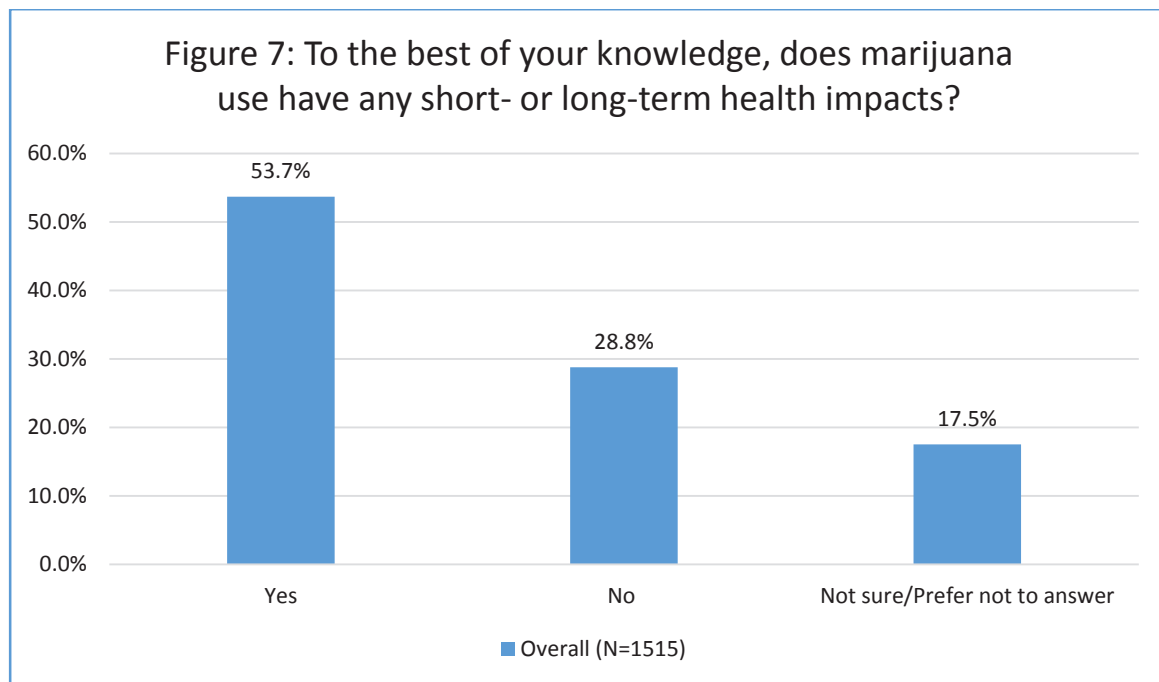
Nearly one-half (48.1%) of the respondents said it would bother them if people used marijuana in public. About one in three (31.3%) respondents said it would not bother them if people used marijuana in public, and about one in five (18.3%) said it would depend on circumstances.



About one in eight (13.1%) respondents said it would bother them if people used marijuana in their own homes. More than three in four (77.4%) respondents said it would not bother them if people used marijuana in their own homes, and fewer than one in ten (7.6%) said it would depend on circumstances.

Knowledge of Short- or Long-term Health Impacts of Marijuana

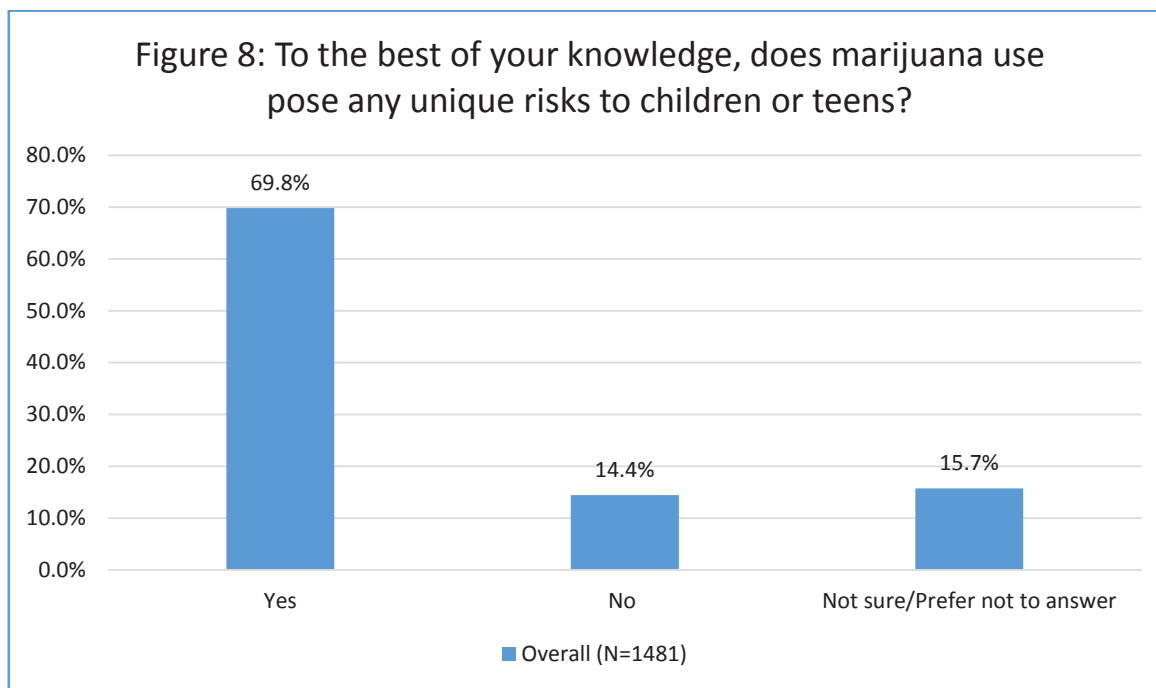
The next question asked: “To the best of your knowledge, does marijuana use have any short- or long-term health impacts?” The responses appear for in Figure 7.



More than one-half (53.7%) of the respondents said that marijuana does have short- and long-term health impacts, while more than one-quarter (28.8%) said it does not. Nearly one in five (17.5%) respondents said they were unsure or preferred not to answer the question.

Knowledge of Unique Risks of Marijuana for Children or Teens

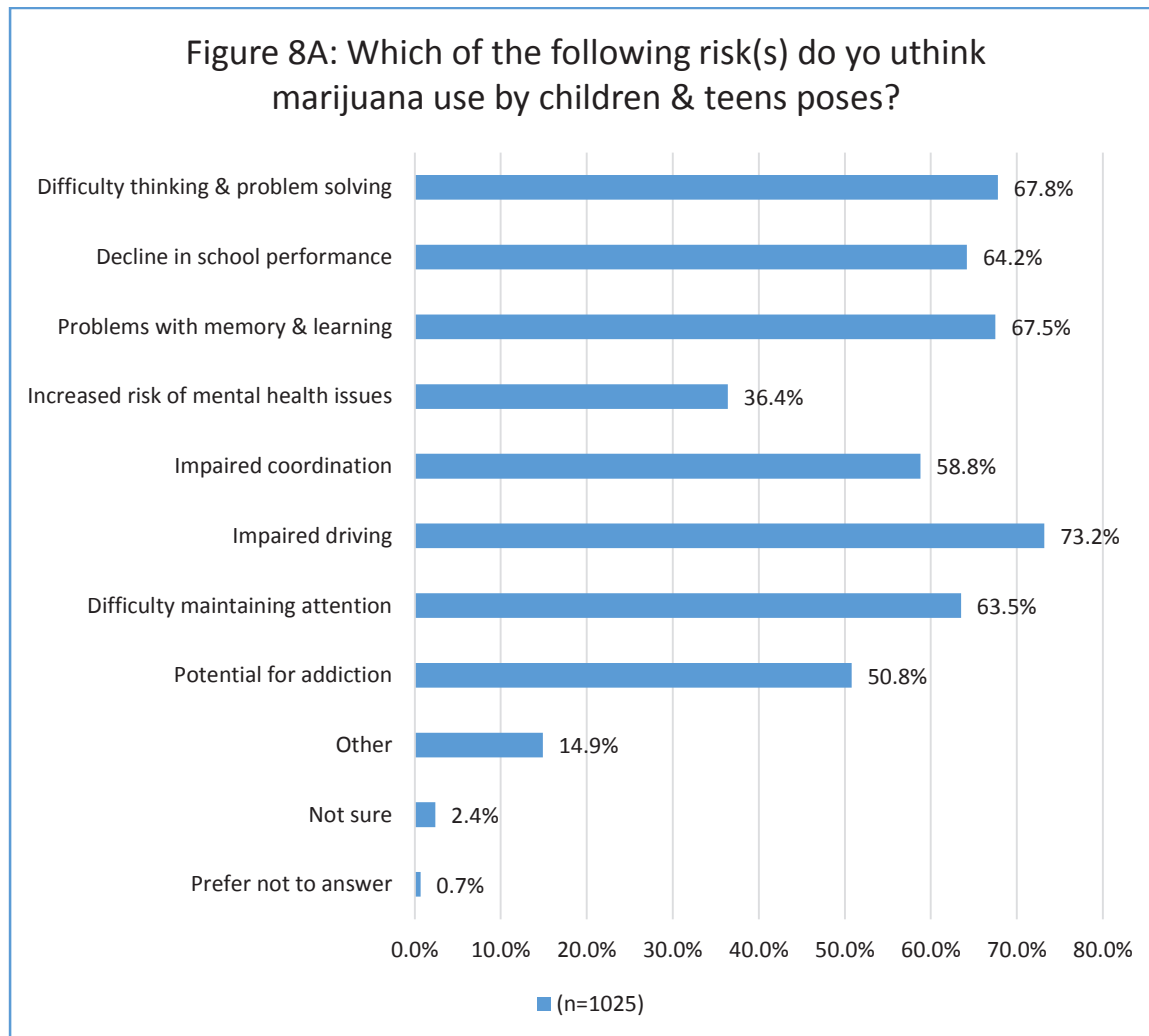
The next question asked: “To the best of your knowledge, does marijuana use pose any unique risks to children or teens?” The responses appear for in Figure 8.



More than two in three (69.8%) respondents said that marijuana poses unique risks to children or teens, while one in seven (14.4%) said it does not. Nearly one in six (15.7%) respondents said they were unsure or preferred not to answer the question.

Unique Risks Posed for Children or Teens

Those respondents (n=1025) who indicated that marijuana poses unique risks to children or teens were then asked to identify which risks they believe marijuana use poses to children and teens. The results appear in Figure 8A; respondents could choose more than one response.

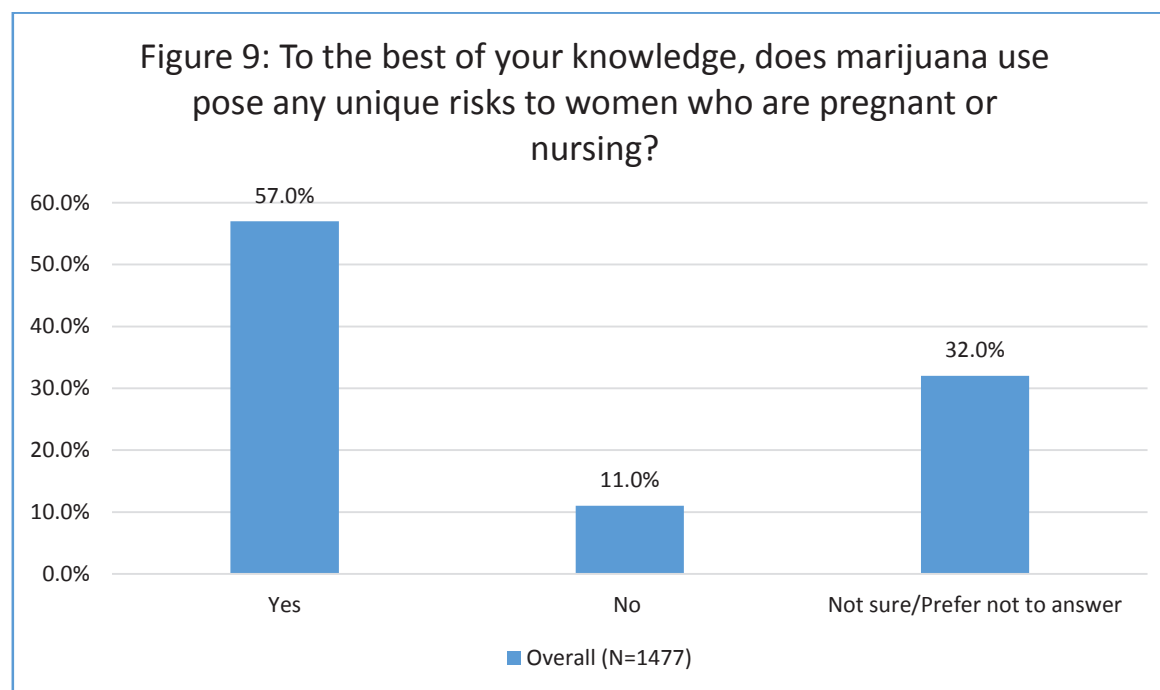


Two in three, or more, of these respondents identified the following as risks for children and teens posed by marijuana use: impaired driving (73.2%); difficulty thinking and problem solving (67.8%); problems with memory and learning (67.5%); decline in school performance (64.2%); and, difficulty maintaining attention (63.5%). About three in five of these respondents noted impaired coordination (58.8%) and about half (50.8%) noted potential for addition. About one in three (36.4%) of these respondents cited increased risk of mental health issues.

In addition, about one in seven (14.9%) of these respondents indicated “other” risks, which are presented in Appendix B.

Knowledge of Unique Risks of Marijuana for Women who are Pregnant or Nursing

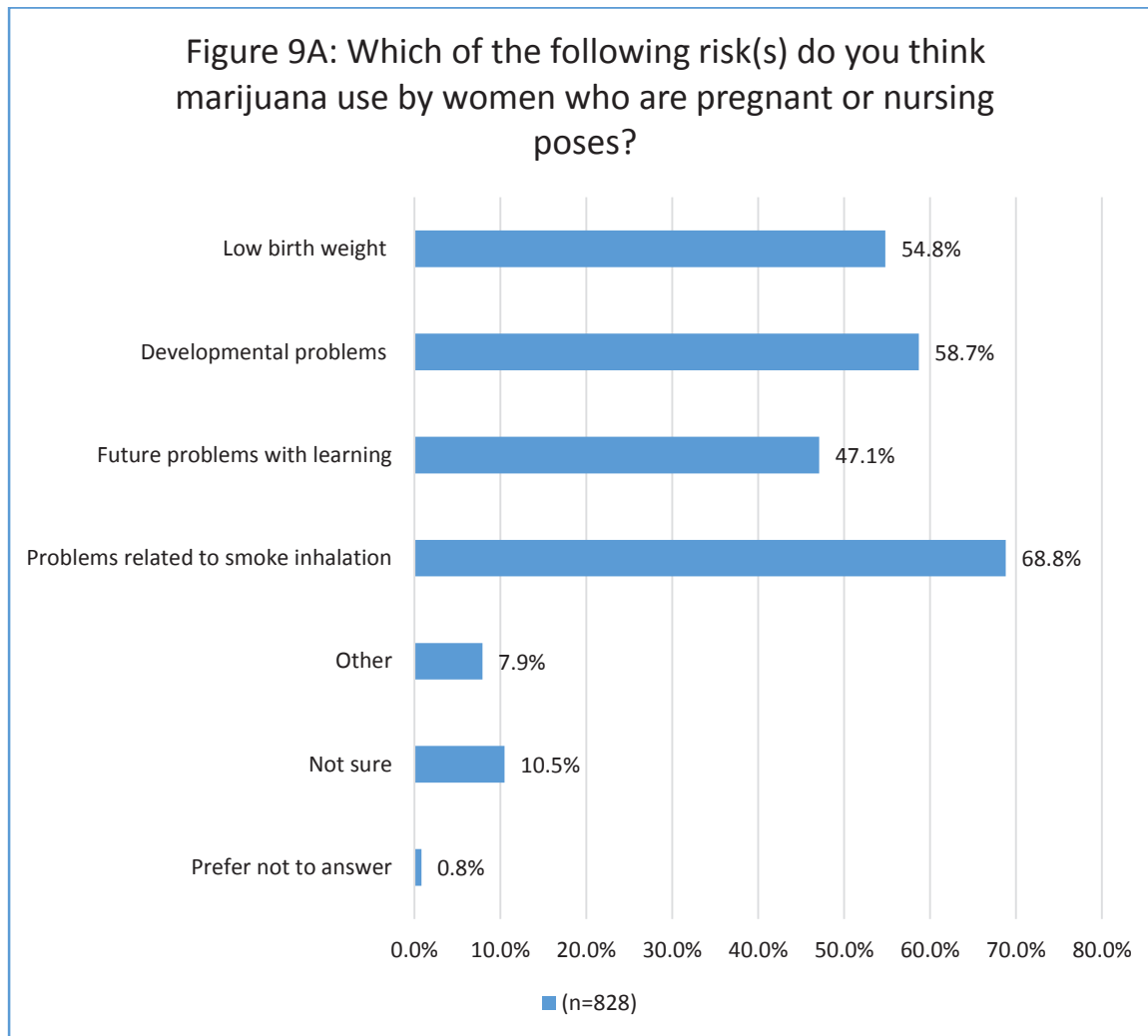
The next question asked: “To the best of your knowledge, does marijuana use pose any unique risks to women who are pregnant or nursing?” The responses appear for in Figure 9.



Nearly three in five (57.0%) respondents said that marijuana poses unique risks to women who are pregnant or nursing, while about one in ten (11.0%) said it does not. Notably, about one in three (32.0%) respondents said they were unsure or preferred not to answer the question.

Unique Risks Posed for Women who are Pregnant or Nursing

Those respondents (n=828) who indicated that marijuana poses unique risks to women who are pregnant or nursing were then asked to identify which risks they believe marijuana use poses to these women. The results appear in Figure 9A; respondents could choose more than one response.

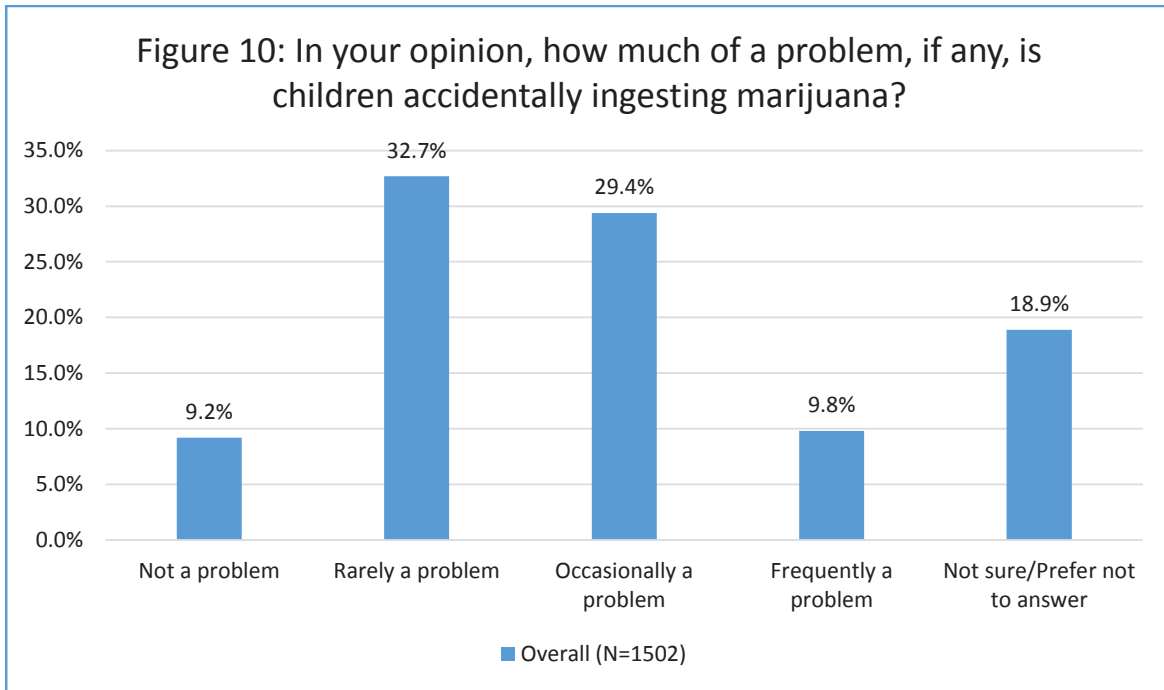


More than two in three (68.8) of these respondents cited problems related to smoke inhalation as a unique risk from marijuana posed to women who are pregnant or nursing, and about three in five (58.7) indicated developmental problems for the fetus as a unique risk. About half of these respondents noted low birth weight (54.8%) and future problems with learning (47.1%) as unique risks.

In addition, about one in ten (7.9%) of these respondents noted “other” risks which are presented in Appendix B.

Opinion on Accidental Ingestion of Marijuana by Children

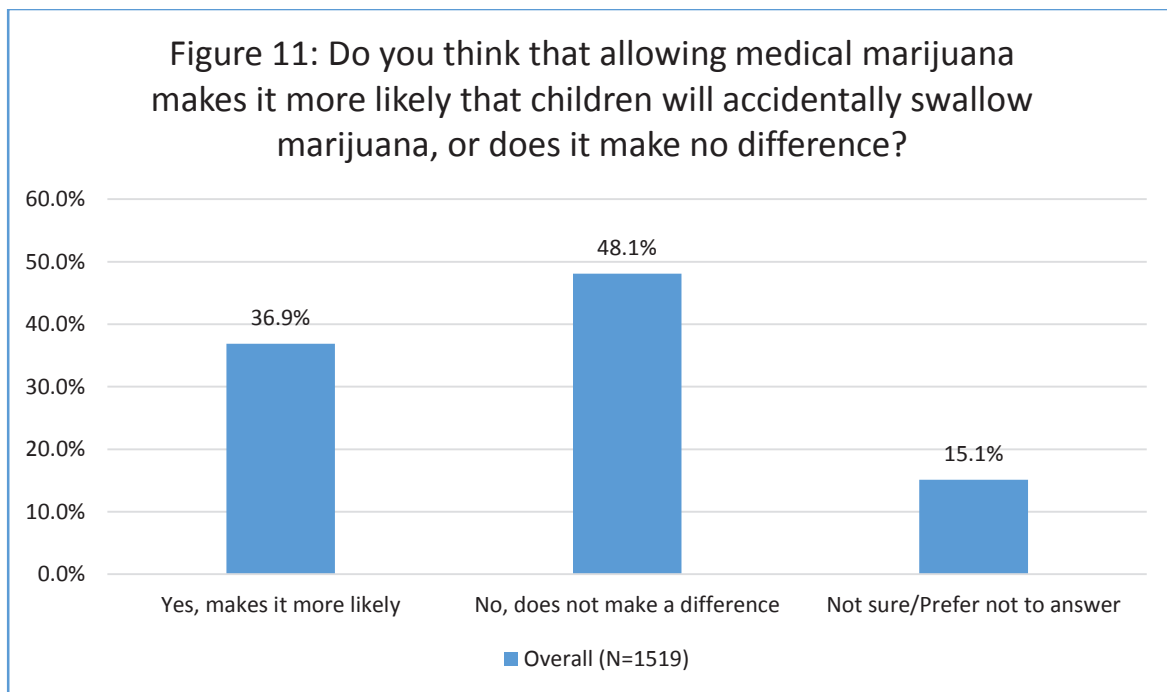
The next question asked: “In your opinion, how much of a problem, if any, is children accidentally ingesting marijuana? Would you say it’s not a problem at all, rarely a problem, occasionally a problem, or frequently a problem?” The responses appear for in Figure 10.



One in ten (9.2%) respondents said that children accidentally ingesting marijuana is not a problem, and nearly one in three (32.7%) said this is rarely a problem. Three in ten (29.4%) respondents thought children accidentally ingesting marijuana is occasionally a problem, while one in ten (9.8%) said it was frequently a problem. About one in five (18.9%) respondents said they were unsure or preferred not to answer the question.

Opinion on Effects of Medical Marijuana Legalization on Accidental Ingestion of Marijuana by Children

The next question asked: “Do you think that allowing medical marijuana makes it more likely that children will accidentally swallow marijuana, or does it make no difference?” The responses appear for in Figure 11.



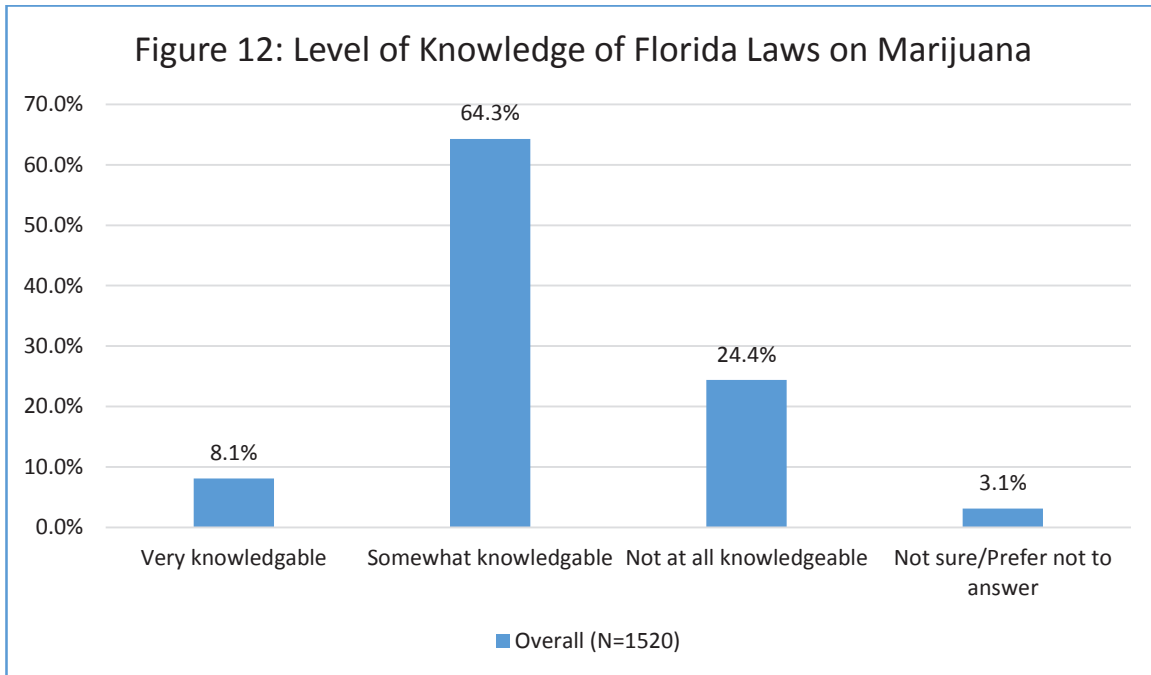
More than one in three (36.9%) respondents said that allowing medical marijuana makes it more likely that children will accidentally swallow marijuana, while about half (48.1%) said it does not make a difference. About one in six (15.1%) respondents said they were unsure or preferred not to answer the question.

Marijuana in Florida

The next section of the survey asked a series of more specific questions about marijuana use in the state of Florida.

Level of Knowledge of Florida Laws on Marijuana

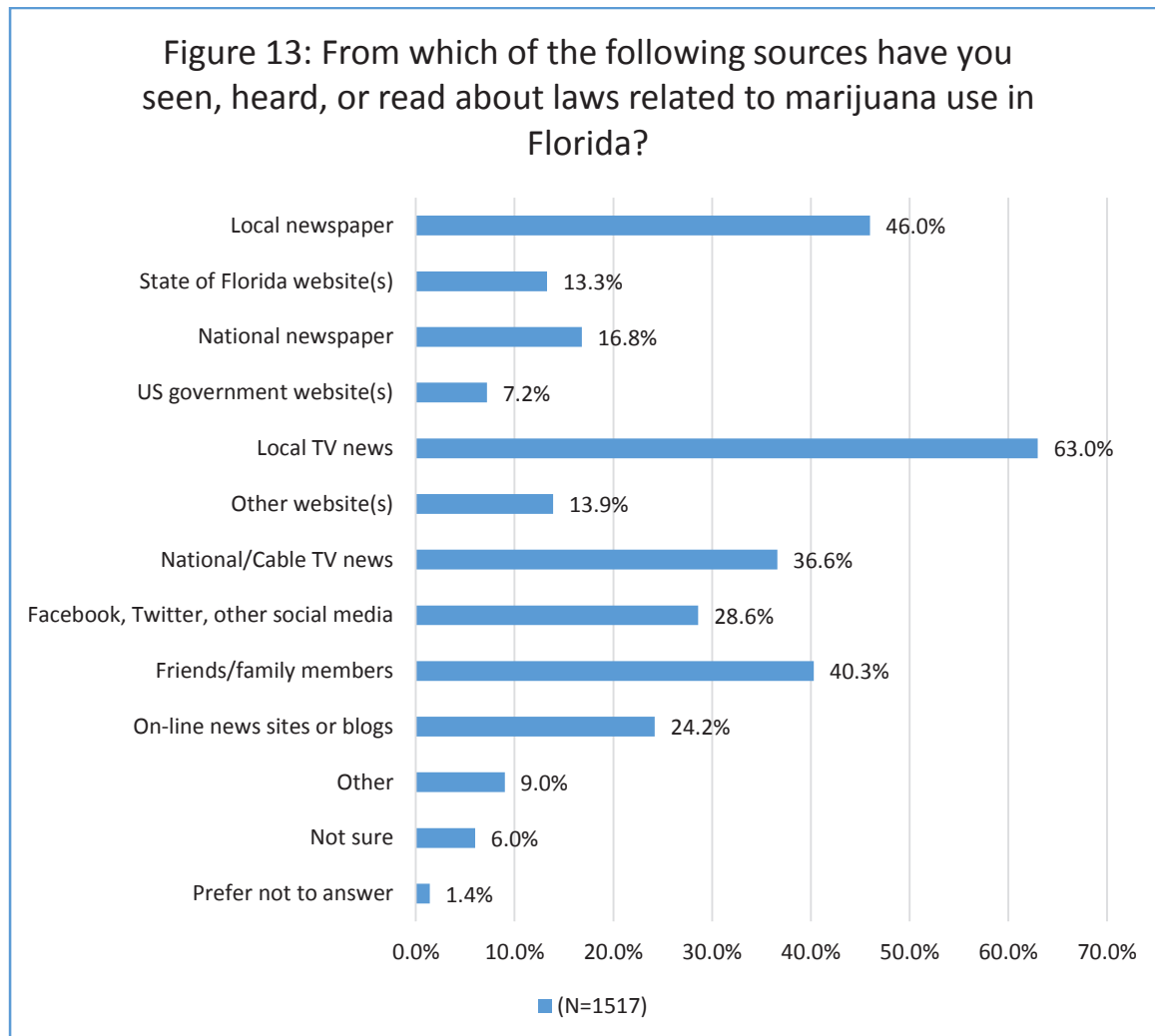
The first question in this section asked: “How knowledgeable would you say you are about laws related to marijuana use in Florida? Would you say you’re very knowledgeable, somewhat knowledgeable, or not at all knowledgeable?” The responses appear in Figure 12.



Overall, nearly two in three (64.3%) respondents said they are somewhat knowledgeable about laws related to marijuana use in the state of Florida, while fewer than one in ten (8.1%) said they are very knowledgeable. About one in four (24.4%) respondents said they are not at all knowledgeable about these laws.

Sources of Information on Laws Related to Marijuana in Florida

Next, respondents were asked: “From which of the following sources have you seen, heard, or read about laws related to marijuana use in Florida?” The results appear in Figure 13; respondents could choose more than one answer.

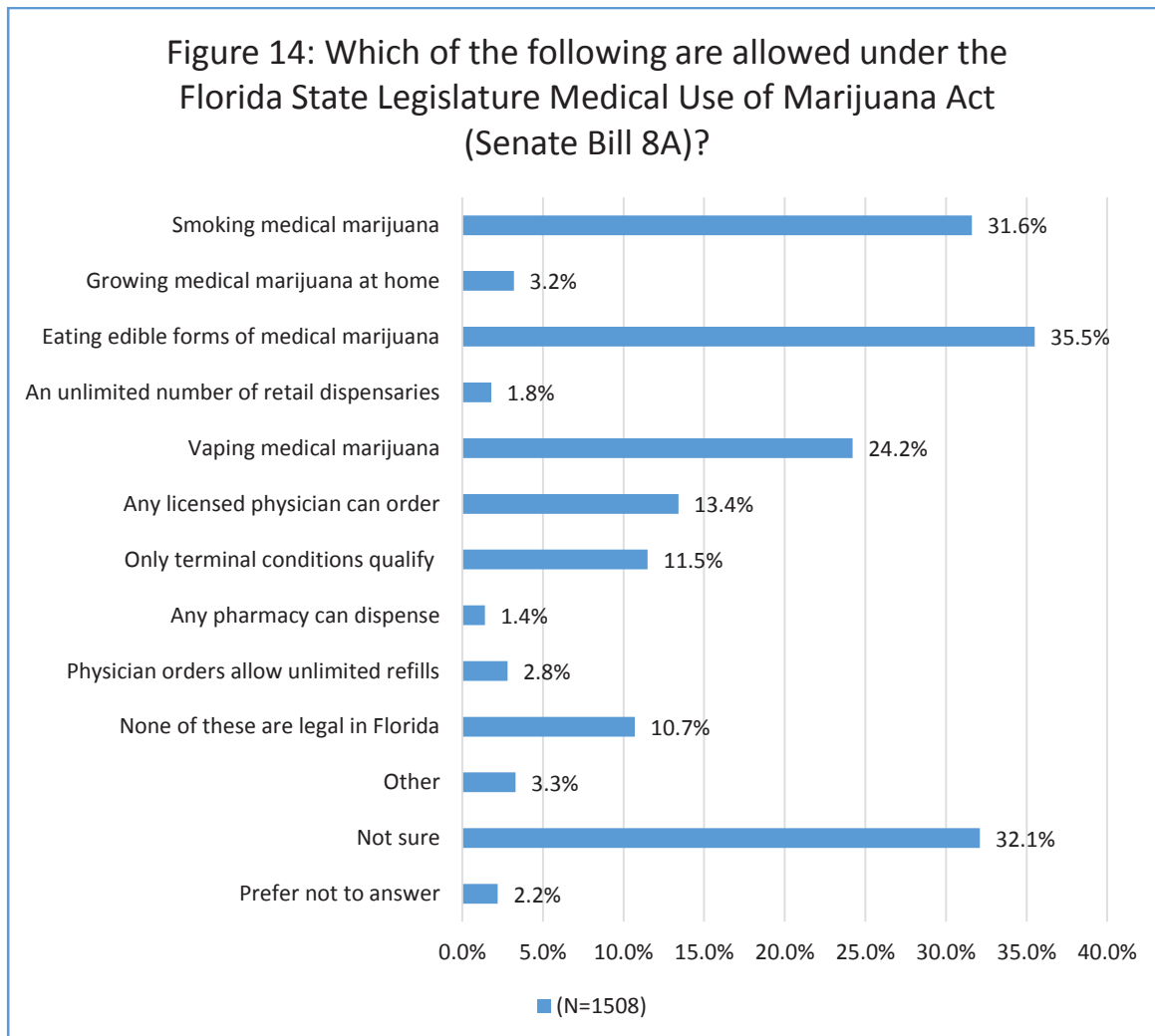


About two in three (63.0%) respondents have received information about laws related to marijuana use in Florida from local TV news, and nearly half (46.0%) have read about the topic in the local newspaper. About two in five respondents received information from friends or family members (40.3%) or national/cable TV news (36.6%), and about one in four received information from social media (28.6%) or on-line news sites or blogs (24.2%). Fewer respondents saw, heard, or read information about laws related to marijuana use in Florida on various government and other websites.

In addition, about one in ten (9.0%) respondents noted “other” sources of information which are presented in Appendix B.

Knowledge of Florida State Legislature Medical Use of Marijuana Act

Next, respondents were asked: “To the best of your knowledge, which of the following are allowed under the Florida State Legislature Medical Use of Marijuana Act (Senate Bill 8A)?” The results appear in Figure 14; respondents could choose more than one answer.

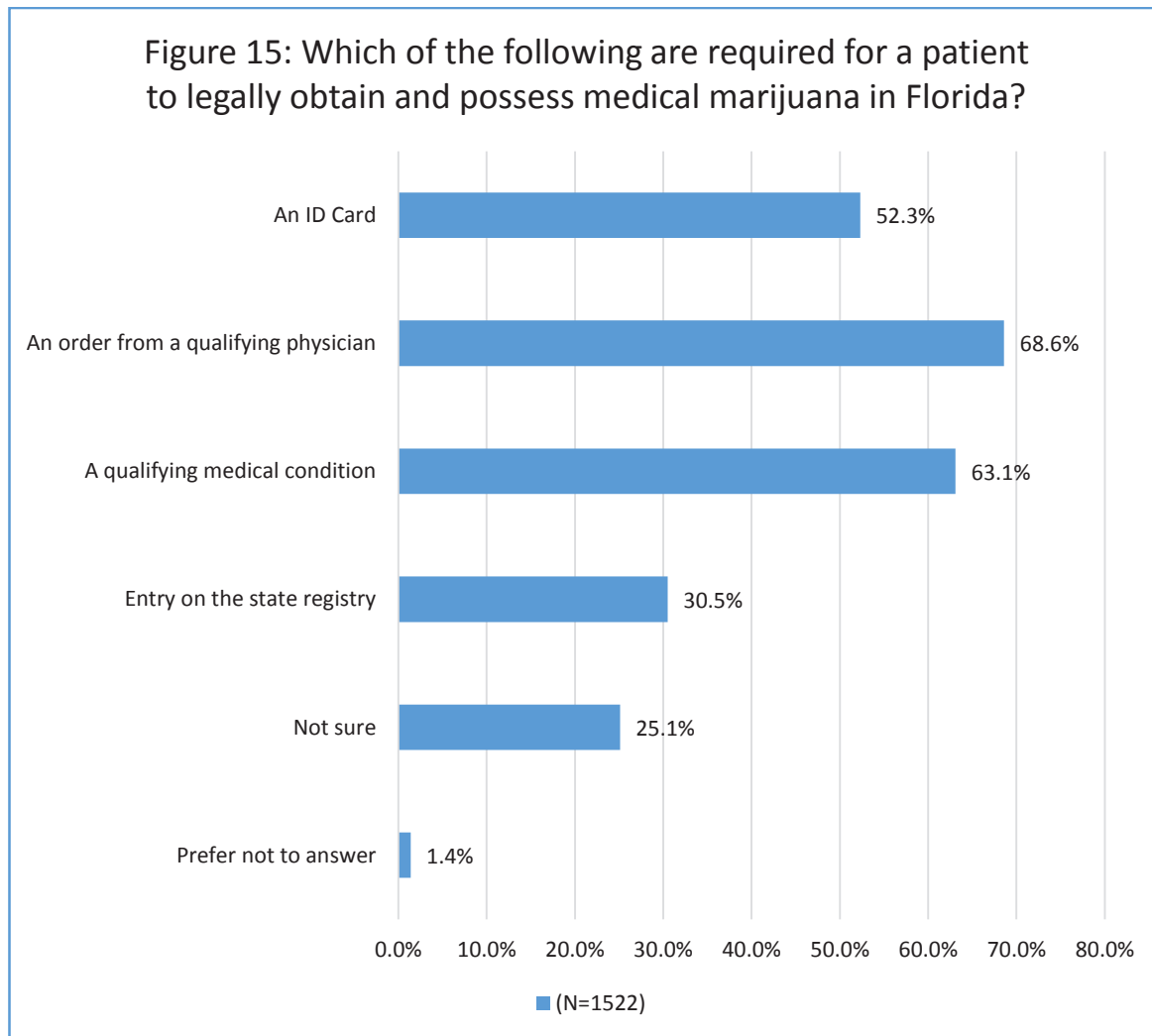


Nearly one in three (31.6%) respondents erroneously said that smoking medical marijuana is legal in Florida, while a similar number (35.5%) correctly said that eating edible forms of medical marijuana is legal in Florida. About one in four (24.2%) respondents correctly noted that vaping medical marijuana is legal in Florida. Approximately one in ten respondents erroneously indicated that any licensed physician can order medical marijuana (13.4%); only terminal conditions qualify for medical marijuana (11.5%); and, that none of these actions are legal in Florida (10.7%). Notably, one in three (32.1%) respondents is unsure about actions allowed under the Florida State Legislature Medical Use of Marijuana Act.

In addition, about three percent of respondents provided “other” responses which are presented in Appendix B.

Knowledge of Requirements to Legally Obtain & Possess Medical Marijuana in Florida

Next, respondents were asked: “To the best of your knowledge, which of the following are required for a patient to legally obtain and possess medical marijuana in Florida?” The results appear in Figure 15; respondents could choose more than one answer.

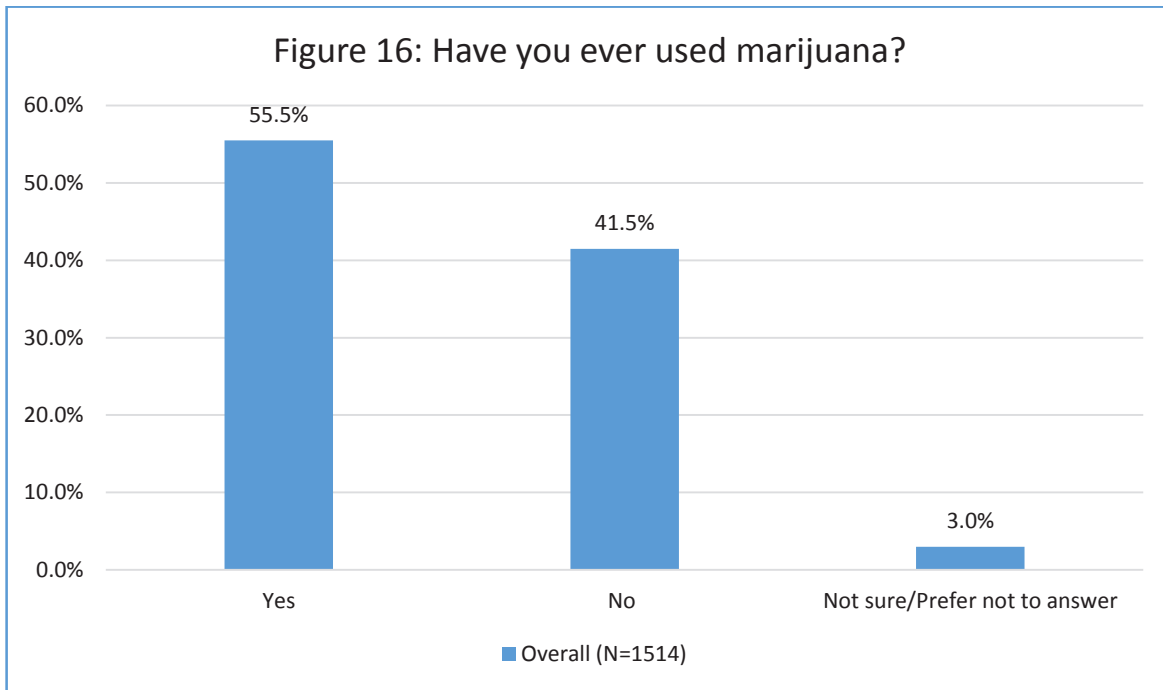


Two in three (68.6%) respondents correctly note that an order from a qualifying physician is required for a patient to legally obtain and possess medical marijuana in Florida, and a similar number correctly indicate that a qualifying medical condition is required. About half (52.3%) of the respondents said an ID card is required for a patient to legally obtain and possess medical marijuana in Florida, and nearly one in three (30.5%) said entry on the state registry is required. Only about one in four (25.1%) respondents correctly identified all four requirements.

Notably, one in four (25.1%) respondents is unsure about the requirements to legally obtain and possess medical marijuana in Florida.

Use of Marijuana

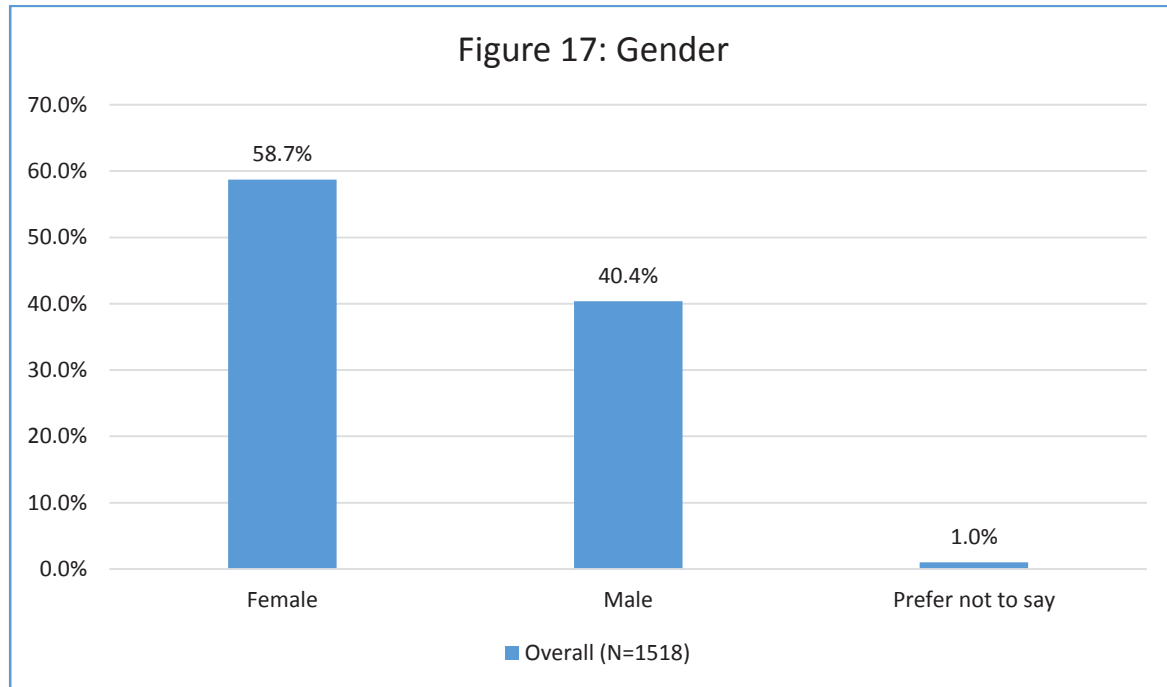
The final question in this section asked: “Keeping in mind that all of your answers in the survey are confidential, have you, yourself, ever used marijuana?” The responses appear for in Figure 16.



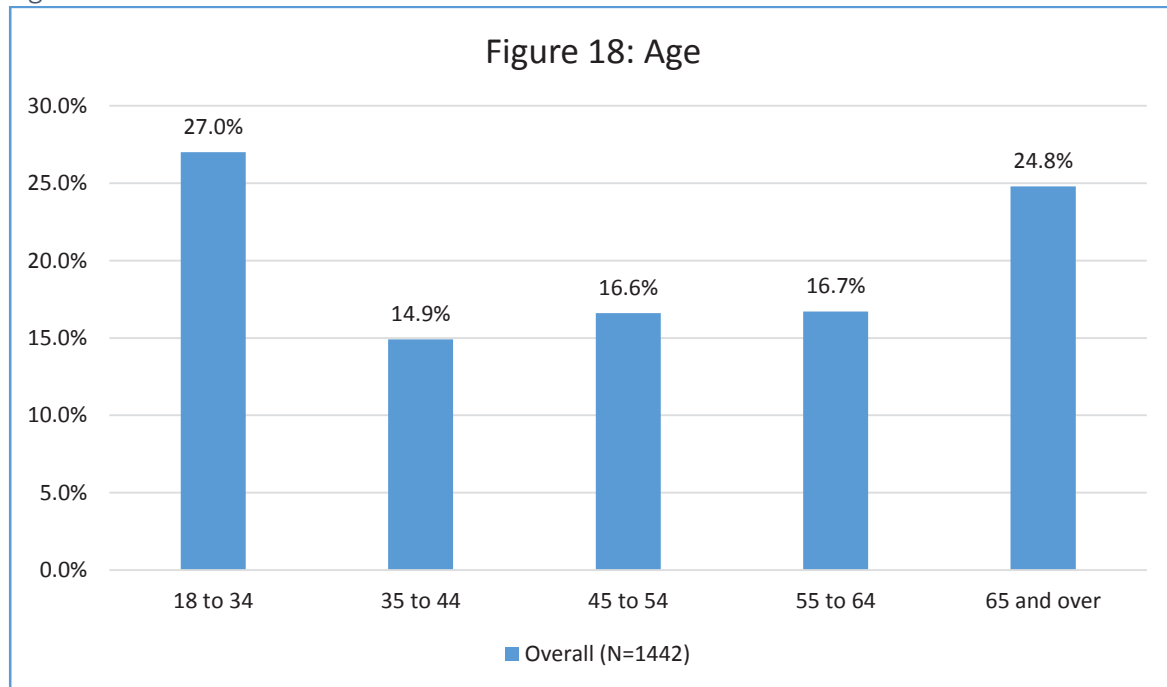
More than half (55.5%) of the respondents said that they have used marijuana, while about two in five (41.5%) said they have not.

Demographics

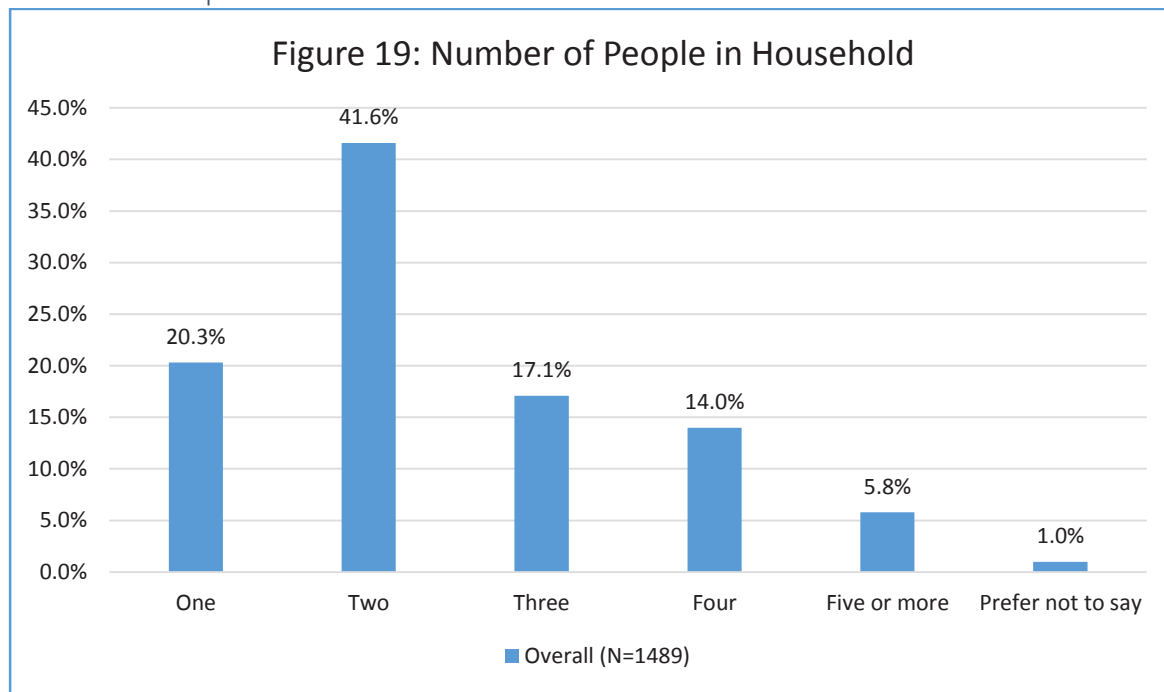
Gender



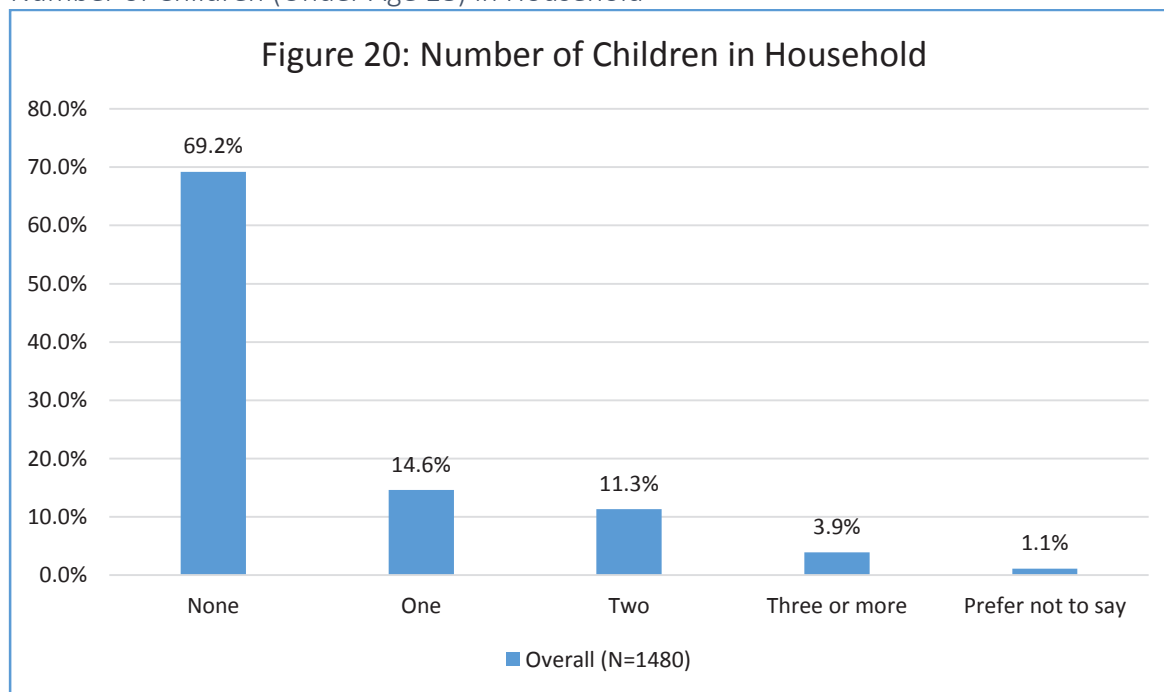
Age



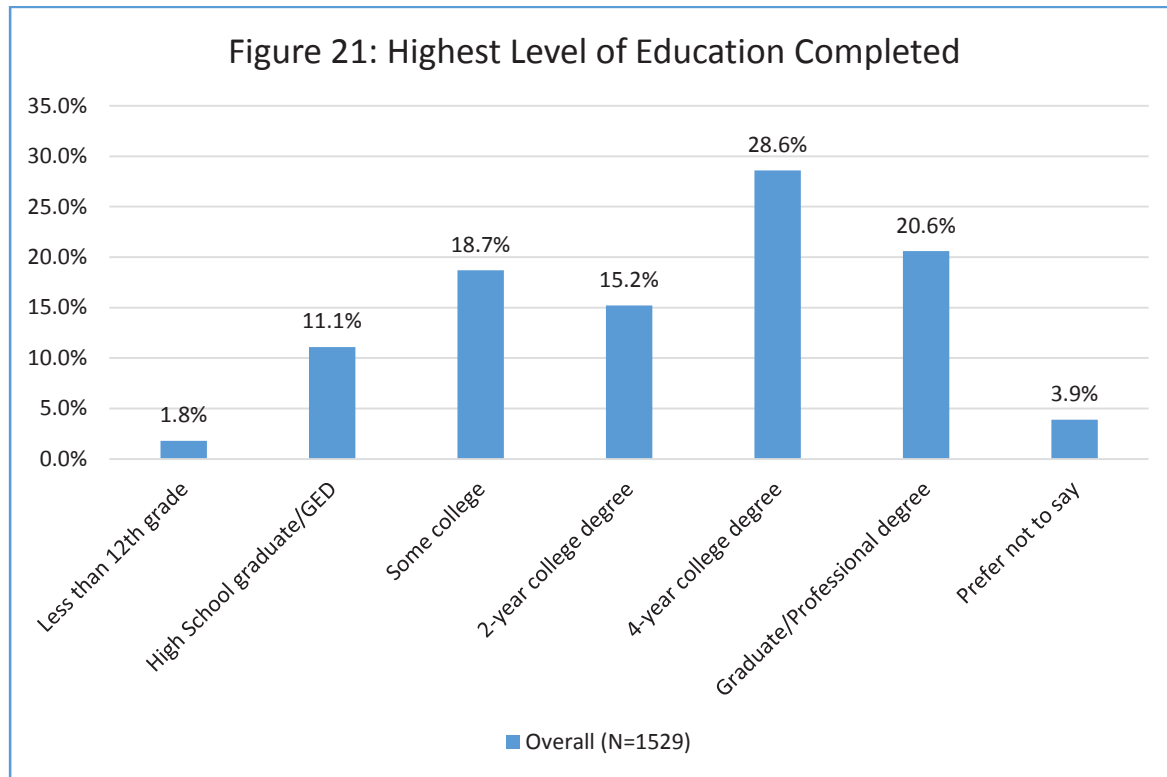
Number of People in Household



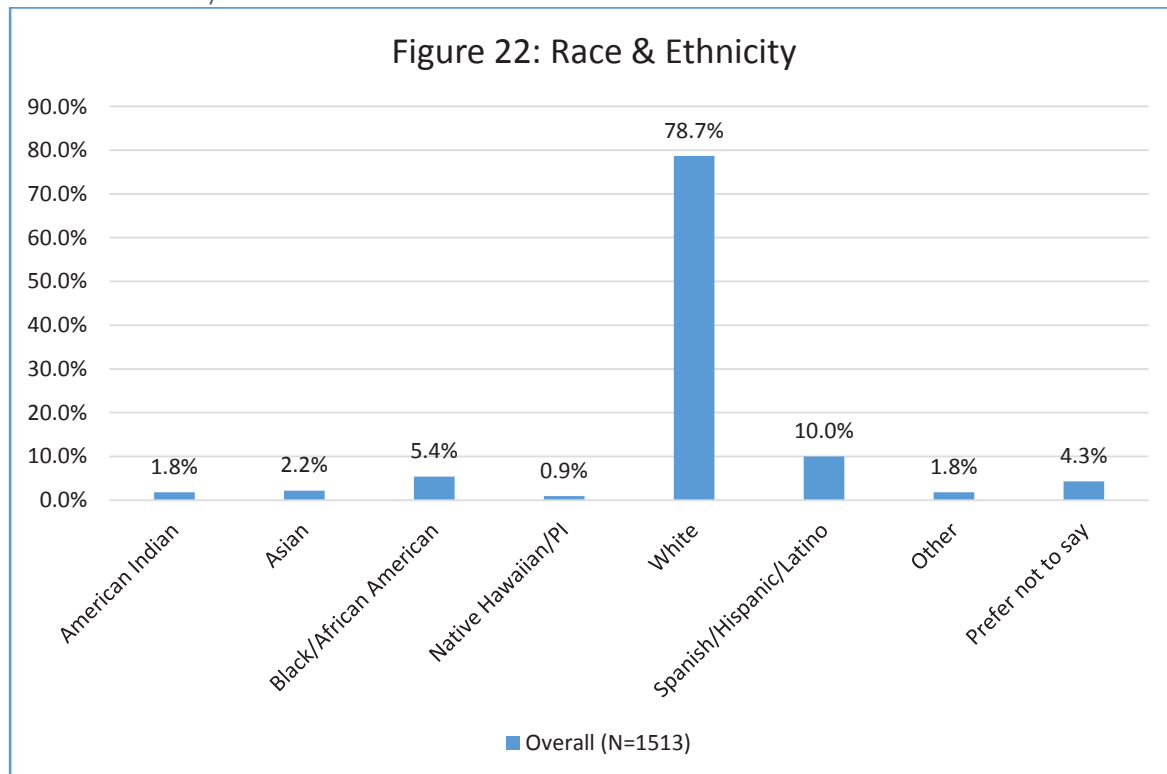
Number of Children (Under Age 18) in Household

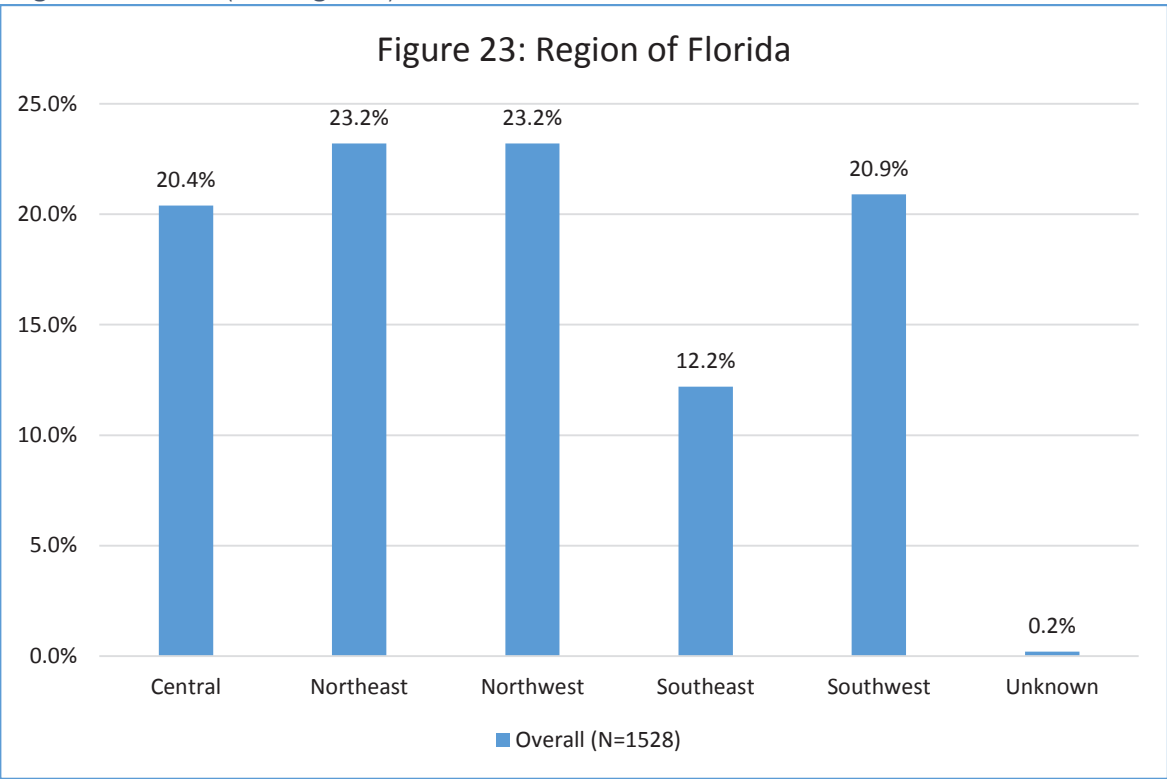


Education



Race & Ethnicity





Appendix A: Survey Instrument

The Florida Department of Health and researchers at the University of Florida are interested in learning more about Floridians' knowledge of and opinions about marijuana use. Your opinions are important to us and will help us better understand a significant topic facing our state. Please be assured that all responses are confidential – no identifying information will be associated with your survey responses.

We appreciate your time and participation. Please complete this survey by marking the appropriate response or filling in a response in the space provided.

Knowledge & Opinions on Marijuana Use

First, we have some questions about your knowledge of and opinions about marijuana use.

1. Do you think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, or do you think that marijuana should be illegal even for medical purposes?

<input type="radio"/>	Allow medical use
<input type="radio"/>	Illegal even for medical purposes
<input type="radio"/>	Not sure / Prefer not to answer

2. Do you think adults should be allowed to legally use marijuana for recreational purposes, or do you think that recreational marijuana use should remain illegal?

<input type="radio"/>	Allow recreational use
<input type="radio"/>	Illegal for all purposes
<input type="radio"/>	Not sure / Prefer not answer

3. To the best of your knowledge, which of the following is/are legal in the state of Florida? [Please mark ALL that apply.]

<input type="radio"/>	Low-THC cannabis, ordered by a licensed doctor for approved medical conditions
<input type="radio"/>	Medical marijuana, ordered by a licensed doctor for approved medical conditions
<input type="radio"/>	Recreational marijuana, for adults age 21 and older
<input type="radio"/>	None of the above
<input type="radio"/>	Not sure / Prefer not answer

4. Do you think that allowing medical marijuana makes it easier for people to get marijuana even if they don't have a real medical need, or does it make no difference?

<input type="radio"/>	Yes, makes it easier
<input type="radio"/>	No, does not make a difference
<input type="radio"/>	Not sure / Prefer not answer

5. Some states have decided to allow medical and/or recreational marijuana use, but it is still prohibited under federal law. Do you think the federal government should or should not enforce federal marijuana laws in these states?

<input type="radio"/>	Should
<input type="radio"/>	Should not
<input type="radio"/>	Not sure / Prefer not answer

6. Knowing that some states have decided to allow legal medical and/or recreational marijuana use, would it bother you if:

	Yes	No	Depends	Not sure
A. A business selling marijuana opened in your neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. People used marijuana in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. People used marijuana in their own homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. To the best of your knowledge, does marijuana use have any short- or long-term health impacts?

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Not sure / Prefer not answer

8. To the best of your knowledge, does marijuana use pose any unique risks to children or teens?

<input type="radio"/>	Yes
<input type="radio"/>	No → Go to Question 9
<input type="radio"/>	Not sure / Prefer not answer → Go to Question 9

IF YES: Which of the following risk(s) do you think marijuana use by children or teens poses?
[Please mark ALL that apply.]

<input type="radio"/>	Difficulty thinking & problem solving	<input type="radio"/>	Decline in school performance
<input type="radio"/>	Problems with memory & learning	<input type="radio"/>	Increased risk of mental health issues
<input type="radio"/>	Impaired coordination	<input type="radio"/>	Impaired driving
<input type="radio"/>	Difficulty maintaining attention	<input type="radio"/>	Potential for addiction
<input type="radio"/>	Other (please describe):		
<input type="radio"/>	Not sure	<input type="radio"/>	Prefer not to answer

9. To the best of your knowledge, does marijuana use pose any unique risks to women who are pregnant or nursing?

<input type="radio"/>	Yes
<input type="radio"/>	No → Go to Question 10
<input type="radio"/>	Not sure / Prefer not answer → Go to Question 10

IF YES: Which of the following risk(s) do you think marijuana use by women who are pregnant or nursing poses? [Please mark ALL that apply.]

<input type="radio"/>	Low birth weight	<input type="radio"/>	Developmental problems
<input type="radio"/>	Future problems with learning	<input type="radio"/>	Problems related to smoke inhalation
<input type="radio"/>	Other (please describe):		
<input type="radio"/>	Not sure	<input type="radio"/>	Prefer not to answer

10. In your opinion, how much of a problem, if any, is children accidentally ingesting marijuana? Would you say it's not a problem at all, rarely a problem, occasionally a problem, or frequently a problem?

<input type="radio"/>	Not a problem
<input type="radio"/>	Rarely a problem
<input type="radio"/>	Occasionally a problem
<input type="radio"/>	Frequently a problem
<input type="radio"/>	Not sure / Prefer not answer

11. Do you think that allowing medical marijuana makes it more likely that children will accidentally swallow marijuana, or does it make no difference?

<input type="radio"/>	Yes, makes it more likely
<input type="radio"/>	No, does not make a difference
<input type="radio"/>	Not sure / Prefer not answer

Marijuana in Florida

Next, we have some specific questions about marijuana use in the state of Florida.

12. How knowledgeable would you say you are about laws related to marijuana use in Florida? Would you say you're very knowledgeable, somewhat knowledgeable, or not at all knowledgeable?

<input type="radio"/>	Very knowledgeable
<input type="radio"/>	Somewhat knowledgeable
<input type="radio"/>	Not at all knowledgeable
<input type="radio"/>	Not sure / Prefer not answer

13. From which of the following sources have you seen, heard, or read about laws related to marijuana use in Florida? [Please mark ALL that apply.]

<input type="radio"/>	Local newspaper	<input type="radio"/>	State of Florida website(s)
<input type="radio"/>	National newspaper	<input type="radio"/>	US government website(s)
<input type="radio"/>	Local TV news	<input type="radio"/>	Other website(s)
<input type="radio"/>	National/Cable TV news	<input type="radio"/>	Facebook, Twitter, other social media
<input type="radio"/>	Friends/family members	<input type="radio"/>	On-line news sites or blogs
<input type="radio"/>	Other (please describe):		
<input type="radio"/>	Not sure	<input type="radio"/>	Prefer not to answer

14. To the best of your knowledge, which of the following are allowed under the Florida State Legislature Medical Use of Marijuana Act (Senate Bill 8A)? [Please mark ALL that apply.]

<input type="radio"/>	Smoking medical marijuana	<input type="radio"/>	Growing medical marijuana at home
<input type="radio"/>	Eating edible forms of medical marijuana	<input type="radio"/>	An unlimited number of retail dispensaries
<input type="radio"/>	Vaping medical marijuana	<input type="radio"/>	Any licensed physician can order
<input type="radio"/>	Only terminal conditions qualify	<input type="radio"/>	Any pharmacy can dispense
<input type="radio"/>	Physician orders allow unlimited refills	<input type="radio"/>	None of these are legal in Florida
<input type="radio"/>	Other (please describe):		
<input type="radio"/>	Not sure	<input type="radio"/>	Prefer not to answer

15. To the best of your knowledge, which of the following are required for a patient to legally obtain and possess medical marijuana in Florida? [Please mark ALL that apply.]

<input type="radio"/>	An ID Card
<input type="radio"/>	An order from a qualifying physician
<input type="radio"/>	A qualifying medical condition
<input type="radio"/>	Entry on the state registry
<input type="radio"/>	Not sure
<input type="radio"/>	Prefer not answer

16. Keeping in mind that all of your answers in the survey are confidential, have you, yourself, ever used marijuana?

<input type="radio"/>	Yes
<input type="radio"/>	No
<input type="radio"/>	Not sure / Prefer not answer

Demographics

Finally, please answer a few background questions so we know that we've heard from all kinds of people in Florida.

17. What is your gender? ☐ Female ☐ Male ☐ Prefer not to say

18. In what month and year were you born? Month: Year:

19. Including yourself, how many people currently live in your household?

20. And, how many of these people in your household are under the age of 18?

21. What is the highest level of education you have completed?

<input type="radio"/>	Less than 12 th grade
<input type="radio"/>	High school graduate (includes GED)
<input type="radio"/>	Some college, no degree
<input type="radio"/>	2-year college degree (Associate, Technical, etc.)
<input type="radio"/>	4-year college degree (Bachelor's)
<input type="radio"/>	Graduate or professional degree (Master's, Ph.D., M.B.A, etc.)
<input type="radio"/>	Prefer not to say

22. Do you consider yourself ...? [Please select ALL that apply.]

<input type="radio"/>	American Indian or Alaska Native
<input type="radio"/>	Asian
<input type="radio"/>	Black or African American
<input type="radio"/>	Native Hawaiian or Other Pacific Islander
<input type="radio"/>	White
<input type="radio"/>	Spanish / Hispanic / Latino
<input type="radio"/>	Other (please specify):
<input type="radio"/>	Prefer not to say

23. What is your 5-digit zip code? ☐ Prefer not to say

Thank you for completing this survey. Please seal your survey in the enclosed postage-paid return envelope and send it to us at your earliest convenience. We appreciate your time and participation!

Open-Ended Responses

Question 8A “Other” Responses: *Which risk(s) do you think marijuana use by children or teens poses?*

Possible for all above or under 18 yrs
Opening for lawsuits unknown
All of above
Willingness to try other drugs
Addiction
Respiratory physical condition
No response given
Normal growth
Demotivation and disinhibition
No response given
Turning to substance to help rather than positive things - God, people, self-discipline
Destroys their lives
Under 18 too young unless medical
Reduced motivation
Been around people that smoke it, creates mental problem and work issues
No response given
Decreased ambition
Tardy to school
Have seen improved with older learners
Gateway drug
Will be drug user
Harmful to lungs
Riskier w other drugs (alcohol)
Thefts to pay for drugs
Lung damage
Small as cigarette smoke
Discipline decline
No response given
Social and self-motivational issues
Leads to other drugs
Increase in crime: ex: stealing, theft, skip school, in lifestyle
Abuse could hurt long-term development
Permanent brain development impaired
No under 18 usage
Lower IQ passed to unborn children
No response given
Increased risk of worse drugs
A student who lived across the street from a school checked his mailbox then walked into the road and was hit by a car, he reeked of weed

Irritable, moody
 Craving; family and society impact
 No response given
 Leads to other drugs
 Lazy
 Stunts brain growth
 Will inhibit suicidal thoughts
 Short-term
 Difficulty learning and retaining knowledge
 Lazy
 Knowledge and responsibility are key, put a gun in a child's hands, a knowledgeable child won't shoot himself
 Children and teens should not use, same as alcohol rules
 I have personally seen this in our school systems 40 years ago, how much stronger is marijuana now? makes it unacceptable, it is very addictive
 Depends on strain and each person, some improve some degree on all above
 Read the medical studies
 Leads to other substance abuses and health issues later in life if smoked (COPD) and toxicity; criminality secondary to school failure
 Social inability to connect/ make good choices
 Relaxes you to the point of laziness
 No response given
 Maturity and education are key to use/ abuse, would drinking alcohol have adverse affect on children?
 Lung problems consistent, high usage
 No response given
 Mood change i.e. apathy, ennui
 Under developed lungs - under developed brains
 Same affect that cigs/alcohol have kids/teens, shouldn't be allowed unless a serious medical condition
 Tobacco use and alcohol
 Gateway into other drugs; no learning to "cope" with drugs; addiction
 Social hibernation
 Only if doctor orders for pain
 Munchies
 Not mature enough to make that decision
 Lack of motivation to work, be productive citizens
 Kids abuse everything
 Drinking and smoking pot when they are 21 years old
 Being young and in trouble

Lack of motivation
Decreased motivation
Using it to numb self and avoid simple life problems
Med Rx use only
No response given
I have personally seen how marijuana can destroy lives, I am against it in all forms
Financial cost - increase in theft to be able to purchase
Long term negative attitude
Use of other illegal drugs - addiction
Similar to alcohol use
They are too young/ same as alcohol use
Do not know of any physical side effects
Brain is not fully developed until 25
Increased chance of lung conditions/cancer
Harms brain development in persons under 18
Smoking is bad for lungs/ second hand smoke
Lung issues
Genetic damage to future children
Cancer of mouth and generally
Respiratory problems from prolonged exposure
Second hand smoke
Similar effects of smoking
If smoked, COPD potential
Affects developing brain and neurotransmissions
No response given
A child's brain has not developed plus any substance will affect development
Male infertility
No response given
Short term memory
Anti social behavior; unwilling to relate to normal non drug use society
Accident prone
Headaches
Leads to other drug use, Gateway drug
Young brains are still developing
Interference with brain development
Lazy/no motivation
Too young to decide
No response given
No response given
Weight gain
No response given

Decreased motivation
 Under 21, brain is not fully developed
 Marijuana is an open door for other drugs
 Gateway drug - Lung cancer
 Birth defects
 Decreased motivation to strive against impediments - increased procrastination
 Lazy
 Gateway to other illegal drugs
 No response given
 Makes you do things you don't want to do
 Less initiative; more damage to lungs than cigarettes
 Eating too many snacks/impaired teens need to learn, Are teens in school on alcohol? Regulate
 Reduction of self-control
 The source additives are unknown and dangerous!
 Lung disease
 Children save those who would benefit for medical use, brains are still forming and don't require alcohol; MH , etc
 Irresponsibility, disrespect for authority
 This answer depends on amount child is using - could be all, potentially also depends on other problems child may have
 Loss of motivation
 Increase rate of lung cancer at a young age
 Impaired for any job with equipment or driving
 Other variables play into this
 Offers dependency/escapism, too early for some
 Kids don't need pot medicinally, yes
 Hunger and calmness
 No response given
 Usage may lead to stronger and addicting drugs - like cocaine
 I think neither children nor teens should be using any
 Potential for addiction
 School drop out, illegal activities, other addictions (usually used with alcohol)
 Lung cancer issues
 It is a leader drug leading to other addictions and/ or drugs
 In my clinical experience in psychiatry, it reduces motivation as a result of long term use, especially those <21 years old.
 Smoke related health issues

Question 9A “Other” Responses: Which risk(s) do you think marijuana use by women who are pregnant or nursing poses?

Possible all above
Pre-maternity birth defects
No response given
May have cravings at younger years
Similar to alcohol
No drugs should be used not even Midol
Need more research
Similar to smoking cigarettes when pregnant
Passed to infant
Grandchild crazy
Maybe cancer
Slothfulness
Dependency once born
Brain development
As cigarette small %
Other pre-natal care life choices, i.e.. Diet
Addiction in the womb
Lung issues
Addiction - born with
Do not believe they are aware of all possible problems yet, I am an RN working PICU
New borns addicted
Mental
Anything a mother does effects the baby
Deformities (who pays for all of these?)
Addiction
In judgment of mom - poor decision making over all the pregnancy
Same problems as cigarettes, they are still legal
Stillbirth
No response given
Decision making, lack of attention
Would not advise any drug or alcohol during fetal gestation
Hypertension
Attention and memory
Potential for alcohol co-abuse

A pregnant woman should not smoke anything
Asthma
Like alcohol
No answer given
Addiction or more likely to use drugs as they get older
Memory/ delayed brain development
Pregnant/ nursing mothers should avoid all drugs
No response given
Not used during pregnancy/nursing except by Rx
No response given
Asthma/ bronchitis
Potential addiction
Growth
Drugs should not be used while pregnant!
Pregnant women should not smoke anything
General health
THL is contra indicated for lactating mothers
No response given
Not enough specific research is done on pregnant woman to make informal decision by anyone
Birth defects - Brain damage
Same as smoking
Child may be born with need for marijuana
Interference with brain development
Just like smoking cigarettes in pregnancy
No response given
Poor diet, health regimen
Not well researched so potential risk to fetus (yes, they are people!)
Baby born addicted
Unknowing biological influence on fetus
No response given
Just like smoking
Could be all - depends on many variables but I think a pregnant woman should NOT use marijuana and any other drugs - legal/not
Not enough research has been conducted
No response given
Common sense

Premature birth and stillbirths
All of the above depending on usage
Premature birth, future predisposition to addictions
Smoke related issues

Question 13 “Other” Responses: From which of the following sources have you seen, heard, or read about laws related to marijuana use in Florida?

It was voted into law (passed)
Billboards
Florida Survey Research Center
Billboards
NPR
To date none of above; just moved here; to get info I would look online
Radio
Radio
Medical conference lectures
Radio
Road signs and billboards across Florida
Classes for codes enforcement/ Doctor
Radio
Local radio
Health class, Doctor said changes DNA (not talking medical) talking recreational use
If illegal federally then state illegal in Fla
Police and Feds DEA
Billboard ads
Law enforcement, experience, training, laws
Police training (retired LEO)
Work at hospital
No response given
County voters info for amendment on ballot
Dr. Phil
Radio
Employer
Radio: Morgan and Morgan clips
My family
Sign-up sheet to legalize marijuana
No response given
Local police info, anywhere I find it
FMA (FL. Med. Assoc.)
In educational settings and institutions dealing with rehab, legal settings, and (illegible word) courses
Radio

Doctors
Read law in vote ballot
Local PBS
Talk at work
I am employed by a healthcare facility
Billboard for medical marijuana in my neighborhood
Personal observation of effects of usage
Science papers
Doctor's office
NPR
No response given
Radio
Radio
Local NPR radio
NORML
Doctor's office visit
Patient's families
NPR
Conference
Medical background
I have smoked pot for 46 years
Pamphlet, Lancet
Consulting companies in CO
Live PD TV show
Radio
Research
Florida Statutes
Discussions with coworkers
Work probation 20 years
Talk radio
People talk
Computer
My boyfriend was arrested with less than 20 grams
I read the ballot when I voted
NPR
Petition drives
Billboard signs
NPR
Internet research
City Gov. Actions
Radio, neas
New to area
Dr office for pain, worked for Dr.

Scientific publications
Google
Have not heard or seen information available
No response given
Hospital
Medical/professional training
Work in medical field
No response given
Dr Oz show
No response given
Prevention coalition
John Morgan, ESQ
Print media/magazines/agency publications
Medical leaflets, seminars
Radio
Radio
No response given
Magazines
Radio
Election ballot
No response given
Hospice
Wikipedia, Google, etc
Business associates
Doctor's office, my husband has end stage COPD
I read the bills and law
No response given
Law enforcement
Radio
No response given
No response given
Radio
Signage
Work PT in medical marijuana facility
School and family in law enforcement
Dispensary's popping up
I mean, I have to hide it, or the friendly police officer will take me to jail
Legislative debates about pros and cons of marijuana use for specific illnesses
Local Radio
NPR
NPR
Peer reviewed journals
Radio

Research sites, such as Mayo and international medical studies.

Voting booth

When it shows up on the ballot during an election

www.reddit.com/r/trees

No response given

Question 14 “Other” Responses: To the best of your knowledge, which of the following are allowed under the Florida State Legislature Medical Use of Marijuana Act (Senate Bill 8A)?

Prescription by qualified physician

Relief from pain instead of opioids

Low THC prescribed by MD/DO licensed taken (illegible) course, patient must have certain conditions

Only because legislature has not acted on voters' wishes

Specific licensed M.D. can order only

To my knowledge 8A really defines caregiver, MMTC, provider and amends previous bill

Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's, MS, Chronic pain

Physicians allow limited refills

Allows the Charlotte's Web extract

Exemption from sales and use taxes

Marijuana not allowed to use even in medical field, patient can use Rx pain killer

Only licensed dispensaries, limited number

Does it matter? No one is being allowed to prescribe it anyways

CBO oil

Physician order allow limited refill

It is harmful to the user and the general population

All should be legal

Maybe the terminal, but I know it's very rare circumstance, loophole law

Never used the stuff, never socialized with people who did

Licensed dispensaries

Several medical conditions qualify for use

Only pill form with Rx

Too many versions available

Oil base only

Lower the limited # of diagnoses, dispensary restrictions

For chronic pain and debilitating medical conditions

I believe these products are gels

Pills, oils, tinctures

Only certain doctors can order it

Very limited options not what people wanted

Physician can prescribe

Limited number of retail dispensaries

It is not clear
Capsules, oil tinctures
Topical creams, oil (illegible)
Recreational use in Orlando, FL
CBD w/ low THC
Let me read your big bill, we all know the truth
Special license for doctors/certain medical conditions
Possession/prescription only as far as I know
Only certain conditions may apply (illness)

Race/Ethnicity: "Other" Responses

Nunya/ Human
No response given
American
American
Caribbean
Little % of all
Menorcan, Irish
American
Italian American
Mother not American Indian, Father was
Native island Indian (non-American)
Tan
Italian-American (born NYST)
No response
Afro Caribbean
North American
Caribbean
German and Arabic
American
Just Black and other races I don't know of

Germany
Italian descent
American
American
Canadian
1/2 white, 1/2 black
Nigeria
Caribbean
No response given
Indian of South Asia origin

APPENDIX L – NORTH HIGHLAND/SALTER MITCHELL MEDIA CAMPAIGN & BUY

Office of Medical Marijuana Use

Media Buy Report

June 26-July 21, 2019



Results Summary

To execute the Office of Medical Marijuana (OMMU) media buy campaign, SalterMitchell PR (SMPR) served radio, streaming music, digital media and social media ads to English, Spanish and Creole-speaking Floridians across the state. Ad messages positioned the OMMU as the only official source of medical marijuana information in the state and directed users to its website.

In total, the radio campaign aired **140 radio spots** and earned a net reach of **6,056,800 listeners** ages 18+ tuning into **260** Florida News Network and Hispana News Network station affiliates. Paid radio spots aired June 27 -30 and no cost bonus spots aired June 30 -July 21.

The digital ad campaign earned **14,604,626 impressions** and **33,400 ad clicks**, which translates into a **0.23 percent click-through rate**. All display banner ads, mobile interstitial ads and programmatic display ads surpassed their click-through rate benchmarks. The streaming music audio ads successfully achieved a **completion rate between 96 -97 percent**. Paid digital ads ran June 26 -30 and no cost bonus ads ran June 30 -July 18. Both digital vendors exceeded promised ad impressions.

The social media campaign earned **3,982,624 impressions** and a reach of **1,607,422 users**. The social media ads also earned **40,409 ad clicks**, which translates into a **1.01 percent click-through rate**. This exceeds the average Facebook ad click-through rate of 0.90 percent.

From June 26 to July 21, 2019, **new user traffic to the Department's website increased by 100 percent** compared to the same time period last year and by 64 percent compared to the month preceding the campaign (May 1 -31, 2019). In total, **the campaign earned more than 24.6 million impressions** in just four weeks.

Campaign Goals

AWARENESS

Position the Office of Medical Marijuana Use as the only official source of medical marijuana information in Florida.

TRAFFIC

Drive traffic to the OMMU website for official information about medical marijuana and responsible use.

Audience Segments



Potential patients and their caregivers;
English, Spanish and Creole-speaking Floridians ages 18-65+



Statewide, with a focus on major metro markets such as Jacksonville, Orlando, Tampa, West Palm Beach, Miami Fort Myers - Naples

Media Mix



RADIO

Statewide;
English, Spanish



SPOTIFY

Statewide;
English, Spanish



DIGITAL MEDIA

Statewide;
English, Spanish, Creole



FACEBOOK & INSTAGRAM

Statewide;
English, Spanish

Budget

Channel	Timing	Estimated Spend	Actual Spend
Florida News Network / Hispana News Network	6/27 - 7/21	\$37,700.00	\$37,700.00
Spotify	6/27 - 6/30	\$19,800.00	\$19,800.00
Division D	6/26 - 7/18	\$47,848.81	\$47,848.81
Causal IQ	6/27 - 6/30	\$30,000.00	\$30,000.00
Facebook & Instagram	6/26 - 6/30	\$40,000.00	\$24,499.73
TOTAL		\$175,348.81	\$159,848.54

Approximately 92 percent of the total media buy budget was spent. Due to the quick turnaround, \$15,500.27 of the Facebook and Instagram budget remains unspent.

Campaign Performance – FNN/HNN

Channel	Audience Segments	Promised Paid & Bonus Spots	Aired Paid & Bonus Spots	Net Reach
Florida News Network/ Hispana News Network	FNN News Network - English	92	92	4,108,100
	Florida Roundtable - English	6	6	468,800
	Better Lawns and Gardens - English	5	5	54,500
	Florida Exclusivo - Spanish	5	5	133,500
	FNN Hispana Network - Spanish	32	32	735,900
	TOTAL	140	140	6,056,800

Florida News Network/Hispana News Network served English and Spanish radio ads across 260 station affiliates, including a Florida Roundtable interview with OMMU Director Courtney Coppola. A total of **53 paid spots and 87 bonus spots aired**, earning an **estimated net reach of 6,056,800 listeners** 18 years and older. Spots aired Monday to Sunday from 6 a.m. to midnight.

Campaign Performance – Division D

Vendor	Audience Segment	Promised Ad Impressions	Delivered Ad Impressions	Clicks	Click-Through Rate	Completed Views/Listening	Completion Rate
Division D	Pre-roll video and mobile interstitial ads - English	2,017,401	2,209,966	9,205	0.42%	783,772	50.73%
	Spotify audio ads - English	636,364	549,243	717	0.13%	533,865	97.20%
	Pre-roll video and mobile interstitial ads - Spanish	840,584	975,613	5,100	0.52%	282,268	49.62%
	Spotify audio ads - Spanish	263,636	193,869	244	0.13%	187,779	96.86%
	Pre-roll video and mobile interstitial ads - Haitian -Creole	1,129,416	1,134,428	6,340	0.56%	509,579	64.59%
	NO COST BONUS ADS	854,298	861,547	2,097	0.24%	N/A	N/A
	TOTAL	5,741,699	5,924,666	23,703	0.40%	2,297,263	71.80%

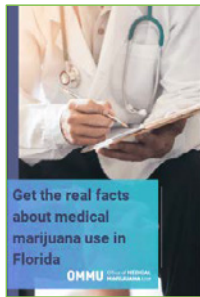
Division D served a media mix of display banner, mobile interstitial, pre-roll video and Spotify audio ads – a total of 23 ads. All display banner ads surpassed the click-through rate benchmark of 0.25 percent and all mobile interstitial ads surpassed the click-through rate benchmark of 0.50 percent. All digital ad audience segments exceeded promised ad impressions. Spotify ads fell just below the promised ad impressions, however both the English and Spanish audio ads fell within the click-through rate benchmark of 0.08 -0.15 percent and surpassed the completion rate benchmark of 0.90 percent.

Campaign Performance – Division D

The following ads were the top performing creative. Version 1 earned slightly higher click-through rates than version 2. However, both versions across all languages achieved CTRs ranging from 1.10 to 1.66 percent.



Mobile Interstitial
English - Version 1



Mobile Interstitial
English - Version 2



Mobile Interstitial
Spanish - Version 1



Mobile Interstitial
Spanish - Version 2



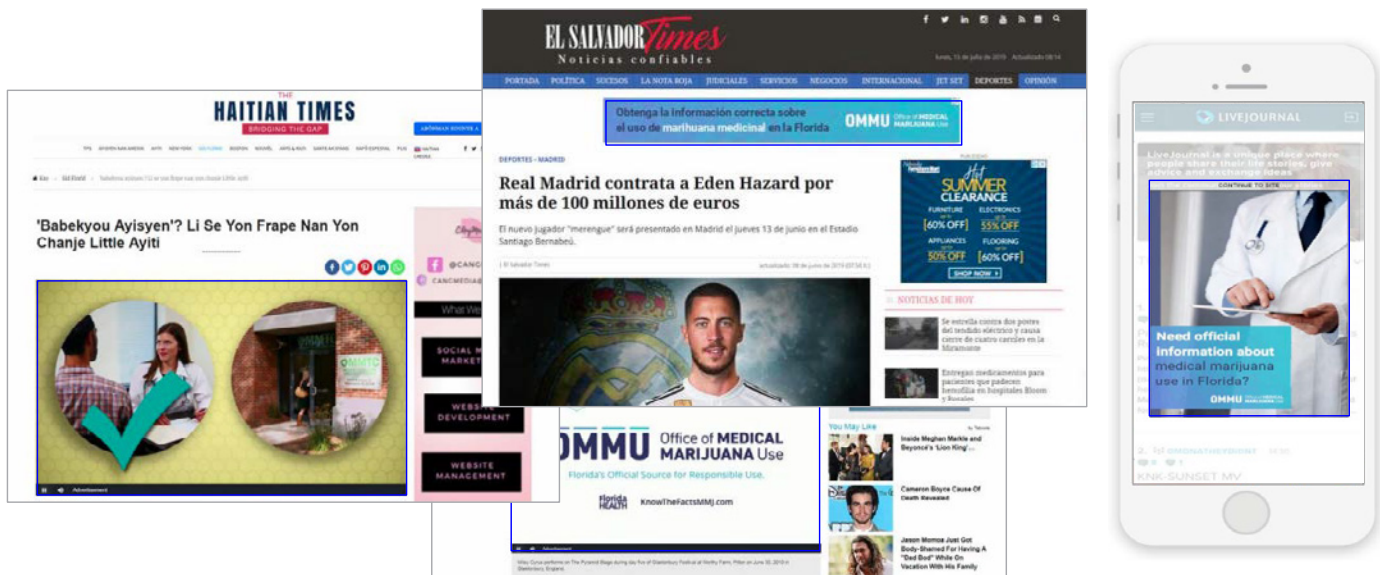
Mobile Interstitial
Haitian -Creole -
Version 1



Mobile Interstitial
Haitian -Creole -
Version 2

Campaign Performance – Division D

Digital ads were served to target audiences across desktop, tablet and mobile sites. Below is a sample of placements.



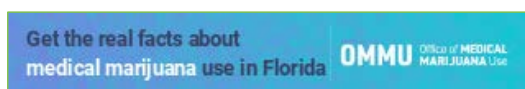
Campaign Performance – Causal IQ

Vendor	Audience Segment	Promised Ad Impressions	Delivered Ad Impressions	Clicks	Click -Through Rate
Causal IQ	Programmatic Display Banners - English	4,931,506	4,920,008	5,429	0.11%
	Programmatic Display Banners - Spanish	2,054,794	1,900,875	1,974	0.10%
	Programmatic Display Banners - Creole	1,232,878	1,859,077	2,294	0.12%
	TOTAL	8,219,178	8,679,960	9,697	0.11%

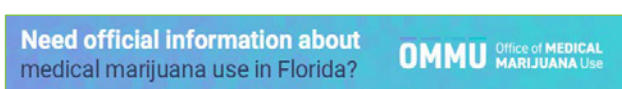
Causal IQ served programmatic display banners – a total of 17 ads. **Ads exceeded promised impressions** and **surpassed the programmatic display ad click-through rate benchmark of 0.09 percent**. The users who generated the most ad clicks **were males** (generated 53.6 percent) and **users between 18 to 24 years old** (generated 29.1 percent).

Campaign Performance – Causal IQ

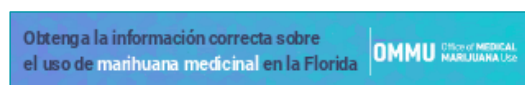
The following ads were the top performing programmatic ads.



Programmatic Display 320x50
English - Version 2



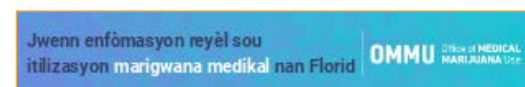
Programmatic Display 728x90
English - Version 1



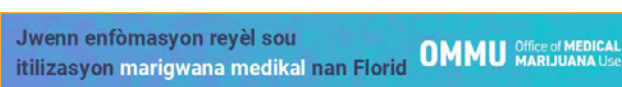
Programmatic Display 320x50
Spanish - Version 2



Programmatic Display 728x90
Spanish - Version 1



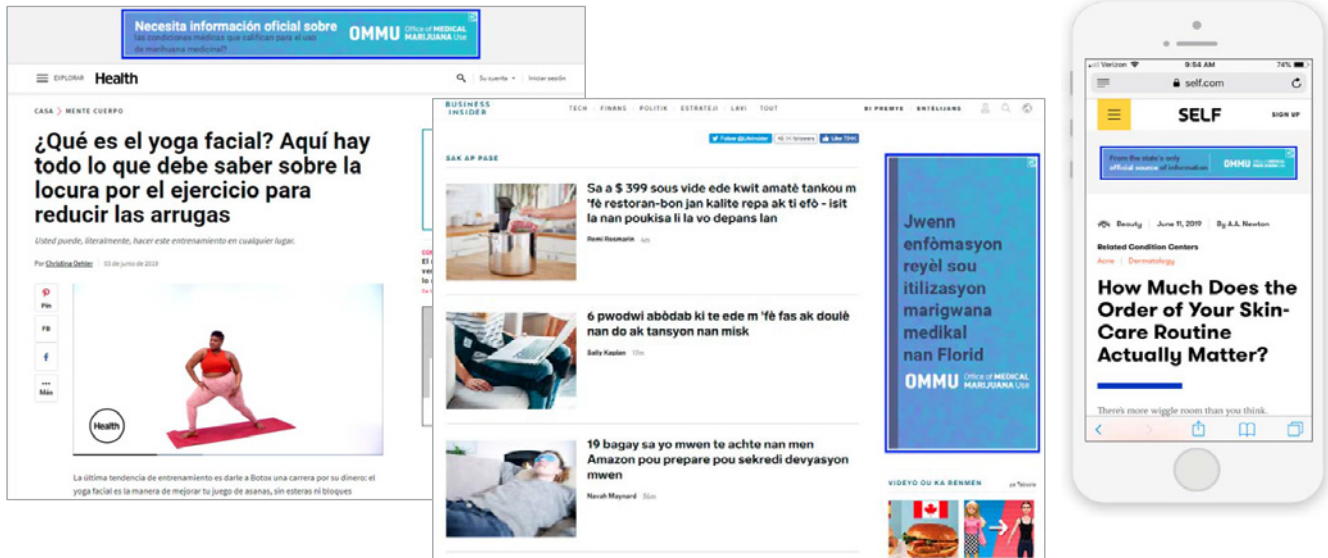
Programmatic Display 320x50
Haitian -Creole - Version 2



Programmatic Display 728x90
Haitian -Creole - Version 2

Campaign Performance – Causal IQ

Programmatic display ads were served to target audiences across desktop, tablet and mobile sites. Below is a sample of placements.



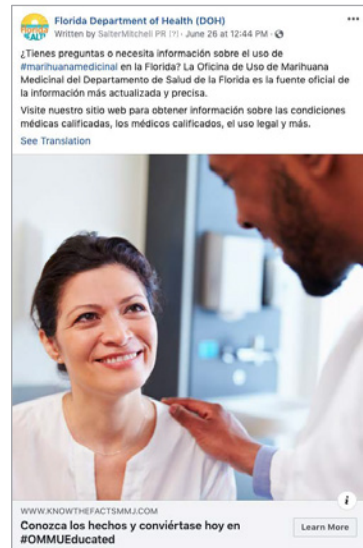
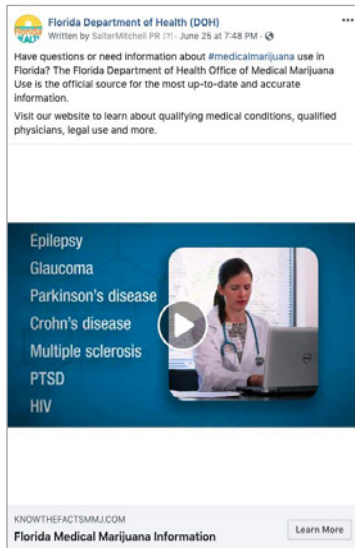
Campaign Performance – Facebook & Instagram

Channel	Audience Segment	Impressions Delivered	Reach	Clicks	Click -Through Rate	3-Second Video Views	View -Through Rate
Facebook & Instagram	Carousel ads - English	1,735,053	1,715,967	20,637	1.19%	N/A	N/A
	Video ads - English	1,098,179	1,089,534	7,212	0.66%	72,285	6.58%
	Single Image/Carousel ads - Spanish	805,815	805,340	9,721	1.21%	N/A	N/A
	Video ads - Spanish	343,577	343,577	2,839	0.83%	32,803	9.55%
	TOTAL	3,982,624	1,607,422	40,409	1.01%	105,088	2.64%

SMPR served a media mix of video and carousel ad posts on Facebook and Instagram – a total of 6 ads. All carousel or single image ads **surpassed the average Facebook ad click-through rate of 0.90 percent**. The English and Spanish videos fell just under this benchmark due to the short run. The top performing audience segment for the English ads was **female users 25 -34 years old** (highest ad clicks and reach). The top performing audience segments for the Spanish ads were **female users 25 -34 years old** (highest reach) and **female users 55 -64 years old** (highest ad clicks).

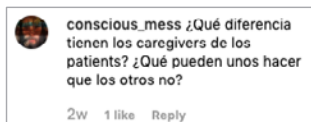
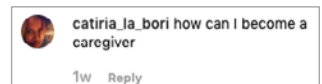
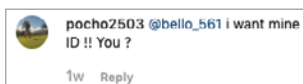
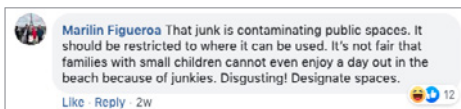
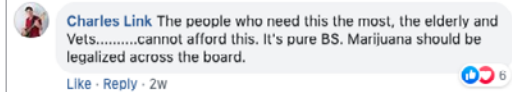
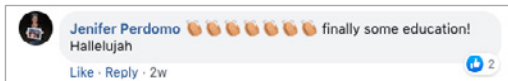
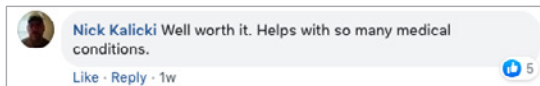
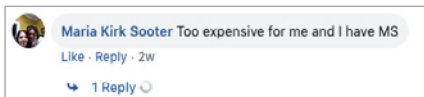
Campaign Performance – Facebook & Instagram

The following ads were the top performing English and Spanish Facebook ads.



Campaign Performance – Facebook & Instagram

Facebook and Instagram ads received 255 post comments over the course of the campaign. Of those comments, **11 percent were positive** and related to the ad content or asked a question pertaining to the messaging (i.e.:), **18 percent were negative** (i.e.:) and related to the cost of medical marijuana or the marijuana industry as a whole, and **71 percent were neutral** or did not pertain to the ad's message (i.e.:). Many users tagged others in the comment section to show them the ad. Below is a sample.



Website Analytics – Paid Only (June 26-30)



Traffic

33,064 New Users

40,642 Sessions

69.77% Bounce Rate

1.60 Pages/Session

59-Second Average Session Duration



Pageviews

65,131 Pageviews

53,802 Unique Pageviews

40,545 Entrances

00:01:36 Average Time on Page



Top Traffic Sources

1. **Facebook Carousel** Ad - Medical Marijuana ID Cards, English
2. Division D **Mobile Interstitial** - Version 2, English
3. Division D **Mobile Interstitial** - Version 1, English
4. **Facebook Carousel** Ad - Medical Marijuana ID Cards, Spanish
5. Causal IQ **Programmatic Display Banner** - Version 2, English 320x50

The June 26 -30, 2019 paid media buy resulted in a **215 percent increase in new website users** and a **143 percent increase in sessions** compared to the same date range in 2018.

Website Analytics – Paid & Bonus (June 26-July 21)



Traffic

53,101 New Users

74,705 Sessions

56.78% Bounce Rate

1.83 Pages/Session

00:01:41 Average Session Duration



Pageviews

136,982 Pageviews

111,972 Unique Pageviews

74,125 Entrances

00:01:58 Average Time on Page



Top Traffic Sources

1. **Direct**) / (none)
2. **Google** / organic
3. **Facebook Carousel** Ad - Medical Marijuana ID Cards, English
4. Division D **Mobile Interstitial** - Version 2, English
5. Division D **Mobile Interstitial** - Version 1, English

The total June 26 -July 21, 2019 paid and no cost media buy resulted in a **100 percent increase in new website users** and a **43 percent increase in sessions** compared to the same date range in 2018.

Key Takeaways

Takeaway	Recommendation
Several Facebook and Instagram users asked specific questions about medical marijuana. Some asked “Where can I get my ID card?”, while others inquired if a concealed carry permit will be revoked by receiving a card. Other users responded to these questions, but there were differing answers.	SMPR recommends outlining a response guide on a variety of topics for FDOH social media managers to actively answer user questions during future campaigns. We also recommend sharing a post on social media channels, or adding information to the OMMU website, regarding the concealed carry permit concerns.
According to audience insights provided by Causal IQ, users with a household income of 150K or more had the highest portion of clicks and top click -through rate performance.	This is great insight into the audiences who are engaging with OMMU ads. SMPR recommends specifically targeting this income level and others in future campaigns to ensure widespread education of the PSAs.
According to audience insights provided by Causal IQ, professional and technical workers had the highest portion of clicks, followed by homemakers and retirees. Military and government workers had the top click -through rate performance. According to Facebook ad insights, female users 25-34 years old was the top performing audience segment for both English and Spanish ads.	SMPR recommends targeting these groups and age ranges in future campaigns and incorporating ad messaging or imagery that reflects these demographics.
After the paid portion of the media buy concluded, organic website traffic and Google search traffic rose.	SMPR recommends incorporating SEM and Google Adwords into the media mix for future media buy campaigns, as it could prove effective to engage with those using search engines to find specific medical marijuana related information or content.

Thank you

We have greatly enjoyed working with you on this campaign.

APPENDIX M – FOCUS GROUP RESULTS

FLORIDA DOH, OFFICE OF MEDICAL MARIJUANA USE: FOCUS GROUP REPORT, PHASE II



Fall 2019

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Introduction

The Florida Department of Health, Office of Medical Marijuana Use commissioned the Florida Survey Research Center at the University of Florida (FSRC) to conduct a second series of focus group sessions to gather information related to medical marijuana for the implementation of a statewide education and prevention campaign.

Previous studies included a mail survey (N=1,528), covering a random sample of Floridians in five regions of the state, and six focus groups in six different Florida cities (Gainesville, Tallahassee, Ft. Lauderdale, Fort Myers, and Orlando) in 2018.

This report presents data from the second phase of focus groups conducted in November and December 2019. This series of focus groups revisited issues discussed in 2018, and also included a discussion about participants' understanding of whether medical marijuana obtained in Florida can be taken out of the state.

Format of the Report

This report is divided into several sections that correspond to the key question categories that composed the discussion protocol used to guide the groups. After detailing the procedure and methodology used to implement the focus groups, an executive summary provides a brief overview of the findings. More detailed information can be obtained from a close reading of the quotes and analysis in the sections that follow.

Procedure & Methodology

A focus group consists of a relatively small group of approximately 8 individuals who meet in an informal setting to discuss various issues related to a particular topic. The participants of the focus group are not necessarily representative of the broader population from which they are drawn, but are typically selected to include diversity by age, gender, race or other characteristics relevant to the topic of interest to the focus group. The focus group discussions are guided by a moderator who follows a protocol that outlines broad issues for the participants to discuss. Focus group sessions typically last no longer than 90 minutes. The discussions are audio recorded and used to prepare a qualitative analysis of the focus group in which major themes of the discussions are summarized.

Sampling

The sample of DOH Medical Marijuana focus group participants was drawn from six listed samples – one for each of the six Florida cities. Each potential participant was first contacted by telephone by researchers at the FSRC. Potential respondents, who were all adults (age 18 and older), were read a brief explanation of the research project; informed of their rights as research participants (including the fact that a stipend would be given for those who participated); were informed of the date, time and location of the focus groups; and, were asked about their interest in participation.

Those citizens who indicated that they were interested in participating were asked a series of questions about their availability and basic demographic questions. Based on these characteristics and availability,

Florida DOH, Office of Medical Marijuana Use: Focus Group Report, Phase II

the FSRC selected the most diverse groups of participants possible (in terms of gender, race, age, income, etc.) to participate in each of the focus groups.

In total, 37 citizens participated in the focus groups: 5 in Gainesville, 9 in Tallahassee, 4 in Ft. Lauderdale, 9 in Fort Myers, 5 in Tarpon Springs, and 5 in Orlando. Focus groups across the state were held at UF Extension facilities in each city, while the Gainesville focus group was held on-site at the FSRC; each lasted about 90 minutes. All participants were provided with refreshments and a \$50 stipend in thanks for their participation. Table 1 summarizes participation in the groups.

Table 1: Summary of Focus Groups

Location	Date	# of Participants
Central: Orlando, FL	November 9, 2019	5
Southeast: Ft. Lauderdale, FL	November 16, 2019	4
Central: Tarpon Springs, FL	November 16, 2019	5
Northeast: Gainesville, FL	November 23, 2019	5
Northwest: Tallahassee, FL	November 23, 2019	9
Southwest: Fort Myers, FL	December 7, 2019	9

Moderating

The Florida Survey Research Center makes substantial efforts to insure that all focus group participants contribute openly to group discussion, while still focusing on the issues important to the project. Our efforts begin with thoughtful preparation of the interview protocol, which sets an initial tone for participation and then guides the discussion.

In addition, FSRC focus group moderators are experienced at keeping participants on topic, probing for more in-depth responses when needed, and making sure that all group members contribute and feel free to speak openly.

Analysis

The focus group sessions were digitally audio-recorded. Based on these recordings, a qualitative analysis was conducted to identify key themes and patterns within each topic category addressed by the protocol. The full report below presents these patterns and themes, grouped by the discussion categories outlined in the protocol, and then details common responses with supporting quotes. Dissenting opinions are noted when they appear, and example quotations are supplied.

It is important to first note that this report provides a summary of the perceptions of the focus group participants. In some instances, the comments provided by the participants regarding Florida's laws and programs may not accurately reflect the reality of the policies and procedures at hand. Still, the statements made by the participants during the focus groups reflect their views of current policies and practices, their opinions, and their own behaviors.

Executive Summary

Background Knowledge

Across all six groups, the majority of the participants were aware that medical marijuana is legal in Florida, and none believed that recreational marijuana is legal. Although several participants were confused about whether all approved medical marijuana was, in fact, low-THC, and what levels denoted the differences between CBD products, medical marijuana, and illicit recreational marijuana, in all groups, several participants said that “CBD” (cannabidiol) or hemp-based CBD products were now legal and widely available for over-the-counter purchase in the state.

Spanning all groups, only 5 of the 10 approved named conditions, as well as two of the broader categories of approved conditions, were cited by the participants [Cancer, Epilepsy, Glaucoma, PTSD, Parkinson’s Disease, Terminal conditions, and Chronic pain]. Pain management was by far the most noted condition. However, participants believed several other conditions (some of which may fall under the broader scope of one of the categories if diagnosed by a qualified physician) were also approved for use of medical marijuana. These included: Alzheimer’s Disease/dementia, anxiety, arthritis, bipolar disorder, depression, Fibromyalgia, problems with eating, seizures, Lupus, migraines, COPD, mental health issues, schizophrenia, and Sickle-cell disease.

Participants in all six groups cited a large number of approved means by which medical marijuana can be used. Across the discussions, focus group members mentioned oils, liquids, edibles, vaping/vapor, pills, topical creams, and smoking, and noted that medical marijuana can be inhaled, vaped, put under one’s tongue, eaten, smoked, or rubbed on the skin. Several respondents in multiple groups specifically noted “gummy bears” as the form of edible they were most aware of; in fact, many people seem to use the term “gummies” to mean “edibles.” Despite past debates about the legality of smoking medical marijuana in the state of Florida, only one participant expressly stated a belief that smoking medical marijuana remained illegal.

The majority of participants correctly indicated that a person must have a doctor’s order; that the doctor must be “certified”; that the doctor must diagnose the person with an approved condition; and, that the person must register and pay for an identification card issued by the state. Notably, only one participant across all the groups mentioned that “you have to be at least 21,” and none specified that one must be a legal resident of Florida. Much discussion arose in the majority of groups about the costs associated with a person registering and obtaining an ID card. Most participant uncertainty about patient documentation related to physicians. Many group members were unclear about whether “regular physicians” or “your regular primary physician” could prescribe medical marijuana, or if only “special” doctors could do so, and several group members wondered about what a doctor must do to become certified – questioning issues of ethics and integrity that might be involved in the decision, given the potential for profit.

Although they used different language than the official terminology of “medical marijuana treatment center,” participants in all six groups correctly noted that registered medical marijuana users must make purchases at officially designated locations (most often referred to as “dispensaries” by group members)

rather than typical pharmacies. Though most discussants were clear that “...you don’t go to a regular pharmacy,” in a few instances, participants were confused about pharmacies having the drug: “I would think there’d be a few special pharmacies that would [carry it].” Across groups, many participants were aware that you could not even enter a medical marijuana treatment center without an official ID card. Also, in some groups, people were clear that “growing your own” marijuana is not allowed in Florida, even with an approved registration.

When asked about their understanding of whether medical marijuana obtained in Florida can be taken out of the state, near unanimous agreement was clear across the six focus groups that because marijuana use of all kinds remains illegal at the federal level, even medical marijuana properly obtained via Florida’s laws cannot be transported across state borders. There was much less certainty about notions of “reciprocity” between states that do permit medical marijuana, however. Participants wondered if there is reciprocity between Florida and other states that have legalized medical marijuana because their standards meet those of other states.

Focus group members cited a wide range of sources from which they have already received information and that they would seek out if they were looking for further information. As expected, participants mentioned local news broadcasts and national TV news (such as CNN), as well as local newspapers (such as the Tallahassee Democrat and the Orlando Sentinel) and national newspapers (like the New York Times). Many group members also cited the internet, including searches, social media, blogs, and online discussion groups and forums; often noting that they do not necessarily seek specific information, but rather advertisements and related information often appear due to posts or comments from their related friends and family members. A few people mentioned hearing more about marijuana from reality TV shows and TV movies, some called doctors’ offices for information, a Gainesville participant who has a medical marijuana card said that she has an app downloaded to her phone for information from her dispensary, and one person cited work seminars on the topic of medical marijuana.

Perceptions and Opinions on Marijuana Use

The vast majority of participants, with only a few dissenters, believe that adults should be allowed to use medical marijuana. A few of those who agreed with medical legalization, though, were clear that rules should be in place, and that medical directives should apply. Many participants were also clear that while they supported legalization of medical marijuana, they did not support legalization of recreational marijuana.

Several participants who were in support of legalization singled out medical marijuana as distinctly safer than other substances and products, including “traditional medications,” alcohol, guns, and opioids. The few who disagreed with legalization cited a lack of research on the effects of medical marijuana use.

Those who did not feel that medical marijuana makes it easier for people to get marijuana even if they don’t have a real medical need, generally thought that because of the greater difficulty and expense involved in buying medical marijuana from approved vendors, those seeking the drug without legitimate need would be more likely to use illegal means to do so. Several respondents also thought it unlikely that doctors and vendors would jeopardize their businesses to provide the drug illicitly, and that the

rules, restrictions, and complications involved in obtaining medical marijuana generally make it too onerous for those without medical need to bother.

On the other hand, participants who agreed that medical marijuana might make it easier for people without real medical needs to get marijuana were most apt to believe that legalizing medical marijuana “legitimizes use,” which inherently leads to further use. As noted in the previous section on requirements, others felt that the issue hinged, largely, on prescribing physicians. These participants felt that doctors need to know the patients they’re prescribing to, and their medical conditions.

Medical Issues

When the moderator asked whether respondents thought marijuana use has any short- or long-term health impacts, several participants were unsure, particularly about outcomes that might arise from consistent use. In large part though, respondents in all groups espoused the notion that, like any other drug, there are both positive outcomes and negative side-effects to marijuana use. In the end, many felt the benefits outweighed the negatives, particularly for those with terminal diseases, and in comparison to other drugs.

Although few participants noted any short-term health impacts of marijuana use, the most regularly cited was memory loss. The possible long-term medical issues related to marijuana use that participants mentioned most often fell into two broad categories – problems that result directly from smoking/vaping as an ingestion method, and the potential for habituation. Members of five of the six focus groups specifically noted unique health issues resulting from smoking. In a related issue, a few participants worried at the potential for pharmaceutical companies or manufactures to add chemicals or other additives to a previously “natural” product that might compound problems with smoking.

The potential for marijuana use to become habitual was also mentioned by respondents in the majority of the groups. A few people also noted that, like any drug, effects may be quite different for one user than another, and restrictions are particularly important for certain professions responsible for the safety of others. Many discussants, however, also talked about short- and long-term positive health outcomes from marijuana use, with some telling personal stories about health improvements, and several noted that “it wouldn’t be used for medical reasons if it didn’t help.”

When the moderator asked the groups to consider, more specifically, if marijuana poses any unique risks to children or teens, in discussing the use of medical marijuana by children or teens who have a medical need, most respondents felt that, similar to adults, if the benefits outweighed the risks for treating the condition, use was supported. On the other hand, many people discussed potential health issues of prolonged use by children or teens as they age, as well as short-term issues related to age. Most of these issues had to do with brain development and decision-making. As noted in prior sections of the report, a few of the groups discussed marijuana as a “gateway drug” to other drug use.

In regards to children accidentally ingesting medical marijuana, nearly all participants felt that the biggest issue was parental behavior; participants were clear that medical marijuana, like any other prescription medication, should be kept locked up and out of reach of children. Most felt that accidental ingestion was a rarity, but when stories appeared in the news, for example, the problem was often

related to edible products that look like things children covet – gummy bears, cookies, candy, etc. Interestingly, members of all groups noted that accidental ingestion of medical marijuana was less problematic than accidental ingestion of other medicines or household items because it would not, ultimately, cause death.

While the vast majority of participants believed that, as with any other drug, marijuana likely causes issues for fetuses and for nursing babies, via ingestion through the mother, a few thought problems were unlikely. Most participants believed that “the risk is high” for use by pregnant or nursing women. The majority felt marijuana, including medical marijuana, belonged on the list of things to stop taking if pregnant or nursing. On the other hand, in a few groups, some participants thought any issues were likely, participants said whether or not there are unique risks for pregnant women “depends.” Thus, members of these groups advocated more research on the topic.

Final Thoughts

At the conclusion of each focus group, most participants reiterated the importance of conducting more research and providing more information to the public about the positives and negatives of medical marijuana.

Notably, in several groups, people also questioned the veracity of whether the state can deny people weapons permits if they have a medical marijuana license; great uncertainty seemed to abound concerning this particular aspect of the law. Several participants expressed concerns about legal issues for those incarcerated for prior marijuana convictions, and potential current use, and some participants noted the costs involved in medical marijuana for those in need.

Findings

Background Knowledge

Following a basic set of introductions, the second phase of focus groups began with the moderator leading a discussion about the basics of marijuana use in the state – what is and is not legal in Florida, what laws and rules people are aware of and what they might know less about, and from what sources of information participants have received this information.

In addition, this set of focus groups included a new line of inquiry regarding whether those with medical marijuana licenses in Florida are permitted to take medical marijuana out of the state, or otherwise use their Florida licenses in other places.

Types of Marijuana Legal for Use in Florida

The moderator first asked participants to discuss what types of marijuana are legal for use in Florida. Across all six groups, the vast majority of participants were aware that medical marijuana is legal in Florida:

- “It’s just medically approved right now.” [Gainesville];
- “Well, medical marijuana.” / “Yeah, medical.” [Ft. Lauderdale];
- “Medical marijuana is the only legal use that I know in Florida.” / “Medical and CBD.” [Tarpon Springs];
- “Medical is legal under certain circumstances.” [Ft. Myers];
- “...only for medical purposes; that’s the only legal use of it in Florida.” [Tallahassee].

Unlike the prior focus groups, in which a number of participants expressed a belief that medical marijuana was not legal, all Phase II participants except two (one in the Orlando group, one in the Ft. Myers group) were aware of the legality of medical marijuana in Florida. Similarly, all group members were clear that recreational marijuana was *not* legal in the state. When the moderator asked directly if recreational marijuana is legal, one Fort Lauderdale participant jokingly replied, “It’s only legal if you don’t get caught,” and a Gainesville member said “...I don’t think it’s legal, no,” but noted that these regulations may not be “enforced” as they once were.

Few focus group members knew of, or mentioned, the original approved medicinal form of marijuana, low-THC/high-CBD marijuana (called “Charlotte’s Web”), though one Fort Lauderdale discussant mentioned “the one for children” (referencing the original case that led to Charlotte’s Web approval in 2014), and another in Tarpon Springs said: “...there’s a lot of studies out there, like with the Charlotte’s Web, and using it with kids, and the positives.” While few could now recall this connection, all of the groups did note the legality of CBD products, and their ubiquitous nature in retail settings. Perhaps because of this, a much larger number of participants mentioned CBD (cannabidiol) or hemp-based CBD products as legal and available in the state in this second phase of focus groups than did those in the prior year.

In a few groups, dialogue ensued amongst group members about whether all approved medical marijuana was, in fact, low-THC, and what levels denoted the differences between CBD products, medical marijuana, and illicit recreational marijuana. For example, one Orlando participant asked, “Well, what’s considered ‘low’?” Another participant replied: “It would be more like a .3 – it is THC, but it’s a low level – a very low level...it’ll get you high, but it’s a ‘body’ high, and they’re selling it for medical reasons...it’s not like you’re smoking regular marijuana, nothing like that...it’ll affect your body, but for the medical reasons.” Similarly, in the Gainesville group, a group member asked, “Are you saying medical marijuana has a higher content of THC [than higher CBD products]?” Several group members affirmed this idea. And, in Tarpon Springs, one participant said:

I don’t know a whole lot about it, but the assumption I have made is that flat-out pot and anything that’s over a certain concentration on the THC can only be obtained through a dispensary. You can get CBD oil...I don’t consider that to be medical marijuana because you can get CBD oil that’s made from hemp and derived from a lot of other natural sources that have CBD that is zero THC...and you can get that at any place that cares to sell it.

Unlike the first phase of focus groups, legal issues related to medical marijuana (particularly the conflict between state laws and federal laws in regards to medical marijuana) were rarely mentioned here, although they were noted during the discussion of out-of-state use and during the contribution of other final thoughts by group members [see later sections].

Before continuing, the moderator clarified for the groups that low-THC cannabis for approved medical conditions and medical marijuana for approved conditions are the only legal uses of marijuana in the state.

Approved Conditions

Next, the moderator guided the discussion to conditions approved for use of medical marijuana, asking each group to identify which conditions are approved by the state. Across the groups, only 5 of the 10 approved named conditions, as well as two of the broader categories of approved conditions, were cited by the participants [Cancer, Epilepsy, Glaucoma, PTSD, Parkinson’s Disease, Terminal conditions, and Chronic pain]. Pain management was by far the most noted condition.

However, participants believed several other conditions (some of which may fall under the broader scope of one of the categories if diagnosed by a qualified physician – for example, “seizures” and “epilepsy”) were also approved for use of medical marijuana. These included: Alzheimer’s Disease/dementia, anxiety, arthritis, bipolar disorder, depression, Fibromyalgia, problems with eating, seizures, Lupus, migraines, COPD, mental health issues, schizophrenia, and Sickle-cell disease. Arthritis, seizures, and Lupus, though not specifically on the list of permissible conditions, were mentioned by several participants in multiple groups.

Notably, members of the Tarpon Springs group disparagingly discussed conditions that they knew to be approved in other states, such as California: “...we went to California...and you could walk up on one of those beaches and just say, I have ‘dandruff’ or whatever – they had all these lists of different things.”

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In a related issue, several groups cited the importance of physicians being honest in their diagnoses of legitimately qualifying conditions [see “Documentation Required” below.]

Forms of Use

Though one Orlando participant said, “I knew it was legal, but I didn’t know what forms you can purchase it in,” other participants in all six groups cited a large number of approved means by which medical marijuana can be used. Across the discussions, focus group members mentioned oils, liquids, edibles, vaping/vapor, pills, topical creams, and smoking, and noted that medical marijuana can be inhaled, vaped, put under one’s tongue, eaten, smoked, or rubbed/rolled on the skin.

Several respondents in multiple groups specifically indicated “gummy bears” as the form of edible they were most aware of; in fact, many people seemed to use the term “gummies” to mean “edibles,” while others simply said “you can cook with it” [Gainesville]. In addition to gummies, participants variously cited candy, lollipops, brownies, and cookies as purchasable edibles, and one Orlando group member added, “...you’ve got edibles that come in – they can come in anything...literally.”

Although one Tallahassee group member said, “My mom’s friend had glaucoma and she was taking the pills the THC pills,” some participants in other groups were less sure of whether a “pill” form of medical marijuana was available. Many participants across the groups noted “oils” and the various ingestion methods for oil-based products. An Orlando member said: “I don’t know if there’s any pills, but you hear about the tincture, and you hear about the oils and so forth with medical marijuana.” When asked specifically about vaping, a Fort Lauderdale participant presumed this was possible since “it’s an oil base.”

Despite past debates about the legality of smoking medical marijuana in the state of Florida, only one participant expressly stated a belief that smoking medical marijuana remained illegal. When the moderator in Fort Lauderdale asked, “What about smoking?”, one respondent replied, “No, not for medical,” contrary to Governor DeSantis’s recent approval. A Ft. Myers participant, however, knew that “smoking was not originally approved,” but was now.

Documentation Required to Get and Use Medical Marijuana

Next, the moderator asked the groups to describe the process someone must follow in order to legally acquire and use medical marijuana. The majority of participants correctly indicated that a person must have a doctor’s order; that the doctor must be “certified”; that the doctor must diagnose the person with an approved condition; and, that the person must register and pay for an identification card issued by the state. One Fort Lauderdale participant summarized: “Condition needs to be diagnosed. That would bring you back to a medical reference, or referrals. Then, prescription. Then, a card.” Notably, only one participant across all the groups mentioned that “you have to be at least 21,” and none specified that one must be a legal resident of Florida.

While the majority of participants were fairly well-informed on this issue, in each group there were at least some participants who did not know what someone needs to do in order to get and use medical marijuana. In the Tallahassee group, additional conditions were described by one respondent: “And you have to have a psychological evaluation – I know in Wakulla County the lady that does these evaluations

for, I think it's \$180, she'll sign off on it and then you go to your medical doctor and then they sign off on it...." And, in the Ft. Myers group, a discussant indicated: "I believe you need documentation that you tried other forms of medication or therapy before you get to this point [trying marijuana]."

Most participant uncertainty, though, related to physicians. Many group members were unclear about whether "regular physicians" or "your regular primary physician" could prescribe medical marijuana, or if only "special" doctors could do so. In the Tallahassee group, at least one participant felt both types of physicians would likely be involved: "You have to have a medical history, so either – you can't just go to a doctor in one visit and get it [a medical marijuana order], you have to have a medical history so maybe a primary doctor, too?"

The confusion also seemed to be compounded by advertisements. For instance, one Tarpon Springs member said, "I believe any doctor could [sell marijuana], but we see signs on the side of the street, you know – '420' or whatever." Another group member, though, noted: "Officially, you're supposed to get a card from a doctor. But, you can't just go to just any office – it would be a doctor who specializes in issuing marijuana cards." Another added, "I mean, we did see stuff online where they'll come to your house and issue it to you."

Similarly, in the Orlando group, after one person noted, "your doctor can prescribe it," the moderator asked for clarification of whether "all doctors can do it" and a group member said: "Not all." Another member elucidated: "I don't know – our doctor refuses to even deal with it." Likewise, in the Tallahassee group, although one person replied "I think so, yeah" to a question of whether "any doctor" could prescribe medical marijuana, another group member corrected: "You have to be registered to do it – there's an accreditation for it." And another added, "They have to go through some kind of approval process."

Group discussion in Ft. Myers also led one participant to ask, "how does the doctor become licensed?" Participants responded: "Not every doctor can do it; my doctor wouldn't," and "Most doctors don't. There's a referral." Though no one in any of the groups mentioned clear ideas of what, exactly, physicians must do to be eligible to issue orders for the drug, someone again mentioned advertising: "I know there are some of these special clinics that recruit... specifically."

While several Gainesville members were clear on the basic process of acquiring and using medical marijuana, they too described the process in terms of a third party "recruiter":

I know that 'MJ-MD,' you call them up and they'll make an appointment for you to go to the doctor. So the doctors set up around the area, the county – I know Leesburg has one doctor that you can go to – and then the doctor treating you in whatever the condition is that you have, if he approves it, he finds you have the condition, he approves you and you get a letter. Then, you have from that point to apply with the state to get your license; you have to pay another \$75 to the doctors; then they charge you about \$75 for the license, that will last you for only a year, every year you have to renew it.

Several Gainesville group members were surprised at the overall cost, as were those in other focus groups. Much discussion arose in multiple groups about the costs associated with a person registering and obtaining an ID card. A Gainesville participant said a friend told her she paid “\$250, plus” for a diagnosis and license, “then the device was 20-something dollars,” and, ultimately, “she paid \$600.” Several other group members simply replied: “Wow.” The same figure was cited by a group member in Tallahassee: “Don’t you have to pay something like a \$600 fee?” One Ft. Myers participant said simply of the documentation process: “It’s ridiculous and the cost is ridiculous.”

Similarly, a Tarpon Springs participant said: “I think the bigger deal in getting the card is just that you have the money to buy it.” A few other members added, upon group questioning, that it costs at least “a couple hundred dollars,” and another added that some places “...advertise as – for \$420 I’ll come to your house and medically examine you...and issue the card,” playing on the well-known ‘420’ mantra among recreational marijuana users. One participant said, “...it’s my understanding you have to get some sort of medical card that somebody’s making a lot of money off of, and you have to renew that card every year.” A Gainesville group member noted: “The doctors are making money, and the state’s making money....”

Related, several group members also wondered about what a doctor must do to become certified – questioning issues of ethics and integrity that might be involved in the decision, given the potential for profit. In the Orlando group, some worried that because “there’s always people who abuse the system in some way,” over prescribing (as they felt was the case in the opioid epidemic) was a worry: “It bothers me only because it’s medical right now – it kind of gives a bad name to the medical marijuana industry....” However, another group member noted: “The doctor that prescribes it is not going to jeopardize his license just to give you a couple extra grams that month. ...the doctor’s not giving it out – I mean, if they do what they’re supposed to do.” One Tarpon Springs participant said: “There’s just random doctors – we’ve seen people present with doctors that do Botox, so you can go get Botox and marijuana from the same place. Though, it’s almost, in my opinion, like a money-making scheme.” One group member elaborated: “...certain doctors you could walk in and say I have pain and they just write you scripts and scripts and refills...I mean, there’s some places that would probably make you go through a lot more hoops and then other places that you just say ‘I have pain’ and they’re like, ‘okay let’s write you a script.’”

Locations for Purchase of Medical Marijuana

The moderator next asked where qualified patients can purchase medical marijuana. Although they used different language than the official terminology of “medical marijuana treatment center” (when asked directly, none had ever heard this terminology), participants in all six groups correctly noted that registered medical marijuana users must make purchases at officially designated locations (most often referred to as “dispensaries” by group members). A Gainesville participant summarized that “as long as they [the state] certify the dispensary,” medical marijuana can be purchased by licensed patients, and a Ft. Myers group member indicated succinctly, “a licensed dispensary that looks at your card.”

Like those in the Orlando group, most discussants were clear that “...you don’t go to a regular pharmacy.” Once you have license, with your ID, you must go to “a dispensary – they simply walk in, and they’re like, ‘I have my order,’ and then they can dispense it like you would at a pharmacy.” In a few

instances, however, participants were confused about pharmacies having the drug. For example, when the moderator asked the Fort Lauderdale group, “where can qualified patients purchase medical marijuana?” several respondents seemed to think pharmacies were a possibility. “Dispensary. Pharmacy? Some might carry it,” said one, and another added, “I would think there’d be a few special pharmacies that would.”

Across groups, many participants were aware that you could not even enter a medical marijuana treatment center without an official ID card. A Gainesville group member said: “You’ve got to have a license. Nobody is going to let you in the door without that.” Likewise, a Tarpon Springs participant noted, “...you have to have the card – that gets you basic access to go to a dispensary to buy the marijuana.” And, an Orlando group member said: “...once you go in and show them your card, that person is opening up the door – instead of a plain-Jane person coming in and saying, ‘hey, can I buy this’ – you don’t have a license, you got to leave.”

When asked by another participant if dispensaries were also “where they’re selling the CBD oil,” group members in Tarpon Springs noted that CBD was available over-the-counter in any retail locations that choose to carry it, such as “...grocery stores, natural stores.” One did specify, however, “...I’m very picky about where I will get it, because I’m not just going to go out and buy it out of the gas station or anything like that, I’m getting it someplace that is at least doing a little more research on who they’re getting it from, you know.” Similarly, an Orlando participant indicated “...we can just buy the [CBD] oil.”

In some groups, participants commented on seeing new treatment centers in their communities. “There are dispensaries around – I guess you just gotta know where to go,” said an Orlando participant, for example. When a Tarpon Springs group member said, “I’ve never seen any dispensaries around here – it’s like they’re hidden,” another quickly replied, “There’s one right at the corner of 19 and Alderman... and there’s another one on 19 before Bennett; I’m a bus driver, so I see them.” One Tallahassee participant noted: “In fact, the City of Tallahassee passed an ordinance to say ‘no more medical marijuana stores’ because they’re getting nervous [about the number of stores], this was 12 months ago.” While a few members did wonder “if advertising is legal,” some indicated seeing both billboards and online ads for various “clinics.”

Also, in some groups, people were clear that “growing your own” marijuana is not allowed in Florida, even with an approved registration.

Taking Medical Marijuana from Florida Out of the State

Next, the moderator turned the focus to a discussion about participants’ understanding of whether medical marijuana obtained in Florida can be taken out of the state.

Near unanimous agreement was clear across the six focus groups that because marijuana use of all kinds remains illegal at the federal level, even medical marijuana properly obtained via Florida’s laws cannot be transported across state borders. “Interstate commerce is a no-no at the federal level,” said one Tallahassee participant. Similarly, a Tarpon Springs group member noted: “I’m assuming ‘no’ because it’s still illegal federally. I mean, if you tried flying with it, and it was found in your luggage, at the very least they would probably confiscate it from you.” And, a Gainesville discussant noted, “...you cannot transport marijuana from one state to the next. That is not legal.” One Ft. Myers participant shared a

personal anecdote as an example: “I know you can’t take them with you. My girlfriend was going to Erie, PA, for a family reunion. She wasn’t permitted to take it. She spent three weeks without it.”

Although group members indicated that “...I think you would have to follow every state law, so if it’s not legal in one state, it doesn’t matter if it’s legal in Florida” [Tarpon Springs], there was much less certainty about notions of “reciprocity” between states that permit do medical marijuana. As a Ft. Myers participant summarized: “Reciprocity. Certain states you have reciprocity in and certain ones you don’t. So, I don’t know [about Florida]. But, I wonder if there is reciprocity because their standards meet those of other states.” Other members of multiple groups wondered as well: “You can use your card, I think, once you’re certified, anywhere marijuana is legal,” said a Gainesville participant, with another participant adding, “as long as you have a card and there’s a dispensary in your place where you are, you can go into that dispensary – you can’t go anyplace where it’s [not legal].” Similarly, a Fort Lauderdale discussant said: “It’s like a driver’s license – you can drive in another state. The license [for medical marijuana] isn’t restricted to a state, because you might need it while traveling.”

In the Orlando group, some thought reciprocity was likely and others disagreed: “I would say ‘no’ because the only place you could go where you don’t have to have a license is where it’s legal recreationally; otherwise, other people not including you, have to have a license from the state.” In the end, most erred on the side of complying with federal laws and not crossing borders. One Gainesville participant recapped: “I can have a card here, but if I’m driving through a state that’s not legal and they stop me, I can get in trouble. So, if I had my card, if it’s not legal in that state, they can do whatever they want to.”

Sources of Information on Medical Marijuana

To conclude this first section of the discussion protocol, the moderator queried participants about what sources of information they have seen, heard, or read regarding medical marijuana in Florida. Focus group members cited a wide range of sources from which they receive information, or which they might seek out if they were looking for further information.

As expected, participants mentioned local news broadcasts and national TV news (such as CNN), as well as local newspapers (such as the Tallahassee Democrat and the Orlando Sentinel) and national newspapers (like the New York Times). Other print media noted included “research articles at school” [Orlando], as well as “magazines like *Scientific American*, very heavy articles; *Science News*; even *The Week* or *Time*” [Ft. Myers], and organization-specific publications, “AARP just put a piece out on the CBD debate – it came in the mail.” One Ft. Myers participant also noted: “Recently, on college campuses, there’s been a free for all. People will walk up to you with information. Even at the farmer’s market – people advertising hemp and CBD – it’s everywhere now.”

Many group members also cited the internet, including searches, social media, blogs, and online discussion groups and forums. One Ft. Myers participant noted: “Social media – Facebook, Blogs, Instagram, SnapChat. You can post to friends. Newer forms like Twitter.” A Tallahassee group member similarly said, “Online discussion groups, Reddit, or some political advocacy groups,” and a Tarpon Springs member indicated, “Saw it [medical marijuana information] on Facebook...YouTube, Netflix

series, maybe.” Many respondents noted that they do not necessarily seek specific information, but rather advertisements and related information often appear due to posts or comments from their related friends and family members. For example, a Ft. Myers discussant said: “The thing with social media is that if they find that you have an interest, be it so small, they’ll toss out advertisements...Let’s say someone has a story about medical marijuana [on their feed] – that one will give me at least 20 or 30 different advertisements.” A Tarpon Springs participant also noted: “I do not have to be in one of those groups [regarding marijuana], you know – they just have to be related to someone/something... when you’re doing something else unrelated, it pops up...because of people sharing stuff on Facebook.” Another Tarpon group member added: “I would be less inclined to look at social media, and I would go more to experts in the field...if I felt like I needed marijuana for cancer, I would go to an organization like ‘The Truth About Cancer.’”

A few people mentioned hearing more about marijuana from reality TV shows and TV movies: “Southern Charm was one – a group of people went to Colorado” [Ft. Myers]. And, a few people indicated that they got information by talking to people: “If I’m interested, I ask people about it” [Tallahassee].

One participant in Tallahassee noted that he or she called doctors’ offices to find out more, “I mean, they’re the ones that keep up with it because they’re providing a service. They have to keep up on it because they are abiding by the laws – they’re protecting you, the customer. That’s the best place to go.” Similarly, a Gainesville participant who has a medical marijuana card said that she has an app downloaded to her phone for her dispensary, “they send you information about different stuff.” Likewise, a Tallahassee group member said, “I just go to the smoke shop.”

One person in the Tallahassee group said “because of where I work [Department of Corrections], we have different seminars once a month, speakers coming in and stuff like that...they’re trying to teach us what we can and cannot have and why.” However, another Tallahassee participant cautioned government sources of information on the topic: “Contacting the government, like the State of Florida, is – they’re woefully behind on information....There should be a special department of information in the state of Florida, and not the Department of Health, either.”

Perceptions and Opinions on Marijuana Use

Next, the moderator steered the discussion toward participants' personal perceptions and opinions on marijuana use.

Opinions on Legal Use of Marijuana

The first point of discussion was whether adults should be allowed to legally use marijuana for medical purposes if their doctor orders it. The vast majority of participants, with only a few dissenters, believe that adults should be allowed to use medical marijuana.

Many, in fact, were strong in their convictions supporting use of medical marijuana:

- “Unequivocally legal” [Tallahassee].
- “It should be legal for everything!” [Gainesville].
- “I think it should be legal regardless...no one has been hurt smoking marijuana or using marijuana” [Ft. Lauderdale].
- “I think that it should be legal. It’s the old saying of ‘trust God before you trust a pharmaceutical company.’ He put it on this planet, it’s gotta be better than a lot of the medications that pharmaceuticals are coming up with” [Tarpon Springs].
- “Now that I know what it does [help people with Parkinson’s Disease], I’m all for the medical” [Orlando].

A few of those who agreed with medical legalization, though, were clear that rules should be in place, and that medical directives should apply. Said one Ft. Myers participant succinctly, “I think so – *with a doctor’s orders.*” In the Tarpon Springs group, a participant went further: “I think there needs to be some clear boundaries and lines of who would get it [medical marijuana] and *proof* that you have the condition.”

Many participants were also clear that while they supported legalization of medical marijuana, they did not support legalization of recreational marijuana. A Tarpon Springs participant, for example, presented a much-discussed distinction: “I don’t think it should be legal for recreational use. I’ve worked in the addiction field for years and everyone I’ve ever talked to, the first thing they ever tried was usually marijuana, which I feel is a gateway drug.”

Several participants who were in support of legalization singled out medical marijuana as distinctly safer than other substances and products, including “traditional medications,” alcohol, guns, and opioids. Said one Tallahassee participant: “I don’t think it has much risk in being legal, as compared to all kinds of other stuff like narcotics.” A Fort Lauderdale group member said, “...we allow people to use opioids and guns. Much worse things. We don’t regulate or question alcohol [in the same ways], for example...marijuana, to the best of my knowledge, has no side effects or downsides that cause people to act in anger.” Likewise, a Gainesville discussant noted, “...I think it should be legal, because when we look at stuff that is legal, like medication – you can overdose from that. You can’t overdose off marijuana.” And, a Tarpon Springs participant added, “...there are people doing things wrong with marijuana, but not the kind of tragedies we have with alcohol.”

The few who disagreed with legalization cited a lack of research on the effects: “I don’t think there’s been enough research done into side effects. I understand that, yes, it has benefits, but just like everything that’s used in excess, what are the side effects? So, I am personally against it” [Orlando].

Opinions on Whether Medical Marijuana Enables Easier Non-Medical Use

The moderator further probed for participants’ thoughts on whether allowing medical marijuana makes it easier for people to get marijuana even if they don’t have a real medical need, or if it makes no difference.

Those who did not feel that medical marijuana makes it easier for people to get marijuana even if they don’t have a real medical need, generally thought that because of the greater difficulty and expense involved in buying medical marijuana from approved vendors, those seeking the drug without legitimate need would be more likely to use illegal means to do so.

For example, the Ft. Myers group shared the following exchange:

- “No way. Too different.”
- “I didn’t know much about getting it medically, but when I hear the stories collectively, there’s no way that, say, a regular college student could just walk up and get it. It seems impossible, and not worth the trouble when they can go to a local dealer.”
- “Any kid in any schoolyard can buy marijuana. The war on drugs is a complete and total farce.”
- “It’s so easy to get.”

Participants in most other groups made similar contentions. In the Tarpon Springs group, one person said, “Nah – it’s really easy to get,” and another agreed, “Regardless, absolutely”; at a later point, someone added, “...honestly, medical marijuana is more expensive than buying it on the street.” Members of the Tallahassee group expressed similar sentiments: “Medical marijuana being legal isn’t going to make it more prevalent because of the pricing – if you want marijuana, it’s much, much cheaper on the black market.” Those in Gainesville agreed as well, “...nobody wants to pay all that money. I can go to the man and go get me some, okay?”

Several respondents also thought it unlikely that doctors and vendors would jeopardize their businesses to provide the drug illicitly, and that the rules, restrictions, and complications involved in obtaining medical marijuana generally make it too onerous for those without medical need to bother. A Gainesville group member noted: “No – the money you have to spend, all of the things the doctors do to get it? ...They’re not going to get it from the medical places because they have strict rules, and they don’t want to lose their license.” Similarly, a Tallahassee participant said, “I don’t think a doctor would just issue a card for anybody to get it – it’s medical, it’s for treatment and healing, not getting high.” Another person concurred: “I agree, and I think people are very responsible with it. They’re not going to sit there and hand it out to someone – it’s their medicine. If you went through the trouble of getting it and spending a lot of money on it...they’re not just going to let the kids at it.” Likewise, an Orlando group member noted: “The doctor that prescribes it is not going to jeopardize his license just to give you a couple extra grams a month.”

On the other hand, participants who agreed that medical marijuana might make it easier for people without real medical needs to get marijuana were most apt to believe that legalizing medical marijuana

“legitimizes use,” which inherently leads to further use: “...if we open up the door and say that [medical marijuana] is legal, more people are going to try it now because it’s legal, which could lead to further issues” [Tarpon Springs].

As noted in the previous section on requirements, others felt that the issue hinged, largely, on prescribing physicians. These participants felt that doctors need to know the patients they’re prescribing to, and their medical conditions.

Medical Issues

In the final section of the protocol, the moderator focused the discussion on any potential medical issues related to marijuana use for certain groups of people.

Short- or Long-Term Health Impacts

First, the moderator asked whether respondents thought marijuana use has any short- or long-term health impacts. Several participants were unsure, particularly about outcomes that might arise from consistent use; as one Ft. Myers discussant said, “I don’t think we know the long-term effects...any medication you take will have effects...I think we don’t know.” Similarly, an Orlando participant noted: “We don’t know the true long-term and short-term effects of this drug...I’m not saying it’s all bad. If there are cases where it can cure disease, I haven’t heard that before, but by all means use it.” In large part though, respondents in all groups espoused the notion that, like any other drug, there are both positive outcomes and negative side-effects to marijuana use.

In the end, many felt the benefits outweighed the negatives, particularly for those with terminal diseases, and in comparison to other drugs. “Most of the people with that card aren’t going to be around in a year,” said one Ft. Myers discussant, “You’ve got six months to live – six months, pain free for a terminal person.” In Orlando, a participant noted: “I’m not concerned...people have these terrible medical issues, I don’t think we’re gonna be concerned with [side effects],” and another added that the goal seemed to be “making you more comfortable, minimizing your symptoms.” Positing that “abuse is the bigger problem,” a Ft. Myers group member said: “I think you can compare it with alcohol. Many of us drink without being alcoholics. A lot of us smoke and are not heavy smokers. Moderation is the key.” And, in the Tarpon Springs group, someone noted, “I personally think alcohol is a bigger issue with killing brain cells.”

Although few participants noted any short-term health impacts of marijuana use, the most regularly cited was memory loss. For example, one Tallahassee participant said, “Definitely short-term cognitive issues. Some memory issues – not long-term memory, short-term memory.” Similarly, Gainesville group members noted “memory loss” and “forgetfulness” as likely short-term issues. “Everyone always says it [marijuana] kills a little bit of brain cells, so I don’t know if it kills maybe some of your memory,” said a Tarpon Springs discussant. Related, one Ft. Myers participant noted: “I think it dulls the mind...decision-making would suffer.”

The possible long-term medical issues related to marijuana use that participants mentioned most often fell into two broad categories – problems that result directly from smoking/vaping as an ingestion

method, and the potential for habituation. Members of five of the six focus groups specifically noted unique health issues resulting from smoking:

- “My concern is more about the respiratory system; the impact on lungs. When you’re inhaling smoke, in general, that has to do something with your lungs” [Ft. Myers].
- “I think of marijuana as affecting your lungs” [Orlando].
- “Lung cancer, if you smoke it” [Tarpon Springs].
- “Carbon in your lungs – it’s clogging, making you cough...Smoking it can cause effects on the lungs” [Gainesville].
- “I would just think that if you’re inhaling something – and you see images of people vaping and stuff – you’re inhaling that stuff into your lungs, it can’t be good, right? Your lungs aren’t built for that” [Tallahassee].

In a related issue, a few participants worried at the potential for pharmaceutical companies or manufactures to add chemicals or other additives to a previously “natural” product that might compound problems with smoking. In the Tarpon Springs group, one member expounded on the issue: “I’m inclined to say, even with cigarettes it’s not the tobacco that causes lung cancer, it’s all of the chemical additives that the tobacco companies are putting in, which are there to make the cigarettes more addictive. Things of that nature are causing the lung cancer.” The person felt that government regulation was needed for medical marijuana to “place restrictions” so that the same can’t be done with marijuana. Likewise, a Fort Lauderdale participant noted that the lack of side effects for marijuana is a result of medical marijuana being “natural”: “The THC chemical compound is natural.” This person later worried that medical marijuana, “...will go from plant-based product, to being manufactured in a lab. It’s going to involve ingredients like chloride.... It doesn’t have the same side-effect in its natural form.”

The potential for marijuana use to become habitual was also mentioned by respondents in the majority of the groups. While some participants clearly stated that, “According to research, it’s not one of those things you’re likely to be addicted to” [Fort Lauderdale], others did worry about some users’ tendency to become psychologically dependent on the drug:

- “If you don’t have self-control, it can become habit-forming” [Gainesville].
- “It is natural, but it’s still considered a chemical substance that can be addictive – it’s in that category [at the federal level]” [Tarpon Springs].
- “...it’s just as ‘addictive’ as junk food, watching too much television, or stuff like that. Some people have addictive behaviors and shouldn’t use it – other conditions can amplify that” [Tallahassee].
- “...it would probably create a habit. I mean, technically, it doesn’t have a chemical that can make it addictive, but ‘medicinal’ is a state of mind. It’s psychological” [Orlando].

A few people also noted that, like any drug, effects may be quite different for one user than another. An Orlando participant, for example, said that just because marijuana may not affect you, “to say that marijuana does not affect the person next to you, is a euphemism. I may react differently than you; you don’t know what it’s going to do to you mentally and physically, until you try it.” Because of this, the

participant was clear that people with certain jobs, for example, should not be using marijuana: “...what if you get on a plane – they check the pilot, hopefully; think of someone running a train or driving a local bus.”

Many discussants also talked about short- and long-term positive health outcomes from marijuana use. In the Gainesville group, one participant mentioned that it can help people sleep, particularly those with sleep apnea. Another Gainesville group member, who is a former member of the military said, “I get the tremors in my right hand – as soon as I smoke, it goes away, and I don’t feel the pain”; he indicated this was also the case for “three of my guys from ‘Nam, they got the Parkinson’s, and one of them used the stuff for years.” In the Fort Lauderdale group, one member succinctly summarized the perspective: “I feel that it has no health concerns. It helps, which is why it is being used for health reasons. But then, the world thinks it’s bad – like those who say talking on your phone causes cancer – people will always discriminate against it. But it wouldn’t be used for medical reasons if it didn’t help.”

Unique Risks to Children or Teens / Accidental Ingestion

Next, the moderator asked the groups to consider, more specifically, if marijuana poses any unique risks to children or teens. As many participants asked if this included issues of accidental ingestion, or brought up the issue in their responses, a latter protocol issue was also prompted for here – whether groups thought that children accidentally ingesting medical marijuana is a problem. Responses, again, typically fell into two broad clusters – those related to children that showed clear medical benefits from use and the those for whom potential side-effects of use might outweigh any benefit.

In discussing the use of medical marijuana by children or teens who have a medical need, most respondents felt that, similar to adults, if the benefits outweighed the risks for treating the condition, use was supported. “If I had a child who was terminally ill, and medical marijuana would help them, I wouldn’t care what grade they got in school. My priorities are that I wouldn’t care if they slept, as long as they were pain free,” summarized one Ft. Myers group member. Another participant in the group added: “I watch a program about children with epilepsy. They couldn’t get help in their state, so they moved to Colorado; otherwise [without medical marijuana], they have 20, 30, 40 seizures a day.” In Orlando, a discussant made a comparison to other medications, “...with some kids, it could help them. I would say, if it was an option, instead of Adderall – which is terrible for you – I would have tried that alternative [medical marijuana].” One person in the Tarpon Springs group said: “Medically speaking, I think that you just have to treat it like any other medication...because there’s a lot of studies out there, like with the Charlotte’s Web, and positive outcomes.” And, a Fort Lauderdale participant stated: “I think that it helps against something that is hurting them as they are growing and developing. People think that children and teens are underdeveloped, but they also have things that are not right with their bodies, and medical marijuana and THC helps them to be normal.”

On the other hand, as in the prior section, many people discussed potential health issues of prolonged use by children or teens as they age, as well as short-term issues related to age; frequently it was unclear if these ideas related strictly to medical marijuana, or to any marijuana use. Most of these issues had to do with brain development and decision-making. “Their mental state is not there, it’s not mature enough – it [marijuana] will affect their behavior or affect their personality,” said a Gainesville

group member, while another added, “It’s not appropriate at that age – your brain is still developing.” Thus, most in the Gainesville group indicated the importance of age limits of either 18 or 21: “I don’t think it should be legal for young children...they should have an age limit.” An Orlando participant felt that “there is more negative consequences than positive” because “I don’t think their brains are developed – full developed – so that anything that affects brain development is going to be bad.” And a group member in Tallahassee concurred: “...a child or even young adult, their brain’s still developing until they’re in their mid-20s, so definitely – especially high school age children – it’s a thing that can slow down, or have negative effects on their attention spans.” A person employed in the field from the Tarpon Springs group agreed, as well: “I mean, we see people in the addiction field start using drugs at 15, a lot of them their brains stopped developing...it’s almost like you’re talking to a child that’s an adult.”

As noted in prior sections of the report, a few of the groups discussed marijuana as a “gateway drug” to other drug use. In the Orlando group, for example, a participant said: “I guess it would affect them – gateway drug thing. Marijuana can be the first drug they try. Again, it could be a psychological state, and then they’re distracted at school...” Likewise, a Tallahassee member indicated: “I actually believe that there is a gateway effect for young kids and for teenagers because it puts you in scenarios where you’re dealing with an illegal substance...that’s the gateway, it’s not the aspect of addiction.”

Accidental Ingestion

In regards to children accidentally ingesting medical marijuana, nearly all participants felt that the biggest issue was parental behavior; participants were clear that medical marijuana, like any other prescription medication, should be kept locked up and out of reach of children. “I think it’s no different than children getting lithium or having a gun in the house. It is up to the parent to control this,” a Ft. Myers member noted.

“You’re responsible for those pills. You take responsibility when the doctor gives you the card and you go to that store and you buy that stuff. It’s kinda like firearms – you should keep it out of reach of your children, you shouldn’t just leave it laying around on the table.” [Tallahassee]. Said another, “I think it’s all about how you express it to your child. Just explain like you would medication – it’s not candy, or a toy” [Fort Lauderdale]. A Tarpon Springs member noted, similarly, “...it’s more about being an irresponsible parent. If you’re going to have something like that in your home, it needs to be on the top shelf,” and Gainesville members likened it to other hazards: “For a six-year-old, it would be the same issue as getting in the bleach. The issue is the same as any hazard in the home.” Several group members specifically noted that “safety” containers (like those for other medicines or household items) are necessary.

Most felt that accidental ingestion was a rarity, but when stories appeared in the news, for example, the problem was often related to edible products that look like things children covet – gummy bears, cookies, candy, etc. “Let’s be real, kids aren’t usually going to eat marijuana and be like, ‘mmm this tastes good’ – it would have to be more of an edible because if a child picked up a pile of weed and put it in their mouth, they’d spit it out because it tastes disgusting,” one Tarpon Springs participant said. Another agreed, adding, “...it’s more of a concern having edibles – it looks like a cookie, I want a cookie, I

like cookies.” A Ft. Myers group member concurred: “I wouldn’t worry about oils or the actual plant. I would worry about edibles. They literally are cookies, brownies, gummies – you don’t want that laying around.”

Interestingly, members of all groups noted that accidental ingestion of medical marijuana was less problematic than accidental ingestion of other medicines or household items because it would not, ultimately, cause death. “If a child ingested it, it ain’t gonna kill them,” said a Gainesville group member. Similarly, a Tallahassee participant noted: “It’s not like methamphetamine, cocaine, heroin, that stuff. The kid might have some side effects from maybe grabbing a piece of it and putting it in his mouth or whatnot, but he’s not going to overdose. He’s not going to die.” Another member agreed and said, “...over-the-counter and prescription drugs generally pose much greater risks, like the kid who ate 200 gummy vitamins and dissolved all the calcium in his bones.”

Women who are Pregnant or Nursing

Finally, discussants were asked if they thought marijuana use poses any unique risks to women who are nursing or pregnant. While the vast majority of participants believed that, as with any other drug, marijuana likely causes issues for fetuses and for nursing babies, via ingestion through the mother, a few thought problems were unlikely.

Most participants believed that “the risk is high” for use by pregnant or nursing women. The majority felt marijuana, including medical marijuana, belonged on the list of things to stop taking if pregnant or nursing. “I don’t think anyone pregnant should be taking any kind of drug,” said one Orlando participant. A Tarpon Springs discussant similarly noted, “Your baby – your fetus – takes in whatever you take in,” and another group member added, “I didn’t drink while I was pregnant; I wouldn’t have smoked pot while I was pregnant.” “Exactly like alcohol or any other drug. What you consume, smoke, or do, effects your baby, and there isn’t any other way around it. The mother is the steward of the baby,” concurred one Ft. Myers participant. While a Tallahassee participant indicated a specific negative outcome, “I think it would slow the heart rate, which decreases the amount of oxygen to the brain of the fetus,” and a Gainesville participant specified, “...one lady smoked while pregnant and her son came out and had an eye infection from the smoking – conjunctivitis,” other participants across several groups worried that issues such as birth defects, developmental delays, physical delays, nervous system development, and low birth weight might result from use of marijuana.

On the other hand, in the Fort Lauderdale group, few participants thought any issues were likely. “I have heard from friends that they smoked [marijuana] throughout their pregnancy, because they threw up all the time and the only way they had an appetite was if they smoked,” one said. Another added: “If you really think about it, the drugs prescribed for pregnant women have more side effects than marijuana. They’ll use marijuana to help you eat. On the flip side, you take drugs and it might harm the fetus and you wouldn’t know.” Gainesville participants similarly said whether there are unique risks for pregnant women “depends.” Women in the group were clear that they stopped smoking cigarettes while pregnant (based on past research), but one said she did smoke marijuana when pregnant and “neither one of my children have any problems.” In the Tallahassee group, someone pondered: “I’ve met people that smoked [marijuana] throughout their whole pregnancy, and the babies never came out

with three legs or anything like that, but I can't say that further down the line they might not have some type of learning disorder."

Thus, members of several groups advocated more research on the topic. Noting the prior research efforts in the 1970s to better understand cigarette smoking during pregnancy, members of the Gainesville group said: "There's been a very deliberate lack of research into marijuana. So, we really don't have any information." Similarly, one person in the Ft. Myers group posited, "I honestly don't know...some women say they smoked during pregnancy and everything turned out fine. But then you look down the road. So, I think that's tricky – this definitely needs a study." Another in the group added: "A lot of studies have been done on drugs and alcohol. I don't know what's been done on marijuana."

For certain distinct medical conditions that pose a risk to the mother, participants deferred to the judgement of doctors: "That comes down to an ethical question between the person and their doctor – not something the state needs to be in on" [Ft. Myers].

Final Thoughts

To conclude the groups, the moderator asked if anyone had any final thoughts about medical marijuana in Florida that they felt were important to share. Many participants reiterated the importance of conducting more research and providing more information to the public about the positives and negatives of medical marijuana.

- "I wish the government would release more information because I think it's [medical marijuana] a lot safer than people are led to believe." [Tarpon Springs]
- "I think they [legislators] need to educate themselves before they can tell us what we can do. I think there needs to be more studies on the long-term and immediate effects. I mean, from experience we can say, 'okay, well this is what happened to me,' but I think we need research on a broad spectrum of people...before you tell me what I can and cannot have, when I can use it and when I can't. I think you need to educate yourself first." [Tallahassee]
- "We need to clarify the difference between recreational and medical. Obviously, so many of us are hung up on that – the Cheech and Chong thing. The medical part is a whole different entity. Reputable education." [Ft. Myers]
- "I think that there needs to be more research on the various health benefits that it [medical marijuana] can be used for, and a lot more public education." [Tarpon Springs]
- "I think the state needs to get on the frontlines of providing good information about the entire issue in terms of how it works, medical studies involved, and dispelling misinformation about the issue because there's a lot of disinformation out there that the state could actually do something about. Like making a particular goal of spreading good information and dispelling misinformation." [Tallahassee]
- "I don't think there's enough information out there. I think just a simple brochure stating the facts." [Orlando]

Notably, in several groups, people also questioned the veracity of whether the state can deny people weapons permits if they have a medical marijuana license. Great uncertainty seemed to abound

concerning this particular aspect of the law, and many participants expressed a want for more, and accurate, information about this.

Several participants expressed concerns about legal issues for those incarcerated for prior marijuana convictions, and potential current use:

- “...the amount of money that they spend to prosecute people for just carrying a little small amount of marijuana – everybody at this table right here has probably paid for that incarceration. Tax-payers’ money, they pay for that to get prosecuted.” [Tallahassee]
- “I know that now the police officers – if you have under a certain amount of it [marijuana] – are just writing citations for it, versus arresting people. I mean, do we need to be sending people to prison for possession of marijuana, clogging up the courts for that?” [Tarpon Springs]
- “Another subject – the amount of people in jail because of marijuana. They could have been using it through medical means, but because it wasn’t legal, it was considered a bad thing; they’re now in jail because maybe they needed it for a reason. Maybe they needed it to get through the day. All these tax dollars aren’t going to help the communities; it’s going to put people in jail for marijuana instead of people who commit huge crimes.” [Fort Lauderdale]

Some participants also noted the costs involved in medical marijuana for those in need:

- “I think they should lower the price from what it is because the disabled can’t afford it and insurance doesn’t cover it.” [Tallahassee]
- “I think there is too much red tape involved for people who need it [medical marijuana] and it’s too expensive. So, then it’s easier to buy it from somebody on the street corner. It might be contaminated. If the state made it easier and less expensive to navigate with your doctor, you wouldn’t have as much illegal stuff going on.” [Ft. Myers]

Broadly, other topics touched upon included issues related to driving while under the influence of medical marijuana, the potential upcoming statewide issue of legalizing recreational marijuana, and enforcement of stricter guidelines for doctors to insure that rules are followed that might prevent another epidemic like the current opioid crisis.

Appendix A: Discussion Protocol

[Do basic focus group introductions & consent forms – separate sheet.]

Introductions

First, I'd like to thank you all for joining us today. My name is Mike Scicchitano and I'm an Associate Professor in the Department of Political Science and Director of the Florida Survey Research Center. I'll be leading us through today's discussion. As part of a larger project, which started with surveys conducted statewide, the Florida Department of Health is talking with citizens in all regions of the state about medical marijuana.

Today, we're here to talk about a wide range of issues related to medical marijuana in Florida, including what you may or may not know about the new laws regarding medical marijuana, your thoughts and opinions about marijuana use, and any specific health concerns you may be aware of related to marijuana use. We'd like to get your thoughts about how the state can best reach out to citizens about these important issues, and what information you may want or need.

We want to hear from everybody – there are no right or wrong answers; just your opinions and understanding. I'll move us through some different topics; please feel free to add your thoughts on each.

I thought we'd start by having everyone introduce themselves.

Background Knowledge

I'd like to begin by talking about the basics of what is and is not legal in Florida in regards to marijuana use. Some new rules have taken effect, so we'd like to know what you're aware of and what you might know less about.

- To the best of your knowledge, what types of marijuana use are legal in the state of Florida?
 - ✓ Probe for: Low THC-cannabis; Medical marijuana; Recreational marijuana
 - ✓ Then note: only low THC-cannabis for approved medical conditions and medical marijuana for approved conditions are legal

Follow-ups:

- Do you know what conditions are approved for medical use? What are some of those conditions?
- Do you know what forms of use are approved? Probe for: smoking, vaping, eating edibles, etc.
- How about the documentation required to get and use medical marijuana? Can you describe what someone has to do?
 - ✓ Probe for: Order from a doctor licensed & in the registry; be in the state registry, have an ID card, have qualifying condition; purchase at licensed dispensary (cannot grow at home)
- And, where can qualified patients purchase medical marijuana?
 - ✓ Probe for: Medical marijuana treatment center

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- Can someone take medical marijuana that they have a license for out of the state, do you know?
 - ✓ Prompt for: If someone was going on a trip/vacationing somewhere else? Does having a license in Florida matter in other places?
- And, where (from what sources) have you gotten information about this?
 - ✓ Prompt for: Newspapers (which?); TV news (which?); Online (where? Social media?)

Perceptions & Opinions

Next, I have a few questions about your perceptions and opinions on marijuana use.

- Personally, do you think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, or do you think that marijuana should be illegal even for medical purposes?
- Given that, do you think that allowing medical marijuana makes it easier for people to get marijuana even if they don't have a real medical need, or does it make no difference?

Medical Issues

Finally, I'd just like to know your thoughts about any potential medical issues related to marijuana use for certain groups.

- To the best of your knowledge, does marijuana use have any short- or long-term health impacts?
 - ✓ If any "Yes" – Probe: What kinds of big picture health issues do you think happen in the short- or long-term?
- More specifically, do you think marijuana use poses any unique risks to children or teens?
 - ✓ If any "Yes" – Probe: What kinds of unique issues do you think kids or teens might have?
 - Probe for: Difficulty thinking & problem solving; Decline in school performance; Problems with memory & learning; Increased risk of mental health issues; Impaired coordination; Impaired driving; Difficulty maintaining attention
- And, how about women who are pregnant or nursing? To the best of your knowledge, does marijuana use pose any unique risks to women who are pregnant or nursing?
 - ✓ If any "Yes" – Probe: What kinds of unique issues do you think pregnant or nursing women might have?
 - Probe for: Low birth weight; Future problems with learning; Developmental problems; Problems related to smoke inhalation
- In your opinion, do you think children accidentally ingesting medical marijuana is problem?

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- ✓ If any “Yes” – Probe: Do you think that’s frequently a problem, or just occasionally or rarely?

Final Thoughts

Does anyone have any final thoughts about medical marijuana in Florida that you feel are important to share with us?

Thank you for spending this time with me today. The information you provided will be very useful to the Florida Department of Health.