



**ANNUAL UPDATE ON THE STATEWIDE
CANNABIS AND MARIJUANA
EDUCATION AND ILLICIT USE
PREVENTION CAMPAIGN**

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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.

Research / 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. FSRC 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.

FSRC 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 A.

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 B.

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.

Recognizing that a key stakeholder in a successful medical marijuana regulatory framework is physicians, the department created a website specifically for medical professionals: <http://flhealthsource.gov/ommu/>. Physicians can quickly access the most pertinent information including CE requirements, frequently asked questions and other resources.

The department continues to make updates to the department’s Office of Medical Marijuana Use (OMMU) site, www.flhealth.gov/ommu, as new information becomes available such as new dispensing locations and updates to the different stages of the regulation and rulemaking process. A goal in the two-year marketing plan moving forward was to **create a stand-alone website** that serves as a one-stop-shop for medical marijuana in Florida. This will make finding information easier for all interested stakeholders and is in line with the approach other states have taken.

Based on feedback from the Florida Legislature during Committee Weeks ahead of the 2018 session, the department increased the frequency of our bi-weekly medical marijuana use updates. Our OMMU Update now goes out each Friday and contains metrics on patient counts, ID card application timeframes, approved Medical Marijuana Treatment Center locations and the number of qualified ordering physicians. The update also includes the status on pending litigation as well as key implementation updates. A recent update is included in Appendix E.

Marketing Plan

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 need 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 will function as “home base” for all information and resources. The department’s spending plan is included in Appendix F.

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 G.

Brand Implementation and 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 review and shared by the impacted constituents to address:

- Steps to treatment for qualifying patients Appendix M
- Safe storage Appendix N
- Legal requirements for licit use and possession of marijuana in this state Appendix O

Along with these newly created materials, the office utilized the brand and style guide to create other campaign elements such as a comprehensive, educational website; instructive materials – which includes 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 and 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 Hattian-Creole.

Examples of the types of ads created and placed include, but 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 detail of ad type and placement, can be found in Appendix H. The ad creative, scripts and social media ads in all three languages can be found in Appendix I.

The ad run began in April 2018 and ran through the end of June 2018. In total, the performance results of the vendor's ad placement, department buys, and partner pushes were above expectations.

- The traditional campaign aired 286 radio and podcast spots on 135 radio stations and networks across Florida, reaching an estimated 98,600 18+ listeners on public radio stations and a net reach of 8,443,333 across iHeartMedia station affiliates.
- The digital campaign earned 31,469,186 digital impressions and 9,206,673 social media impressions.
- The digital ads resulted in 99,537 ad clicks and social media ads resulted in 27,946 ad clicks, comments, shares and likes.
- The performance report and metric details can be found in Appendix J.

Focus Groups / Florida Survey Research Center

In June, at the final stages of the media buy and placement, the department again 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 last 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 are summarized.

In total, 46 citizens participated in the focus groups: 10 in Gainesville, 11 in Tallahassee, 4 in Ft. Lauderdale, 8 in Fort Myers, 8 in Largo, and 5 in Orlando. Upon completion, FSRC compiled all data, focus group records, as well as identified themes and deficiencies found in the group discussions.

Some of the 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 have 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 DOH website was mentioned specifically, and one person said he would call the DOH if he had a particular question, to insure 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 espoused 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 K.

Year 3 Reporting

As indicated by the focus group findings, there is a further need for message creation and ad placements of the proper procedures for obtaining a medical marijuana registry card, finding an approved physician that is able to order and the approved conditions in order to obtain medical marijuana. Additionally, creation of messaging and information surrounding product safety and storage, prevention for illicit use of minors, and providing more information about the effects of medical marijuana usage for pregnant women and breastfeeding moms, 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 2019. 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, along with budget options, are included in Appendix L.

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.

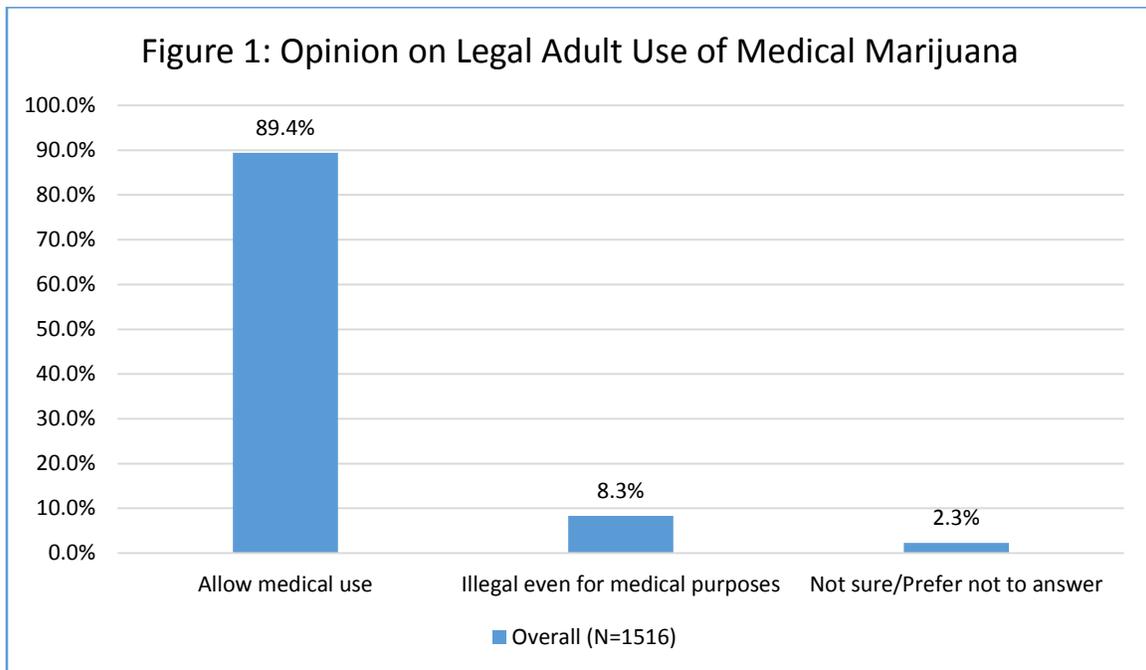
Results

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

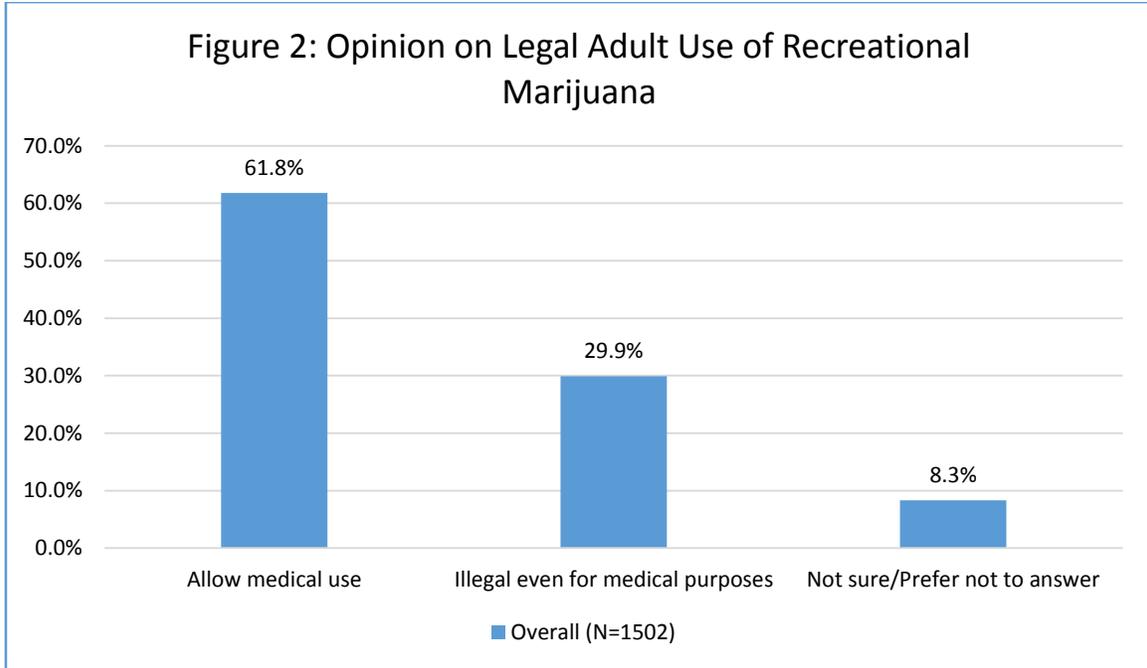
The first question asked: "Do you think adults should be allowed to legally use marijuana for medical purposes if their doctor orders it, or do you think that marijuana should be illegal even for medical purposes?" The responses appear in Figure 1.



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

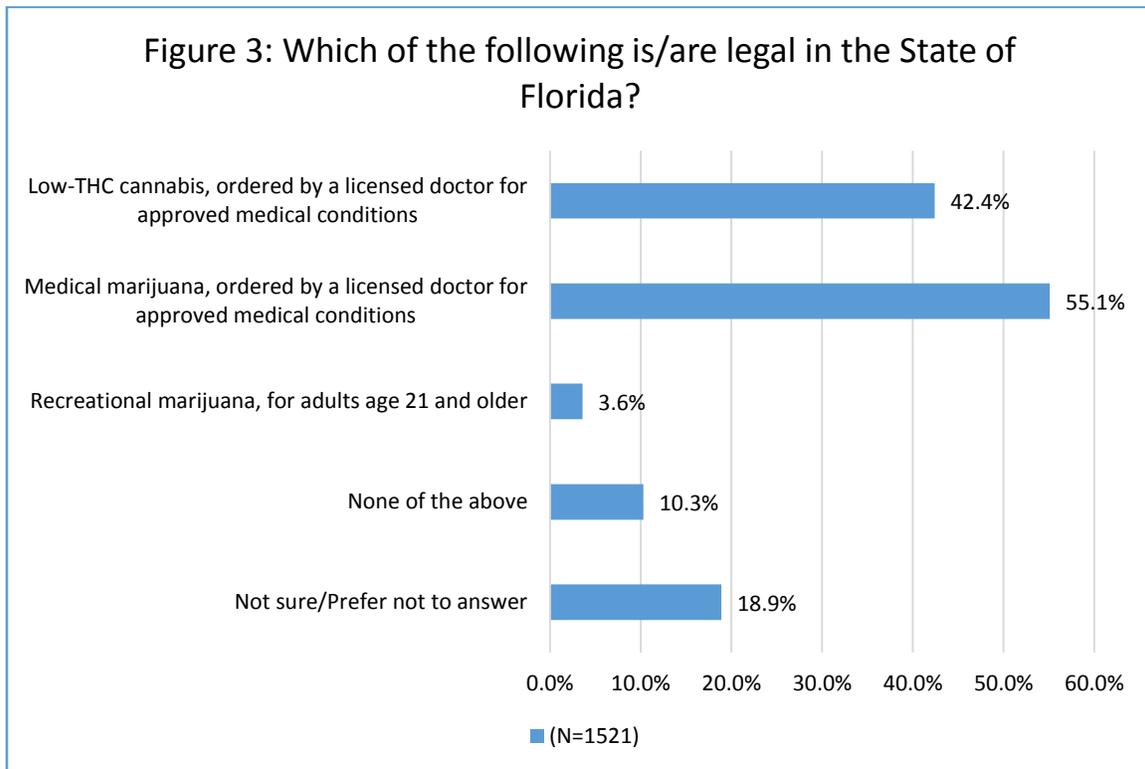
The next question asked: “Do you think adults should be allowed to legally use marijuana for recreational purposes, or do you think that recreational marijuana use should remain illegal?” The responses appear for in Figure 2.



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

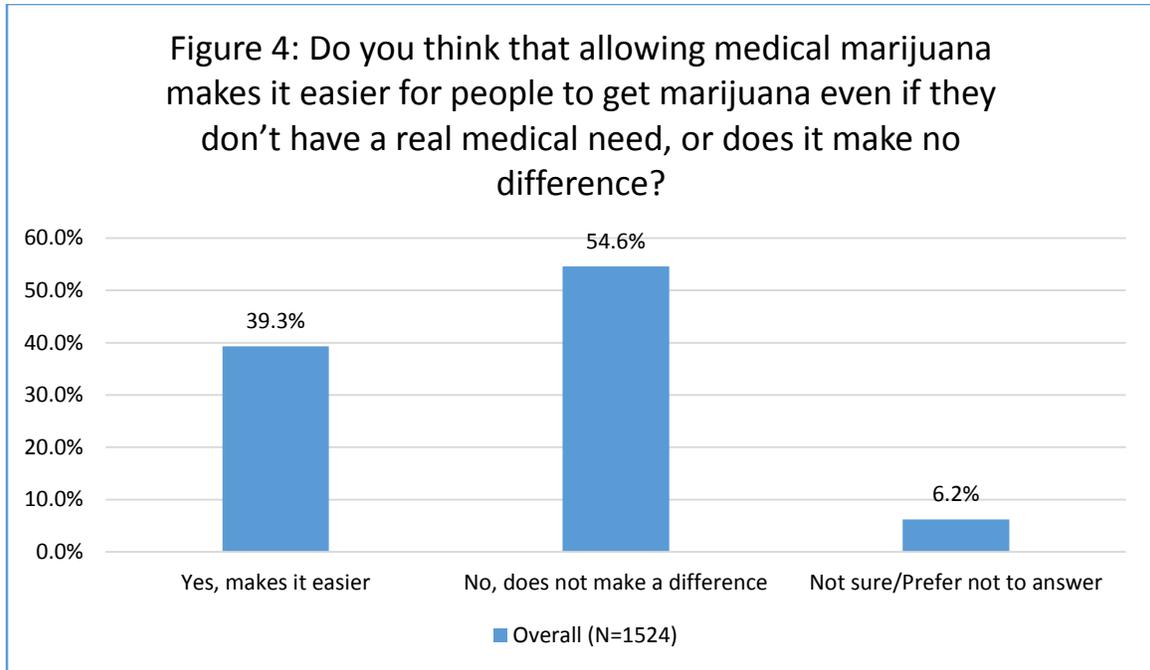
Next, respondents were asked: “To the best of your knowledge, which of the following is/are legal in the state of Florida: Low-THC cannabis, ordered by a licensed doctor for approved medical conditions; Medical marijuana, ordered by a licensed doctor for approved medical conditions; Medical marijuana, 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.

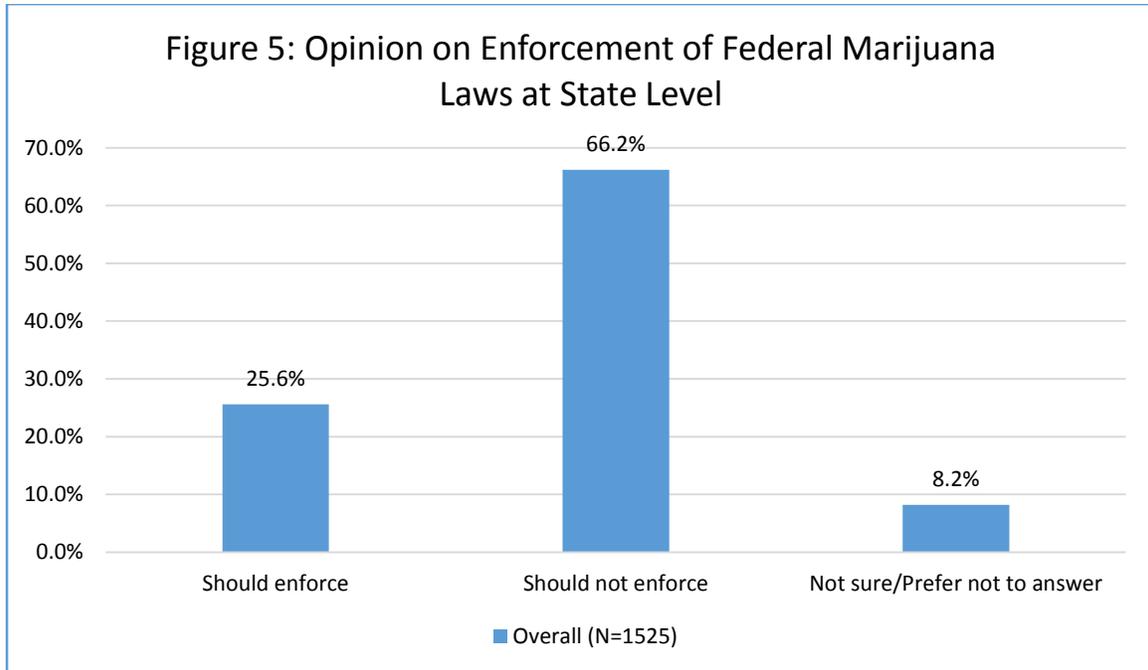
Opinion on whether Allowing Medical Marijuana Influences Acquisition for Those without Need
The next question asked: “Do you think that allowing medical marijuana makes it easier for people to get marijuana even if they don’t have a real medical need, or does it make no difference?” The responses appear 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.

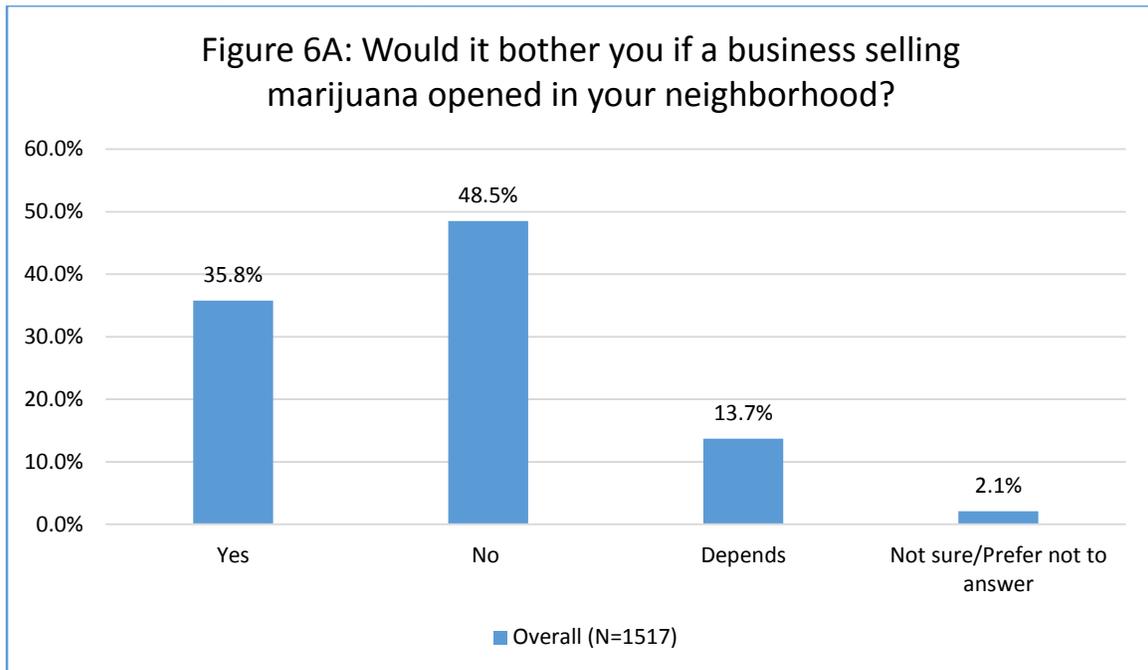


Overall, about one in four (25.6%) respondents said they think the federal government should enforce federal marijuana laws in states that decide to allow medical and/or recreational marijuana, while about two in three (66.2%) said they do not think federal marijuana laws should be enforced in these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

Personal Preferences Regarding the Sale and Use of Marijuana

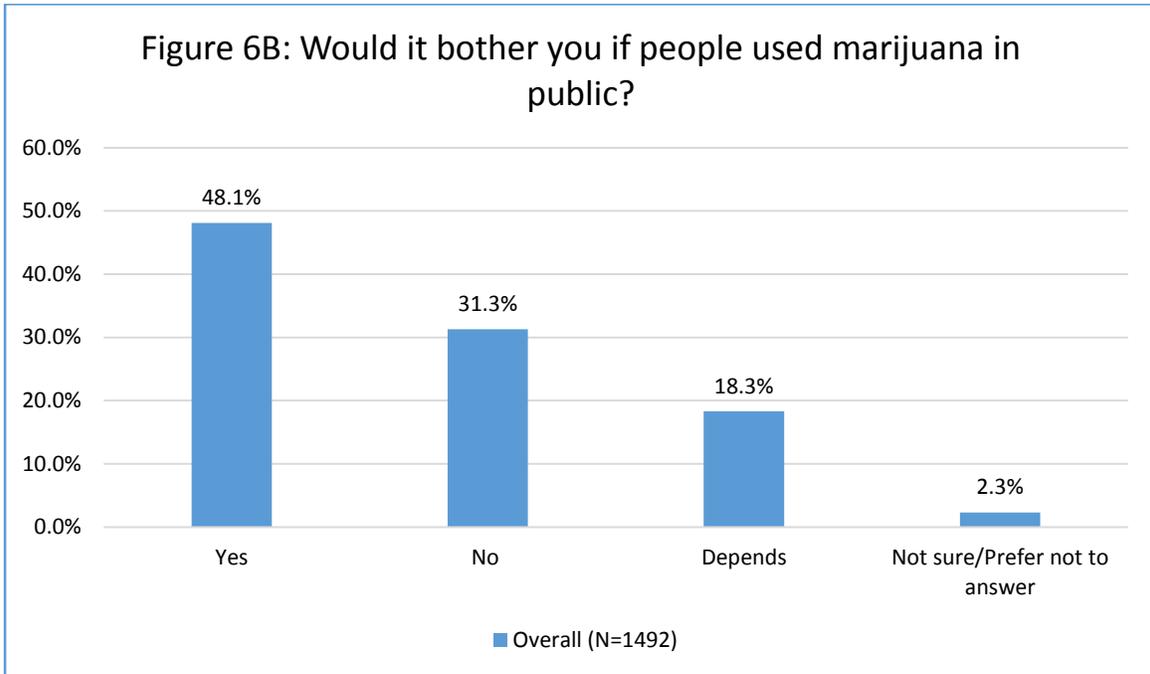
Next, the survey asked a series of three questions about the sale and use of marijuana: “Knowing that some states have decided to allow legal medical and/or recreational marijuana use, would it bother you if: A business selling marijuana opened in your neighborhood; People used marijuana in public; People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

A business selling marijuana opened in your neighborhood



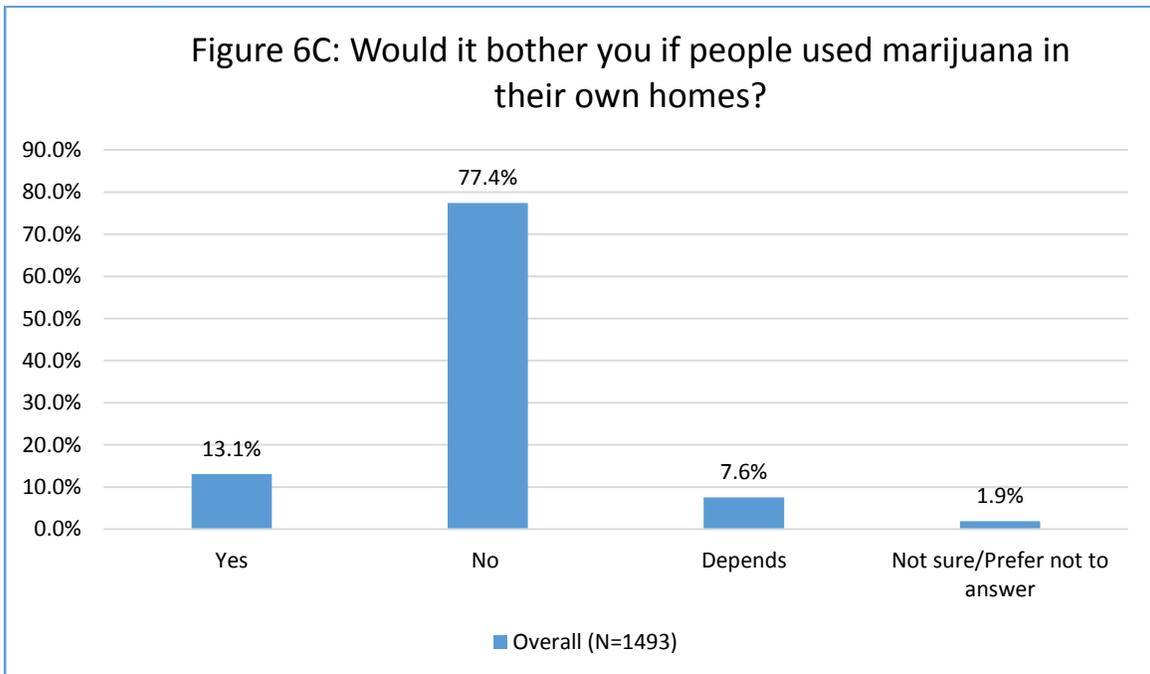
About one in three (35.8%) respondents said it would bother them if a business selling marijuana opened in their neighborhood. Nearly one-half (48.5%) of respondents said it would not bother them if a business selling marijuana opened in their neighborhood, and about one in eight (13.7%) said it would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

People used marijuana in public



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.

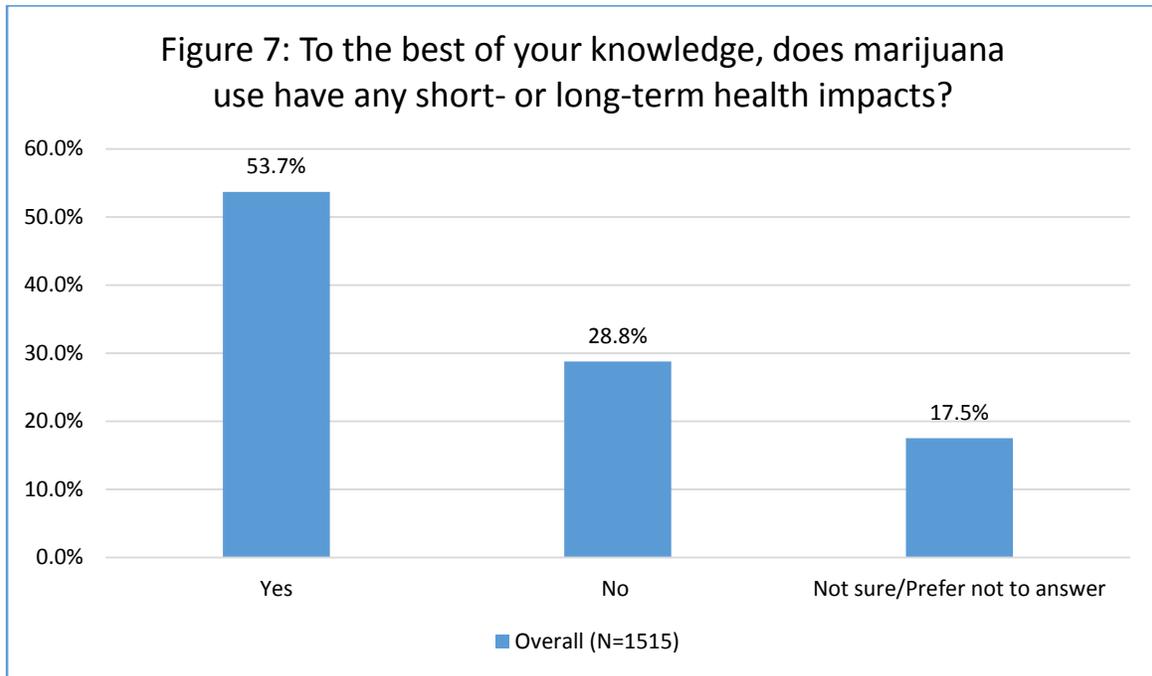
People used marijuana in their own homes



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

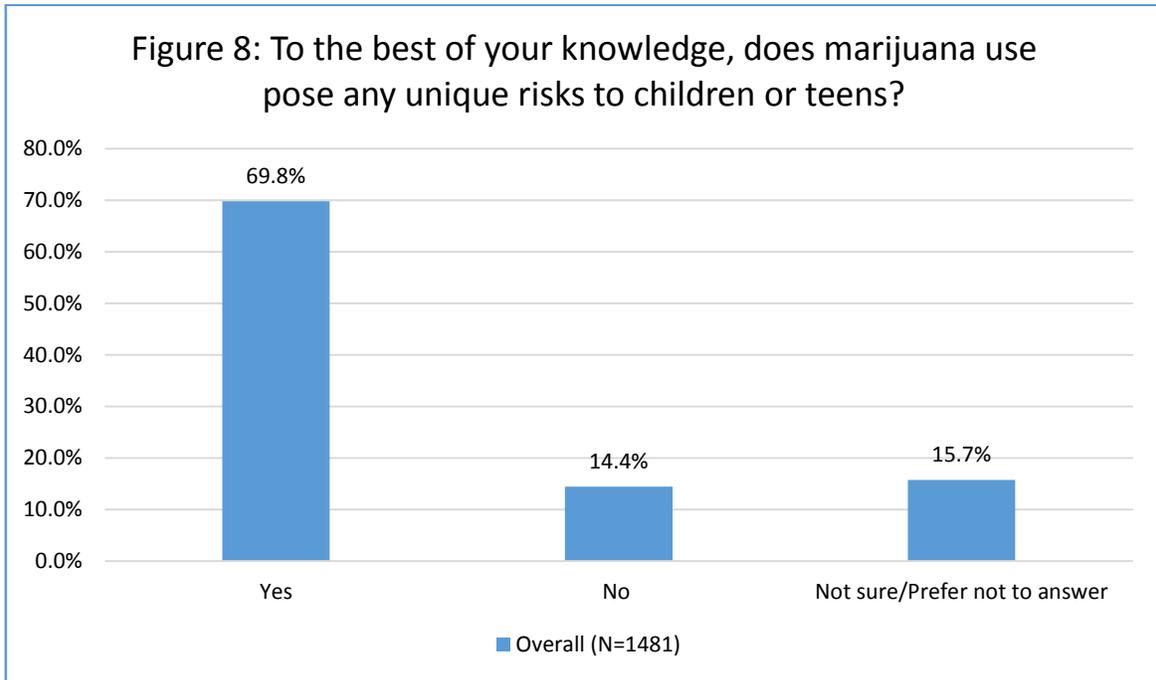
The next question asked: “To the best of your knowledge, does marijuana use have any short- or long-term health impacts?” The responses appear for in Figure 7.



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

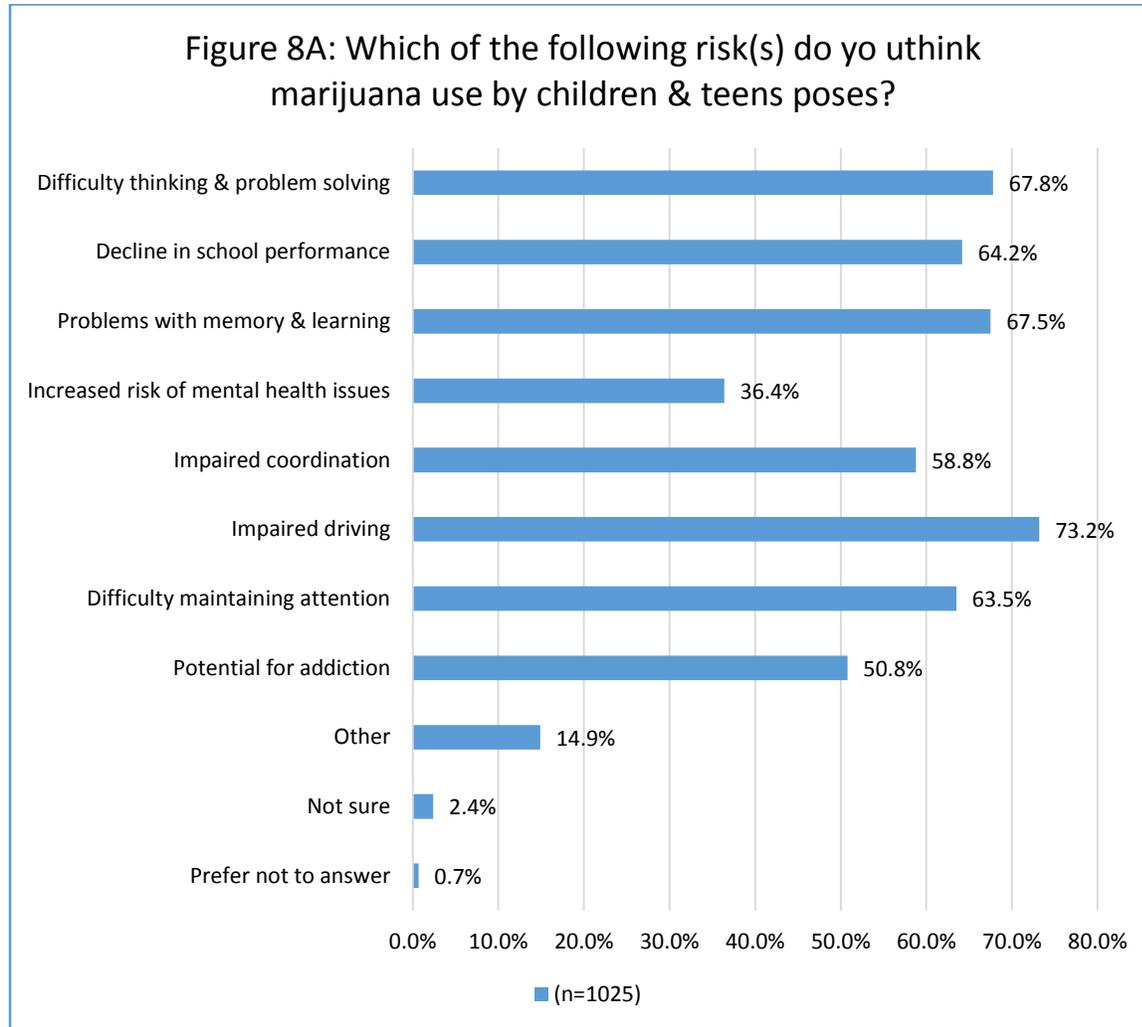
The next question asked: “To the best of your knowledge, does marijuana use pose any unique risks to children or teens?” The responses appear for in Figure 8.



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.

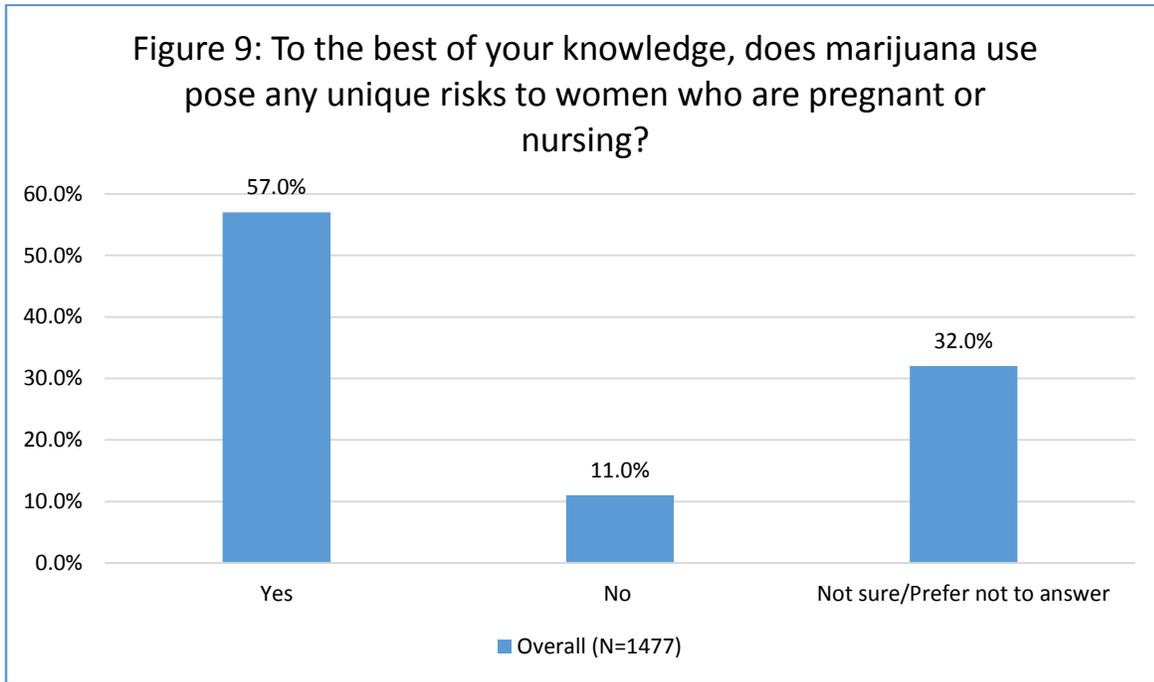


Two in three, or more, of these respondents identified the following as risks for children and teens posed by marijuana use: impaired driving (73.2%); difficulty thinking and problem solving (67.8%); problems with memory and learning (67.5%); decline in school performance (64.2%); and, difficulty maintaining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

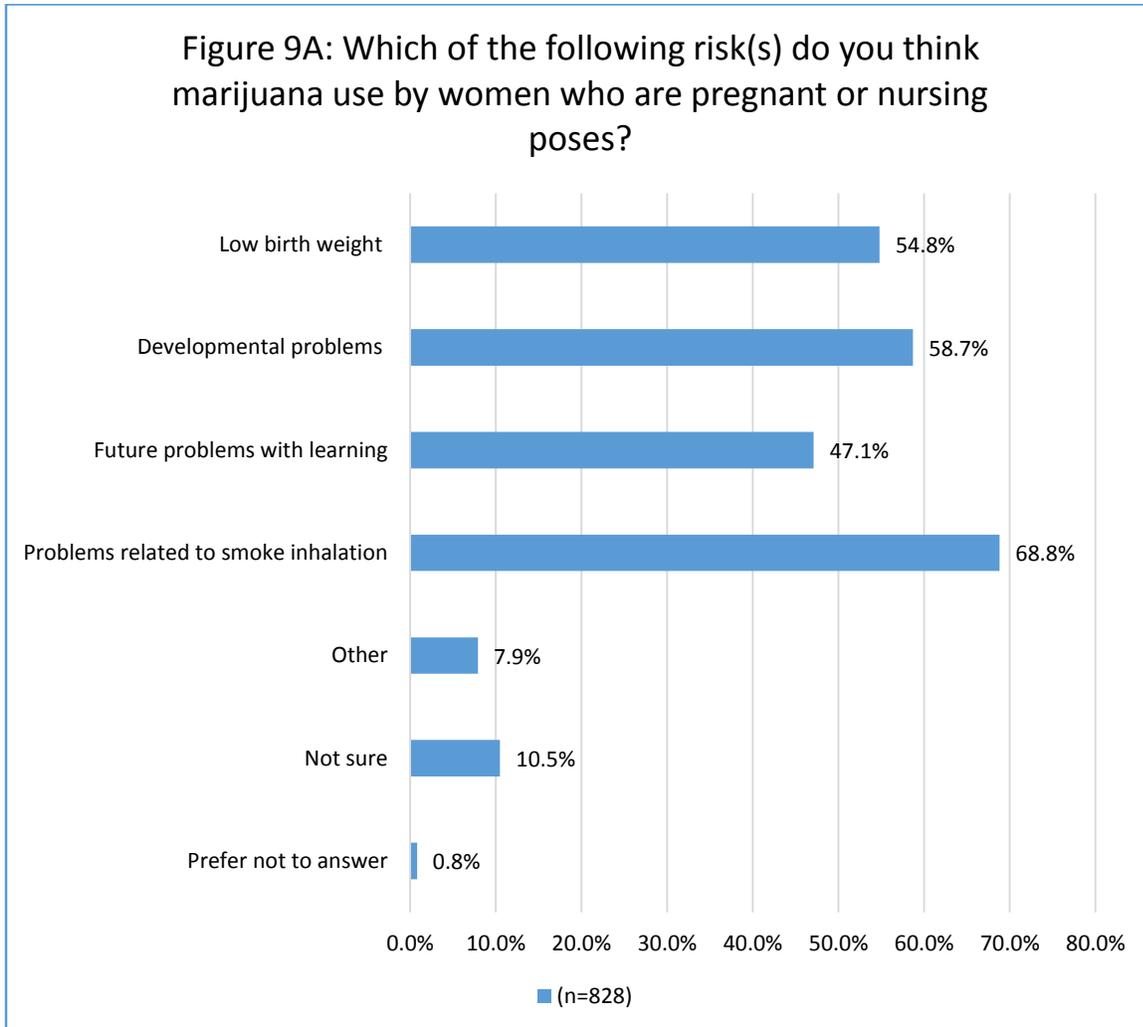
The next question asked: “To the best of your knowledge, does marijuana use pose any unique risks to women who are pregnant or nursing?” The responses appear for in Figure 9.



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.

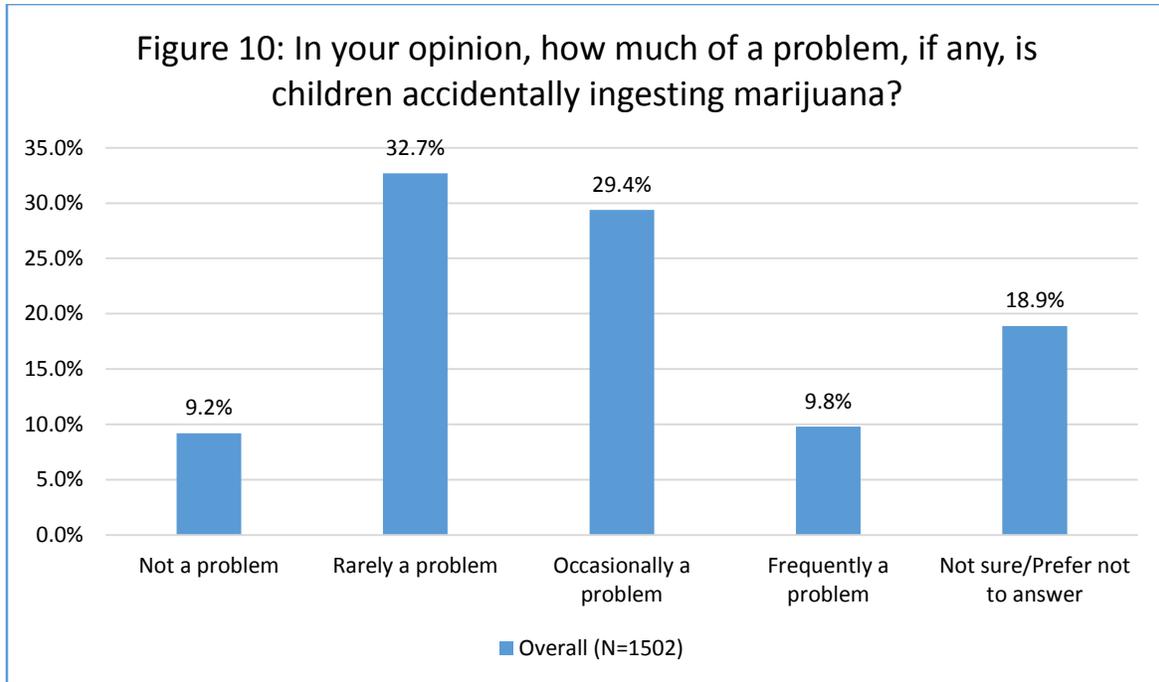


More than two in three (68.8) of these respondents cited problems related to smoke inhalation as a unique risk from marijuana posed to women who are pregnant or nursing, and about three in five (58.7) indicated developmental problems for the fetus as a unique risk. About half of these respondents noted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

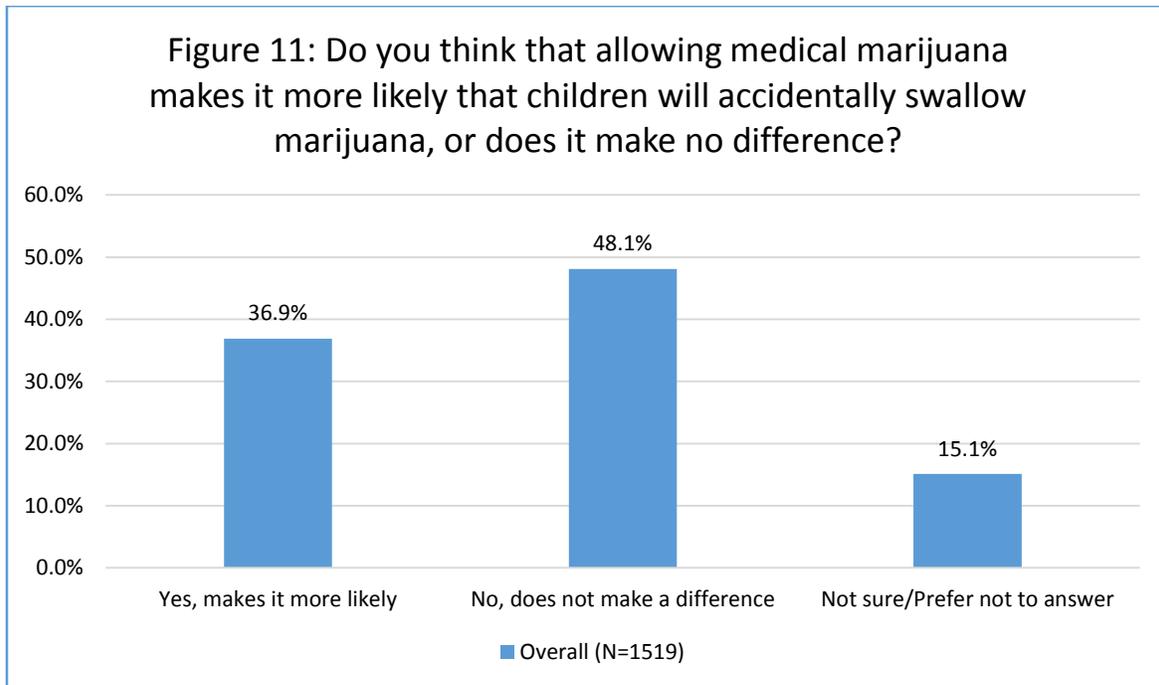
The next question asked: “In your opinion, how much of a problem, if any, is children accidentally ingesting marijuana? Would you say it’s not a problem at all, rarely a problem, occasionally a problem, or frequently a problem?” The responses appear for in Figure 10.



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.



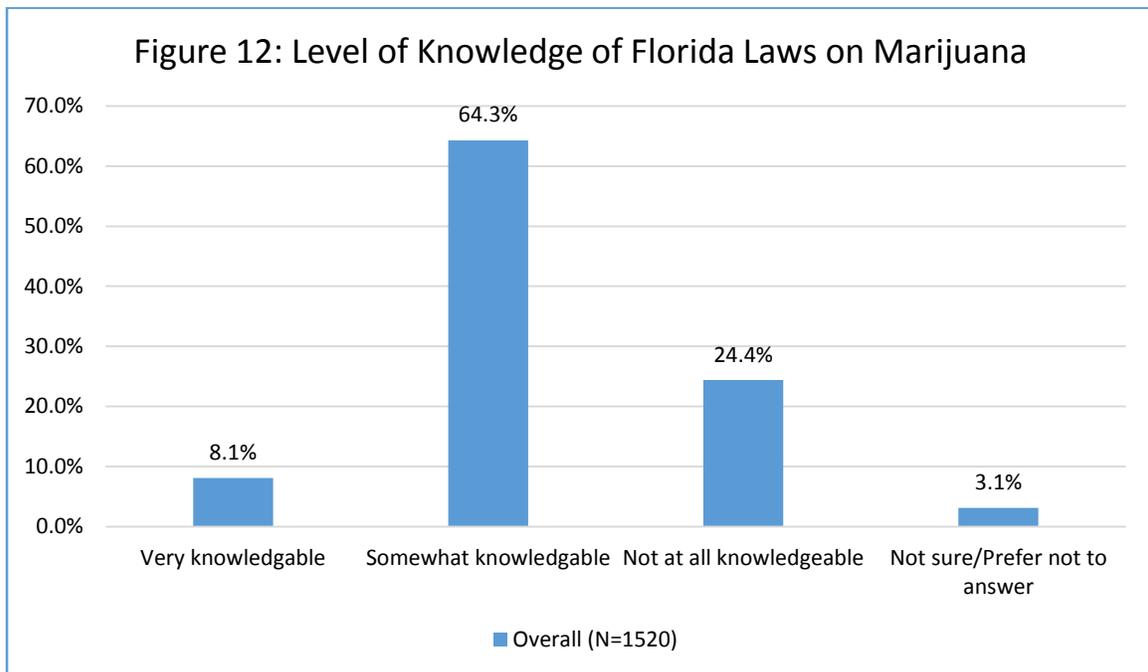
More than one in three (36.9%) respondents said that allowing medical marijuana makes it more likely that children will accidentally swallow marijuana, while about half (48.1%) said it does not make a difference. About one in six (15.1%) respondents said they were unsure or preferred not to answer the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

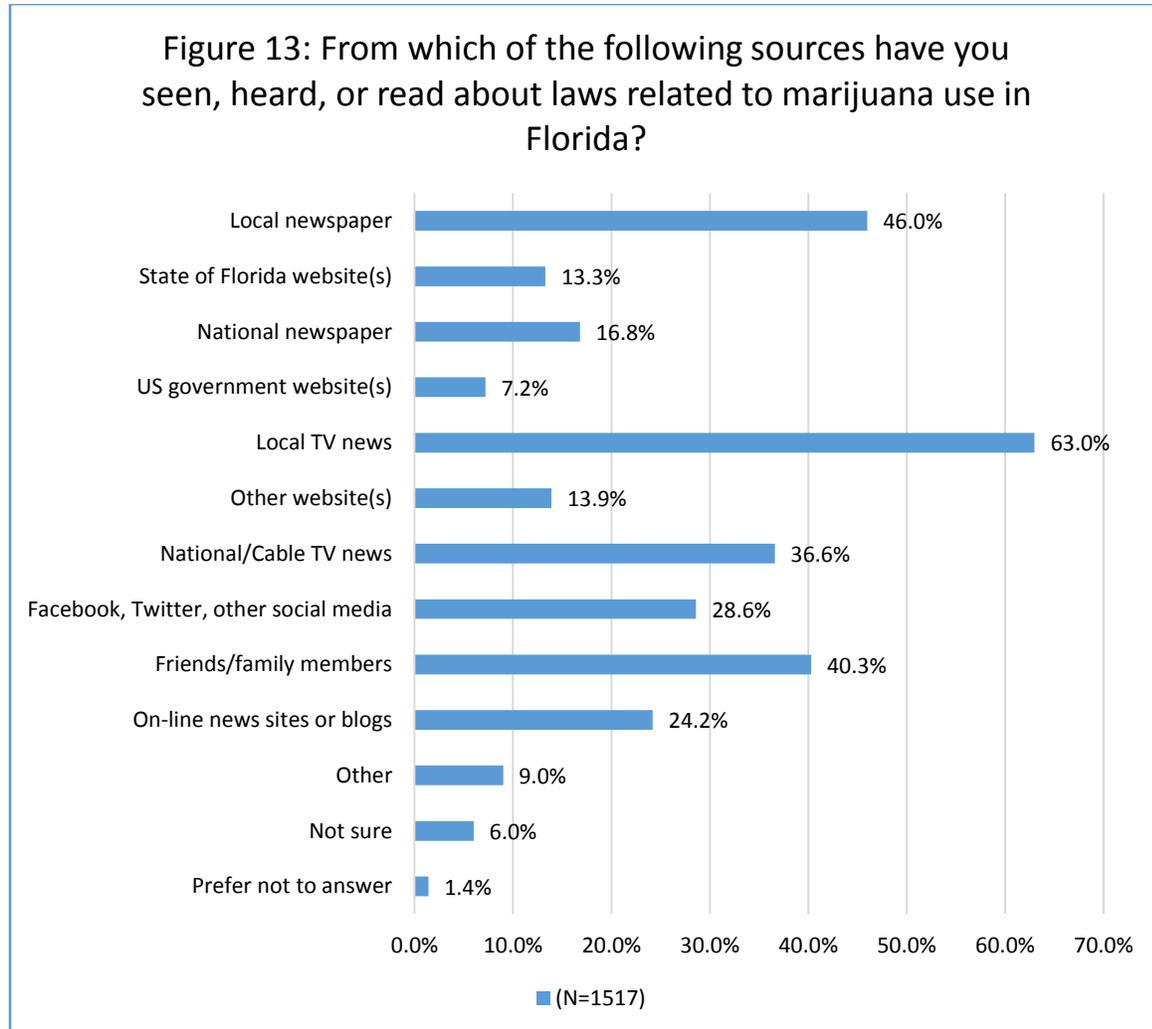
The first question in this section asked: “How knowledgeable would you say you are about laws related to marijuana use in Florida? Would you say you’re very knowledgeable, somewhat knowledgeable, or not at all knowledgeable?” The responses appear in Figure 12.



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.

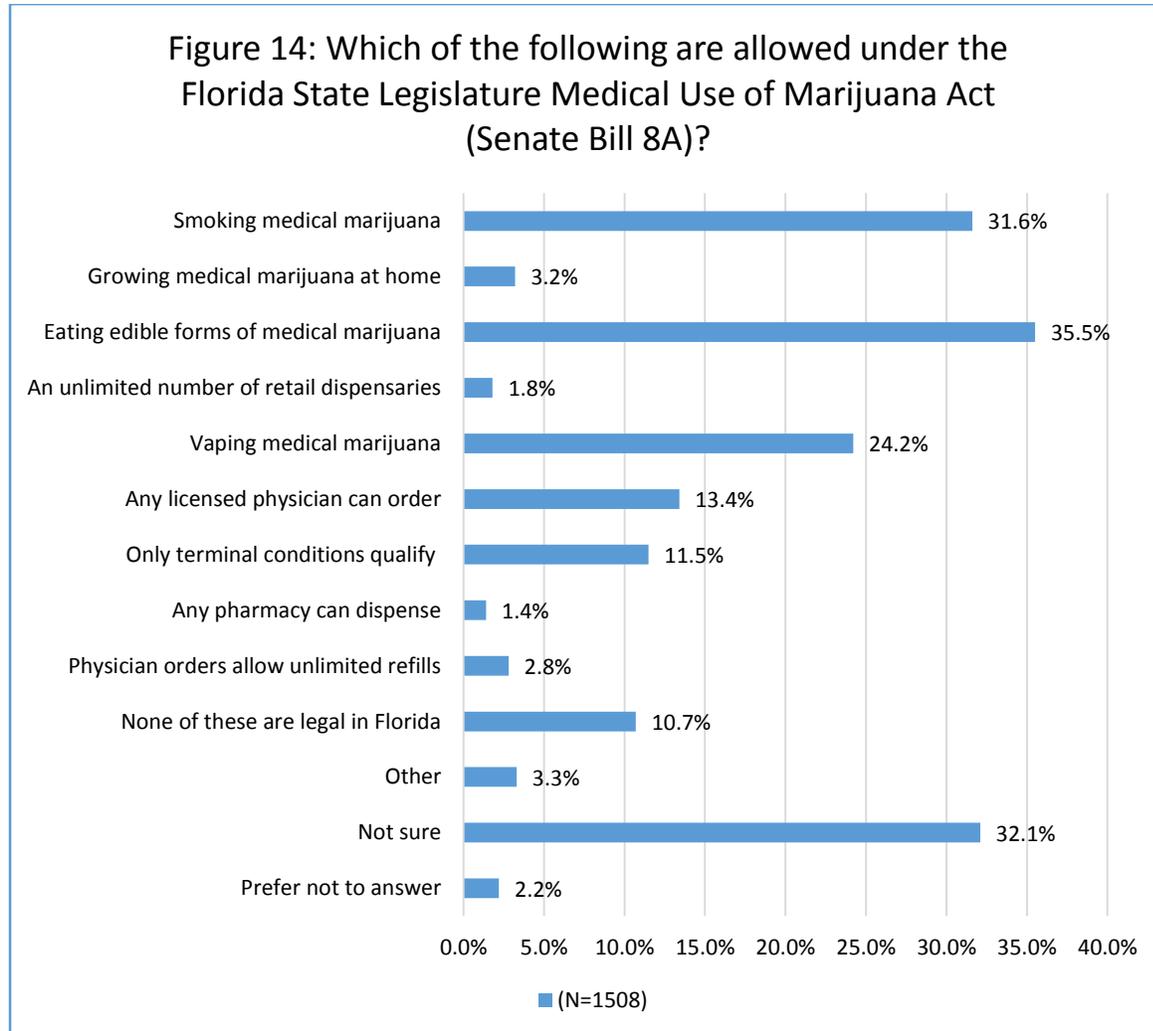


About two in three (63.0%) respondents have received information about laws related to marijuana use in Florida from local TV news, and nearly half (46.0%) have read about the topic in the local newspaper. About two in five respondents received information from friends or family members (40.3%) or national/cable 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.

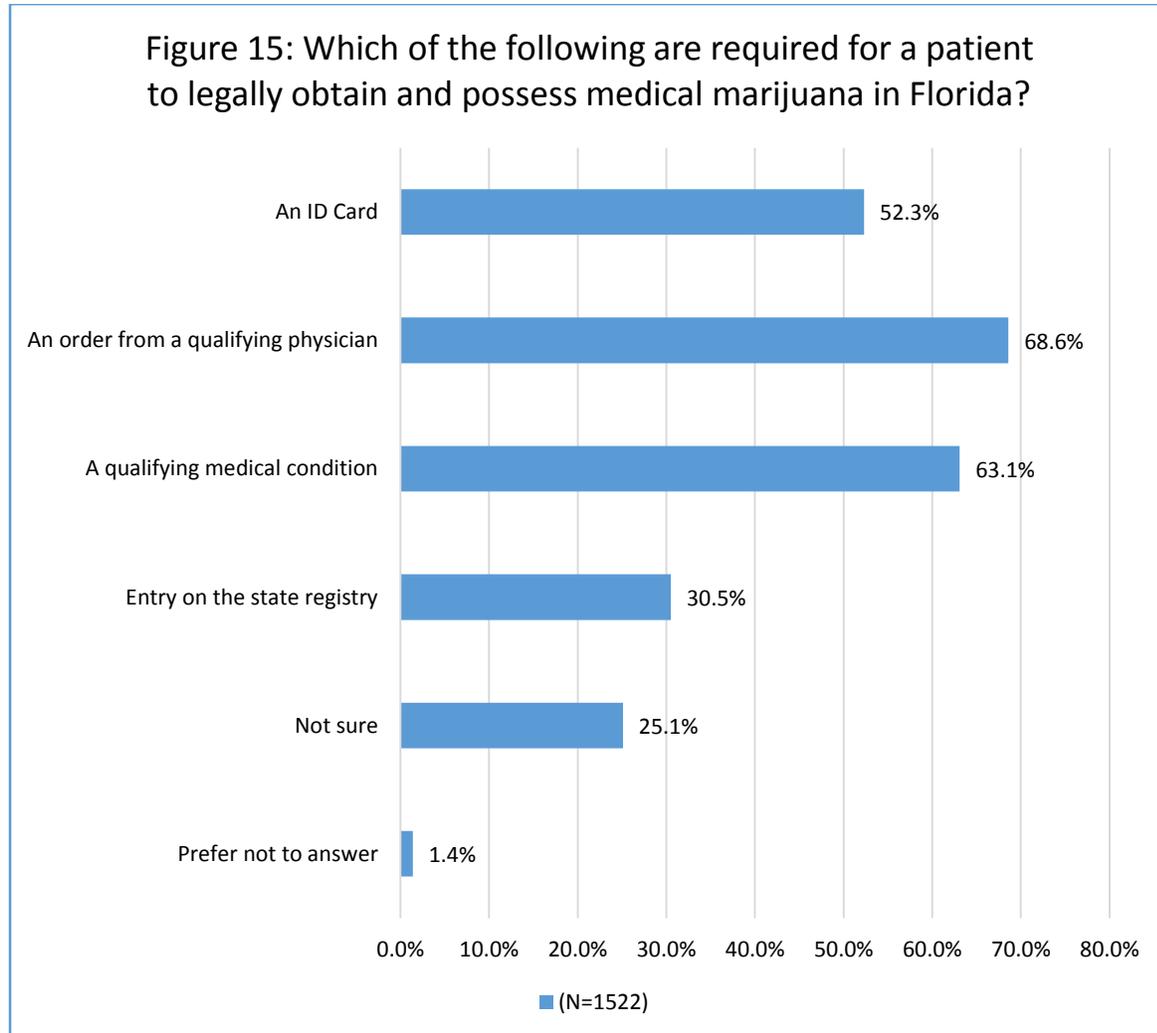


Nearly one in three (31.6%) respondents erroneously said that smoking medical marijuana is legal in Florida, while a similar number (35.5%) correctly said that eating edible forms of medical marijuana is legal in Florida. About one in four (24.2%) respondents correctly noted that vaping medical marijuana 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.

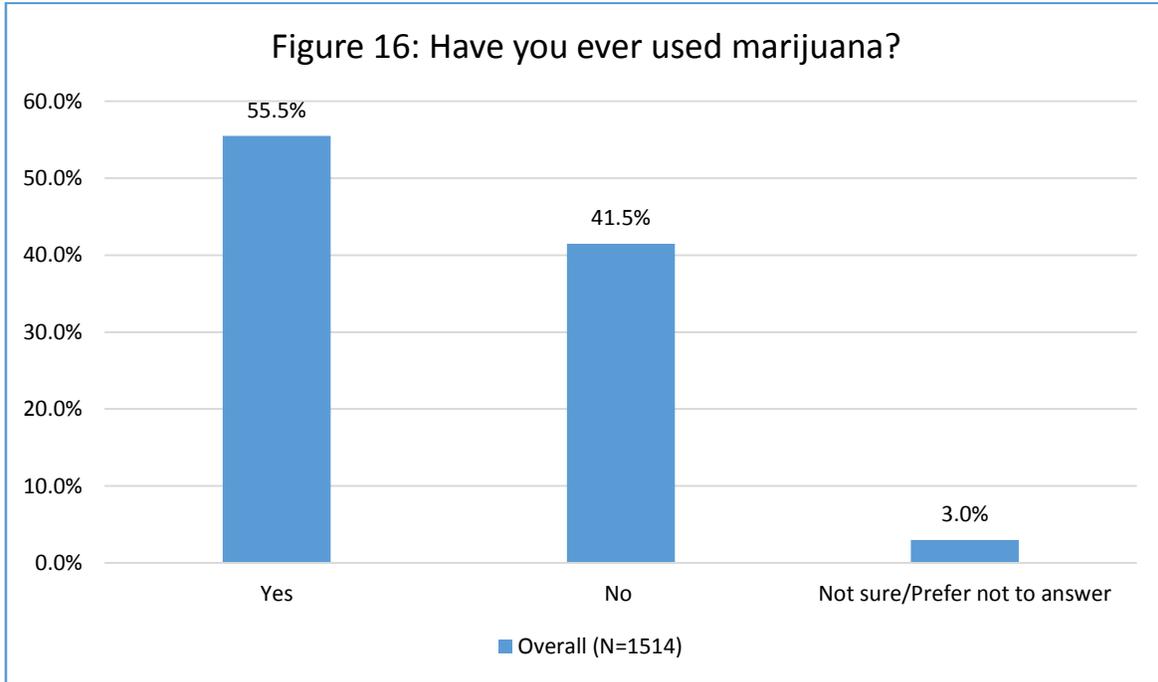


Two in three (68.6%) respondents correctly note that an order from a qualifying physician is required for a patient to legally obtain and possess medical marijuana in Florida, and a similar number correctly indicate that a qualifying medical condition is required. About half (52.3%) of the respondents 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 (28.1%) 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

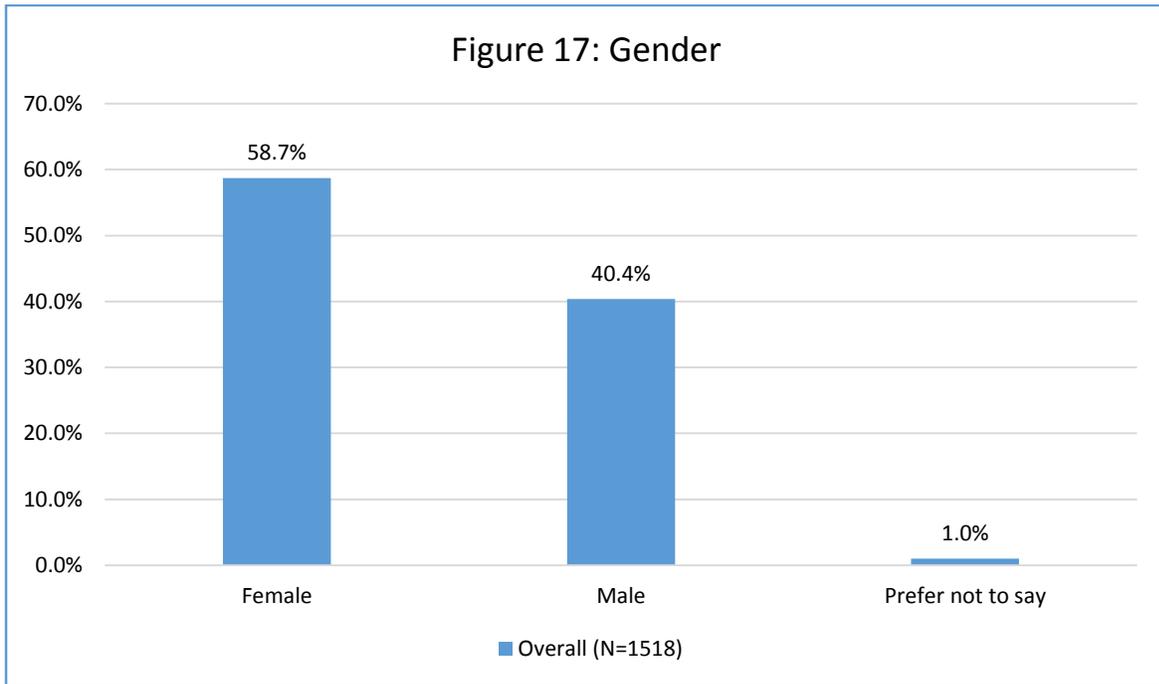
The final question in this section asked: “Keeping in mind that all of your answers in the survey are confidential, have you, yourself, ever used marijuana?” The responses appear for in Figure 16.



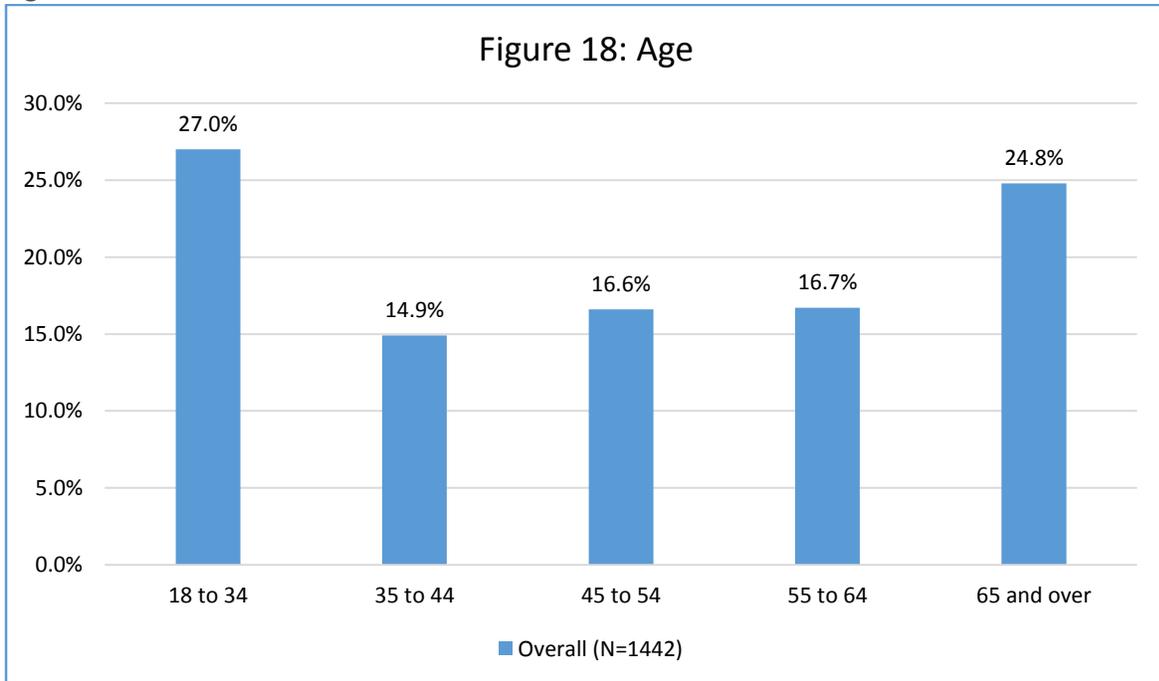
More than half (55.5%) of the respondents said that they have used marijuana, while about two in five (41.5%) said they have not.

Demographics

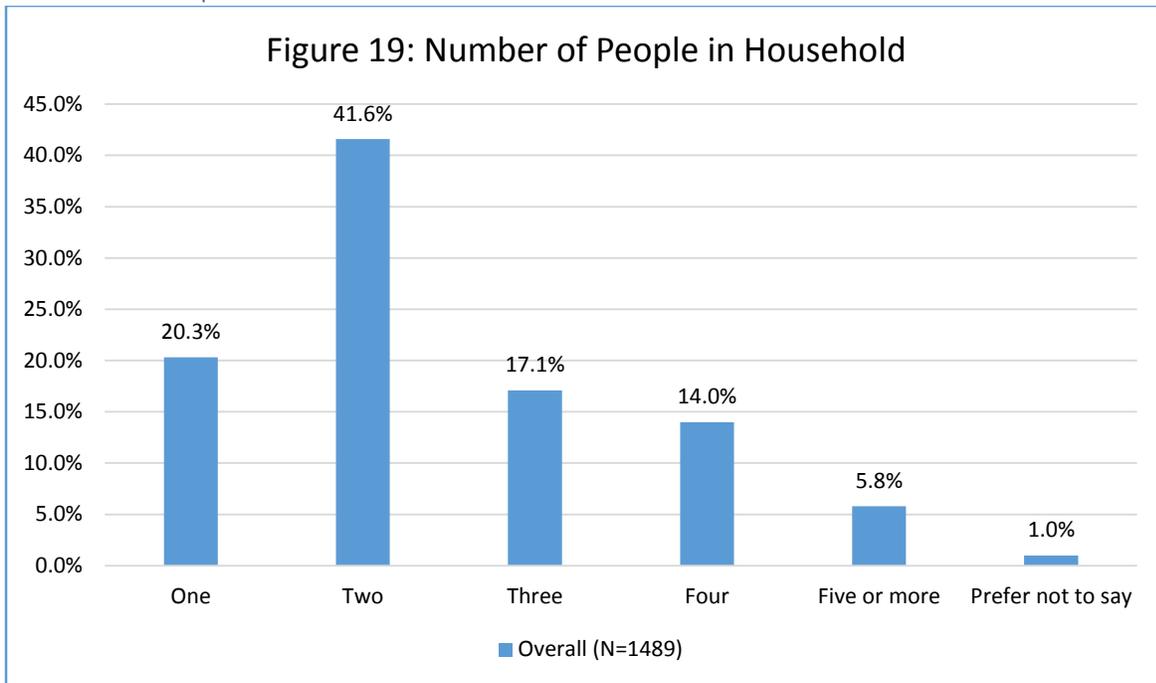
Gender



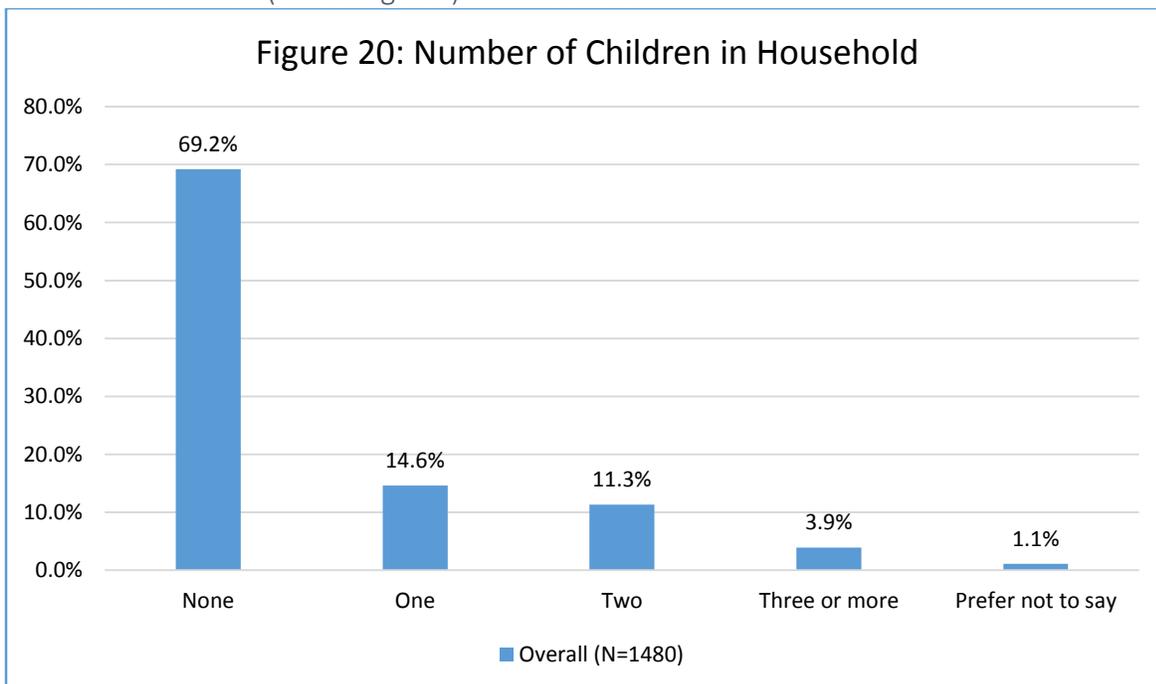
Age



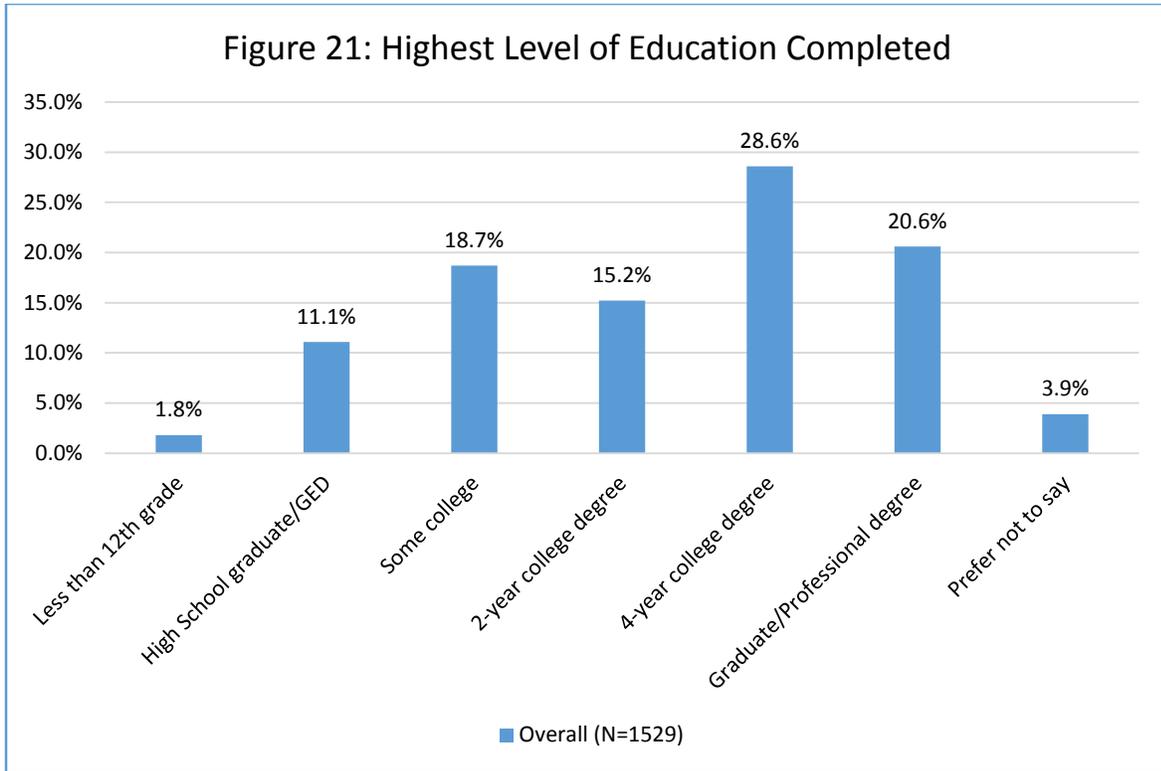
Number of People in Household



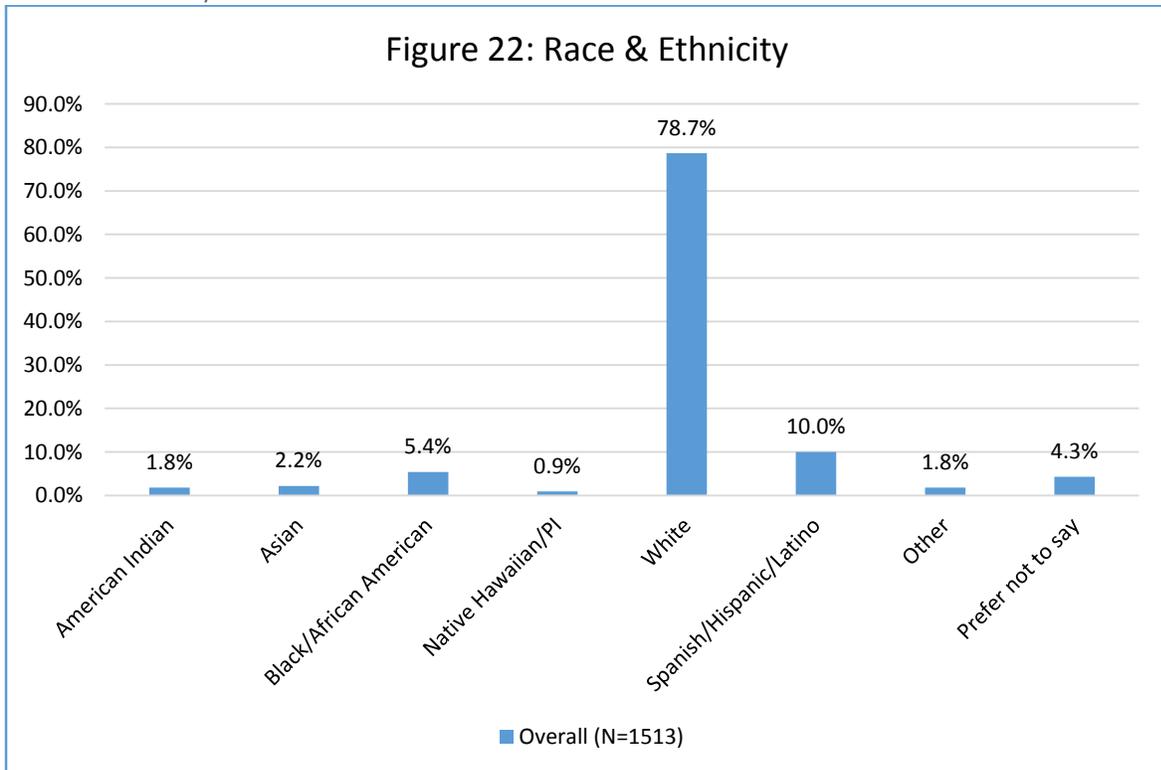
Number of Children (Under Age 18) in Household



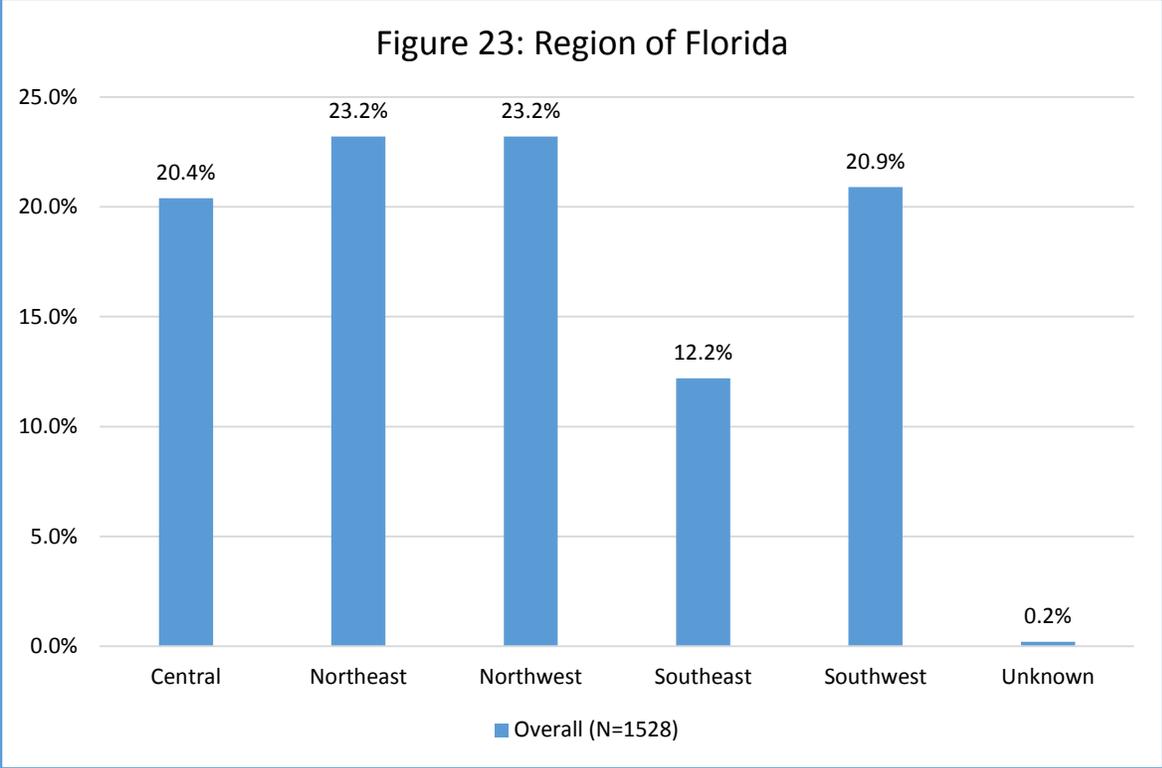
Education



Race & Ethnicity



Region of Florida (unweighted)



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

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

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

parks, playgrounds, sidewalks, roads, and on federal land—including ski slopes.

- ▲ Always be aware of the property owners' rules.
- ▲ It's illegal to possess marijuana in a passenger area of a vehicle if it is in an open container with broken seals, with some of the contents removed, and if there is evidence of consumption.
- ▲ It's illegal to leave Colorado with any marijuana products. Additionally, Denver International Airport has banned the possession, use, display and/or giving of marijuana products on its property.

Additional laws and guidelines:

- ▲ It's illegal to drive while impaired by marijuana. You can be charged with a DUI if found with more than 5 nanograms of THC in your blood. If you've recently used marijuana, it's best not to drive at all.
- ▲ Use caution with Marijuana-infused products and pay attention to the total number of milligrams in your product. If you aren't sure how marijuana will affect you, ingest less than one serving, and wait at least four hours before eating/drinking more.
- ▲ Despite legalization, employers can still test for marijuana and make employment decisions based on drug test results. Know your workplace policies before you use.



GOOD *to* KNOW

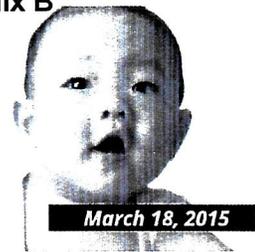
GoodToKnowColorado.com



COLORADO
Department of Public
Health & Environment

MARIJUANA PREGNANCY AND BREASTFEEDING GUIDANCE

FOR COLORADO HEALTH CARE PROVIDERS



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.

AT DELIVERY:

- Use marijuana screening questions at delivery.
- Be aware of your facility's guidelines regarding drug testing of mothers and newborns and issues of consent.
- Urine drugs screens (maternal or newborn) can be falsely positive. A positive test in the absence of reported maternal drug use should be confirmed by gas chromatography/mass spectrometry (GC/MS) or liquid chromatography/mass spectrometry/mass spectrometry (LC/MS/MS).
- Alternative newborn testing includes meconium or umbilical cord sampling.
- Discuss risks regarding marijuana use after pregnancy and/or during breastfeeding with your patient.

TALKING TO YOUR PATIENTS:**ABOUT MARIJUANA:**

Can you tell me about why you are using marijuana? How does marijuana help you?

If using marijuana to treat a medical issue: **Talk to your prenatal health care provider about the use of other treatments for medical issues during pregnancy.**

If patient is using for nausea, anxiety or sleep: **There are other options that are safe ways to deal with these issues during pregnancy.**

Address potential alternative treatments, if appropriate, and talk about transitioning to alternative treatments or cessation. **Do you want to stop using marijuana? How difficult do you think it will be to stop using marijuana? Do you think you can stop? If you need help, assistance is available.**

Health care providers can use the HealthTeamWorks' Screening, Brief Intervention, Referral to Treatment tool found at healthteamworks.org/guidelines/sbirt.html or provide the patient with additional referrals from the resources section. **For your health and your baby's health, I will ask you about this at your next visit/ appointment.**

ABOUT MEDICAL MARIJUANA:

The decision to continue medical marijuana use (as with any medication) during pregnancy and/or breastfeeding is based on whether the benefits of the treatment outweigh the potential risks to the baby. That is something we should discuss (or you can discuss further with your prenatal health care provider).

Providers: Discuss risks/benefits of marijuana use and potential alternatives, as appropriate.

TALKING TO YOUR PATIENTS: EFFECTS OF MARIJUANA

Language for patients: There is no known safe amount of marijuana use during pregnancy.

Tetrahydrocannabinol (THC) can pass from the mother to the unborn child through the placenta. The unborn child is exposed to THC used by the mother.

Language for patients: THC is the chemical in marijuana that makes you feel "high." Using marijuana while you are pregnant passes THC to your baby.

Use of marijuana during pregnancy is associated with negative effects on exposed children, no matter when it is used during pregnancy. The negative effects include decreased academic ability, cognitive function and attention. These effects may not appear until adolescence.

Language for patients: Using marijuana while pregnant may harm your baby. It may make it hard for your child to pay attention and learn. This also may make it harder for your child to do well in school.

Smoking marijuana has the added risk to the mother and baby of harmful smoke exposure. However, using marijuana in edible or vaporized form still exposes the baby to THC. There is no known safe amount of marijuana use in pregnancy. The safety of vaporizing marijuana (or tobacco) is unknown.

Language for patients: Some people think that using a vape pen or eating marijuana is safer than smoking marijuana. But marijuana in any form may be harmful. THC in marijuana may be bad for your baby.

TALKING TO YOUR PATIENTS: MYTHS ABOUT MARIJUANA

Myth: Marijuana is safe to use while pregnant or breastfeeding. You cannot use some foods and medicines while pregnant or breastfeeding. This is because they might harm the baby. This includes marijuana.

Myth: Since it is legal, it must be safe. Using marijuana during pregnancy can harm your baby, just like alcohol or tobacco. Being legal does not make it safe.

Myth: Since marijuana is natural, it must be safe. Not all natural substances or plants are safe. Tobacco and poisonous berries are

great examples. Marijuana contains THC, which may harm a baby.

Myth: Since some people use marijuana as a medicine, it must be safe. Marijuana can be recommended by a doctor in special cases. A doctor decides whether the benefits are greater than the risks. It is unsafe to use any medicines while pregnant or breastfeeding that are not recommended by a health care provider. This includes marijuana. Talk to your health care provider about safer choices that do not risk harming your baby.

Myth: Marijuana can be good for your baby.

Some researchers found that marijuana may be bad for children whose moms used marijuana during pregnancy. Some children did not do well in school when they were older. It may also make it hard for your child to pay attention and learn.

Myth: Marijuana-like (cannabinoid) chemicals occur in the body, so it must be safe. Some cannabinoids, called endocannabinoids, occur naturally in the body and in breast milk. These endocannabinoids help

your nerve cells communicate better. However, THC from marijuana is much stronger than your natural endocannabinoids. THC can upset the natural endocannabinoid system in your body. Pregnant and breastfeeding mothers should not use marijuana to avoid any risks of THC.

Myth: Marijuana is a safe treatment for nausea during pregnancy. THC in marijuana may harm your baby. Talk to your health care provider about safer choices that do not risk harming your baby.

MANDATORY REPORTERS:

Marijuana is legal for those over age 21, just like alcohol, but it is important to make sure patients with children are aware of responsible use of marijuana and other legal substances.

If you as a health care provider have a suspicion of abuse or neglect (i.e. that the health or welfare of a child is threatened), it is your duty as a mandatory reporter to report child abuse or neglect. You can access the mandatory reporter training at coloradocwts.com/community-training.

Colorado Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS.

In Colorado, reports about child abuse or neglect are handled at the county level. Procedures can be different from county to county. If you have questions about how your county social services department addresses these reports, please contact them directly.

TALKING TO YOUR PATIENTS: LAWS

If pregnant women report their substance use to their prenatal health care provider and/or have a positive drug test during a prenatal care visit, Colorado law prevents that information from being used in criminal prosecution. (C.R.S. § 13-25-136)

Tetrahydrocannabinol (THC), both recreational and medical, is considered a Schedule 1 drug under federal and Colorado law. (C.R.S. § 18-18-203)

Current Colorado law defines a baby testing positive at birth for a Schedule I substance (including recreational or medical THC or other drugs) as an instance of child neglect, which requires a report to social services. (C.R.S. § 19-3-102)

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.

POSTPARTUM SCREENING

Please inform your patient:
Now that marijuana is legal for adult use (21 years and older) in Colorado, we are asking all parents about marijuana because we want to help keep your kids safe.

- **Before you knew you were pregnant how much marijuana did you use?**
- **How much marijuana did you use during your pregnancy?**
- **How much marijuana have you used since the birth of your child?**
- **Does anyone use marijuana in your home?**
- **Are you currently breastfeeding?**

BREASTFEEDING AND MARIJUANA

Marijuana use should be addressed in a discussion of breastfeeding plans, especially if the mother used prior to pregnancy or during pregnancy.

Language for patients: Breastfeeding has many health benefits for both the baby and the mother.

However, any THC consumed by the mother enters her breast milk and can be passed from the mother's milk to her baby, potentially affecting the baby.

Language for patients: THC in marijuana gets into breast milk and may affect your baby.

THC is stored in the body in fat, and babies have a high percentage of body fat, including in their developing brains. Because THC is stored in fat, it remains in the body for a long time.

Language for patients: THC is stored in body fat. A baby's brain and body are made with a lot of fat. Since your baby's brain and body may store THC for a long time, you should not use marijuana while you are breastfeeding.

Because of the potential risks to the baby, the American Academy of Pediatrics states that marijuana should not be used while breastfeeding.

If a mother wishes to breastfeed, use the referral options outlined in the resources section to help her stop using marijuana.

At this time, there is limited research on breastfeeding and marijuana use, including: the amount of THC in breast milk, the length of time THC remains in breast milk and effects on the infant.

It is unknown how long after any use of marijuana that it is safe to breastfeed or how long THC remains in breast milk after occasional marijuana use as compared to regular use.

We don't know how long it takes for THC to clear from the breast milk. Some mothers may be motivated to "pump and dump" their breast milk in order to maintain milk production while waiting for THC to be eliminated from breast milk.

Language for patients: Because THC is stored in body fat, it stays in your body for a long time. This means that "pumping and dumping" your breast milk will not work the same way it does with alcohol. Alcohol is not stored in fat so it leaves the body faster.

Some facilities test a mother's urine to determine drug use in order to inform breastfeeding advice. The link between THC levels in maternal urine and breast milk is unknown.

SECONDHAND SMOKE

Marijuana is included in the Colorado Clean Indoor Air Act, which requires indoor areas such as workplaces, restaurants, bars and hospitals and common areas of apartment buildings to be smoke-free. (C.R.S. § 25-14-204)

Language for patients: *Second-hand smoke from marijuana has many of the same cancer causing chemicals as smoke from tobacco. A smoke-free environment is safest and healthiest. Do not allow smoking in your home or around your baby.*

PARENTING AND MARIJUANA

Marijuana use can affect a person's ability to care for a baby. It is appropriate to ask about marijuana or other substance use before letting a person care for a baby.

Language for patients: *Being high while caring for a baby is not safe. Do not let anyone who is high take care of your baby. It is not safe for your baby to sleep with you, especially if you are high.*

Language for patients: *Be sure you know Colorado's marijuana laws if you choose to use. Go to GoodToKnowColorado.com.*

DRIVING AND MARIJUANA

Colorado law specifies that drivers with five nanograms/ml of active THC in their whole blood are considered to be driving under the influence (DUI). (C.R.S. § 42-4-1301(6)(a)(IV))

In Colorado, it is illegal to use marijuana in a vehicle, and the open container law applies to marijuana. (C.R.S. § 42-4-1305.5)

Language for patients: *It is not safe to drive a car while high. Do not let your baby ride in a car if the driver is high.*

ACCIDENTAL INGESTION

If a child accidentally ingests a marijuana product and is experiencing symptoms, call the poison control hotline for free, fast, expert help: 1-800-222-1222. If the symptoms are severe, call 911 or go to an emergency room.

Symptoms may include drowsiness, unsteady walking, difficulty sitting up or irregular breathing.

SAFE STORAGE

Language for patients: *Many edible marijuana products look similar to candy or baked goods that appeal to children.*

Language for patients: *All marijuana containing products and other potentially harmful substances should be kept in a locked area. Make sure your children cannot see or reach the locked area. Locked up is safest, but substances should be out of reach and out of sight of your child. Keep marijuana in the child-resistant packaging from the store.*

Language for patients: *Child-resistant packaging is designed to be effective for children under age 5 years of age. All marijuana-containing products purchased from a dispensary or store must leave the store in child-resistant packaging. Keep your marijuana-containing products in their original packaging.*

Language for patients: *If you have homemade products, ensure they are labeled or marked to distinguish them from similar products in the home and stored out of reach of children.*

Language for patients: *If there are children present in the home, Colorado law requires that any retail marijuana grow be located in a separate, enclosed and locked area. (C.R.S. §18-18-406(3)(b)). It is recommended that if children are present in the home of a medical marijuana grower, that the grow site be restricted to prevent access by a child.*

MARIJUANA PREGNANCY AND BREASTFEEDING GUIDANCE

FOR COLORADO HEALTH CARE PROVIDERS



FOR HEALTH CARE PROVIDERS

If Concerned about Substance Use Disorder:

SBIRT Colorado Screening, Brief Intervention, Referral to Treatment Guidance
improvinghealthcolorado.org/clinical-guidelines-healthcare-providers/

Cannabis Use Disorders Identification Test (CUDIT-R)
bpac.org.nz/BPJ/2010/June/docs/addiction_CUDIT-R.pdf

Referrals for Substance Use Treatment:

1-800-CHILDREN or 1-866-LAS FAMILIAS (Spanish Language)

linkingcare.org

Other Resources:

Retail Marijuana Public Health Advisory Committee; Monitoring Health Concerns Related to Marijuana in Colorado: 2014

colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee

Colorado mandatory reporter training
coloradocwts.com/community-training

Colorado Child Abuse and Neglect Hotline: 1-844-CO-4-KIDS.

FOR PATIENTS/FAMILIES:

Colorado.gov/marijuana, which includes fact sheets for pregnant and breastfeeding moms and for parents of older children. The website also includes Spanish language information and links to Spanish language resources.

Goodtoknowcolorado.com

1-800-CHILDREN or 1-866-LAS FAMILIAS (Spanish Language)

REFERENCES:

Retail Marijuana Public Health Advisory Committee; Monitoring Health Concerns Related to Marijuana in Colorado: 2014

colorado.gov/pacific/cdphe/retail-marijuana-public-health-advisory-committee

American Academy of Pediatrics, Policy statement in Pediatrics 2012, Breastfeeding and the Use of Human Milk Pediatrics:

aappublications.org/content/129/3/e827.full.html

4. Check for allergens - medical cannabis-infused products may be produced in the same facility where common allergens such as tree nuts or peanuts are used.
5. Do not consume medical cannabis-infused products and alcohol together.
6. Do not drive or operate heavy machinery - edible marijuana products and some other infused products remain in your system for several hours longer than inhaled products, so you should not operate a vehicle for the rest of the day after consuming them.
7. Keep all medical-cannabis-infused products away from children and pets - store medical cannabis-infused products in a secure location. In case of accidental consumption by a child, call the Poison Center Hotline, 1-800-222-1222, immediately.
8. Label homemade medical cannabis-infused products.
9. Never offer medical cannabis-infused products to others.
10. Seek medical help if needed.

Medical Cannabis can make a person physically sick, especially in children. If you took too much medical cannabis or are experiencing an unwanted or unexpected reaction, call the Poison Center Hotline at 1-800-222-1222.



Information about medical cannabis-infused products is provided for informational purposes only and should not be used for diagnosing purposes or be substituted for medical advice.



Illinois Department of Public Health
Division of Medical Cannabis

Phone: 855-636-3688

E-mail: dph.medicalcannabis@illinois.gov

Visit <http://dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis> for more information

Apply on-line

<https://medicalcannabispatients.illinois.gov/>

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IOCI 16-629




State of Illinois
Illinois Department of Public Health

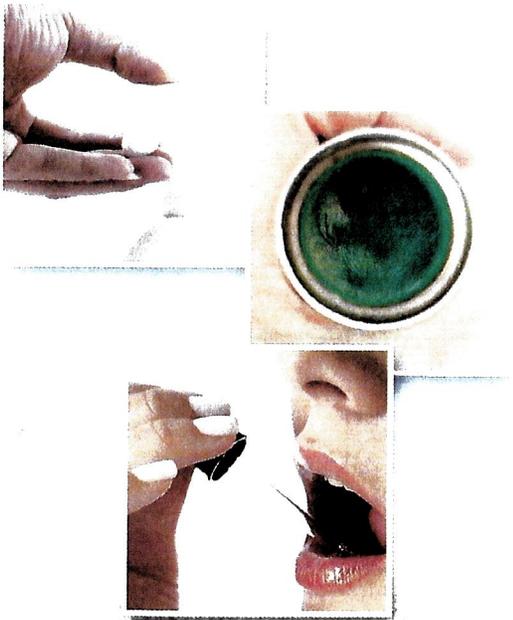
Medical Cannabis-Infused Products



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.



State of Illinois
Illinois Department of Public Health

Mind Your Meds



BASIC MEDICATION SAFETY TIPS

KNOW THE FACTS

- "Pharm parties" are quickly becoming popular among adolescents. Prescription drugs are dumped in a bowl and taken by the handful, which results in dangerous drug interactions and overdoses.
- Every day, 2,500 youth 12- to 17-years of age abuse a prescription pain reliever for the first time.
- Among young adults 18- to 25-years of age, prescription drug abuse is second only to marijuana use.
- Prescription drug abuse causes the largest percentage of deaths from drug overdosing.
- Surveys show nearly half of teens believe prescription drugs are much safer than illegal street drugs. Sixty percent to 70 percent of teen prescription drug abusers say home medicine cabinets are their source.



Medicines recommended for disposal by flushing

www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Flushing_list

Prescription drug packages inserts

<http://dailymed.nlm.nih.gov/dailymed/about.cfm>

Information about the dangers of prescription drugs

www.talkaboutrx.org



Illinois Department of Public Health
Division of Medical Cannabis
535 W. Jefferson St.
Springfield, IL 62761

Toll-free: 855-636-3688
Phone: 217-785-4093
TTY: 800 547-0466

E-mail: DPH.MedicalCannabis@illinois.gov

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SAFEGUARD YOUR MEDICATIONS

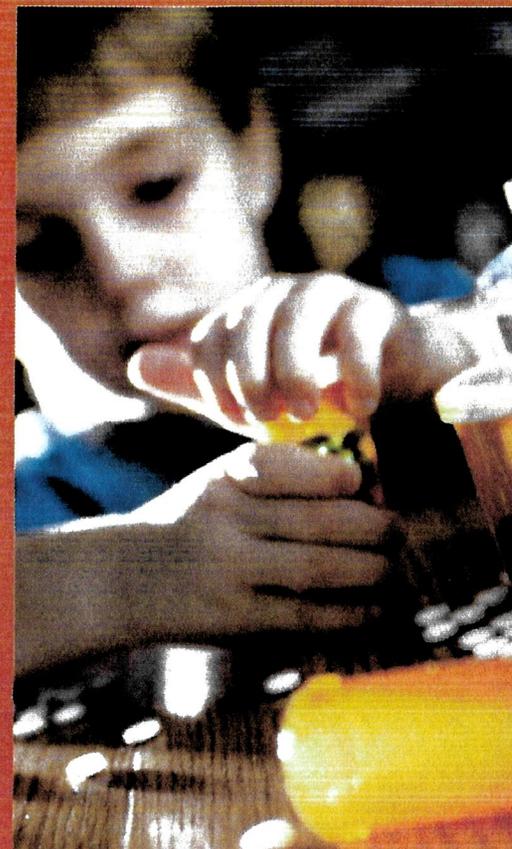
- **Store medications in a secure and dry place.** Do not leave medications in a visible place. Consider using a lock box or hiding them somewhere where they cannot be found.
- **Keep track of your medicine.** Count how many pills you have at any given time to check for missing medicine.
- **Don't share your medications under any circumstances.**
- **Keep a low profile.** Your medications are your business. Do not tell your friends about the medicines you take.



DISPOSE UNUSED MEDICATIONS

Medications play an important role in treating many conditions and diseases, but when they are no longer needed it's important to dispose of them properly to avoid harm to others. Here are ways to properly remove expired, unwanted or unused medicines from the home.

- **Medicine take-back programs.** Contact your city or county government's household trash and recycling service to see if there is a medicine take-back program.
- **Disposal in household trash.** Mix medicines (do not crush tablets or capsules) with an unpleasant substance, such as kitty litter or expired food, then place the mixture in a container, such as a sealed plastic bag, and throw it in your household trash.
- **Always remember to scratch out information on the prescription label to make it unreadable.**



Medications can be harmful and fatal when used by someone other than the person for whom the medicine was prescribed. To prevent accidental ingestion by children, pets or anyone else, some medications have specific disposal instructions to be flushed down the sink or toilet as soon as they are no longer needed, and when they cannot be disposed of through a medicine take-back program. For a detailed list of medicines that can be flushed, see the website information on the back of the brochure.

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

Email:
mmp@health.ny.gov

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



The New York State Medical Marijuana Program :

Patient Information



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

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

Who qualifies for medical marijuana treatment?

The law makes patients eligible to use medical marijuana if they have been diagnosed with a specific severe, debilitating or life-threatening condition accompanied by an associated or complicating condition, as follows:

- Cancer
- HIV/AIDS
- Amyotrophic lateral sclerosis (ALS)
- Parkinson's disease
- Multiple sclerosis
- Spinal cord nerve injury with intractable spasticity
- Epilepsy
- Inflammatory bowel disease
- Neuropathy
- Huntington's disease

The associated or complicating conditions are: cachexia or wasting syndrome, severe or chronic pain, severe nausea, seizures or severe or persistent muscle spasms.

What is the cost?

- A registration application fee to the New York State Department of Health (NYSDOH) of \$50.00.
- Medical Marijuana Product Cost – The cost of the product is paid directly to the registered organization each time the registered patient or designated caregiver purchases medical marijuana. All patients who qualify are responsible for this cost. Insurance companies are not required to cover medical marijuana.

What is the process for getting medical marijuana?

1. Talk with your Health Care Provider

Talk with your health care provider to see if medical marijuana might help you. Your health care provider must certify you for the use of medical marijuana.

- Your health care provider may decide that medical marijuana is right for your qualifying condition. If so, your health care provider will give you a signed certification form. You need this form before you can apply for a registry ID card.
- If your health care provider is not registered with NYSDOH to certify you as a patient, he or she may give you the name of another health care provider who is registered.

***Health care providers:** You must register with NYSDOH in order to certify patients for the medical marijuana program. Learn more about registering: https://www.health.ny.gov/regulations/medical_marijuana/practitioner/

2. Apply for Registry ID Card

Once you have a signed certification form from your health care provider, you will be ready to register online.

- Go to <https://MY.NY.gov>, click the “Health Applications” icon, and then click the “Medical Marijuana Data Management System” link to register. If you do not have a NY.gov account, you will need to go to <https://MY.NY.gov> and click the “Don’t have an Account?” button to create a personal NY.gov account first.
- To register, you must give the following the information:
 - The certification number from the upper right-hand corner of the certification form your health care provider gave you.
 - Proof of identity and New York State residency. Information regarding acceptable proof can be found here: https://www.health.ny.gov/regulations/medical_marijuana/patients/registration_prerequisites.htm.
 - If you are the parent or legal guardian of a patient under the age of 18, you must submit a copy of your government-issued ID and a copy of the patient’s birth certificate.
- During the registration process, you may designate up to two caregivers, who can get medical marijuana on your behalf. Caregivers must also register, after your registration is approved, with NYSDOH at <https://MY.NY.gov> (see above).
- If approved, NYSDOH will issue your registry ID card. If more information is needed, NYSDOH will contact you.

3. Visit a Medical Marijuana Dispensing Facility

Once you have your registry ID card, you will be able to visit a registered organization’s dispensing facility to purchase the medical marijuana your health care provider recommended.

- Bring your certification form and registry ID card with you.
- A list of dispensing facility locations and links to the registered organizations’ websites can be found here: https://www.health.ny.gov/regulations/medical_marijuana/application/selected_applicants.htm. Visit each registered organization’s website for details on their hours of operation and contact information.

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.

Do you have patients who may benefit from medical marijuana?

This brochure provides information on how health care providers qualify for the program, how to register with the New York State Department of Health (NYSDOH) and how to certify your patients.

Which health care providers are qualified to participate?

Health care providers interested in participating in the Medical Marijuana Program must meet the following criteria:

- Be a physician licensed by, and in good standing with, New York State.
- Be qualified by training or expertise to treat patients with one or more of the following severe, debilitating diseases: cancer, HIV/AIDS, amyotrophic lateral sclerosis (ALS), Parkinson's disease, multiple sclerosis, spinal cord injury with spasticity, epilepsy, inflammatory bowel disease, neuropathy and Huntington's disease.

Is participation required?

No, participation in the Medical Marijuana Program is voluntary. However, in order to certify patients for the medical use of marijuana, practitioners must first follow the steps as outlined in the next section.

What steps do I need to take before I can certify patients?

If you meet the qualifications and are interested in participating, you must take these steps:

1. **Complete the four-hour NYSDOH-approved online course** – The course is provided by TheAnswerPage, an established online medical education site.
 - The following topics are covered in the course: the pharmacology of marijuana, contraindications, side effects, adverse reactions, risks and benefits, warnings and precautions, and abuse and dependence.
 - The cost to take the course is \$249.
 - Successful completion of the course will provide 4.5 hours of CME credits. The course is available at the following link: <http://www.theanswerpage.com/new-york-state-practitioner-education-medical-use-marijuana>
2. **Register with the NYSDOH Medical Marijuana Program** –
 - Email the course completion certificate (in PDF format) to NYSDOH at mmp@health.ny.gov, along with your state license number and Health Commerce System (HCS) User ID.
 - NYSDOH will verify this information and send you an email confirmation and instructions on how to register.

Once registered, how do I certify patients?

Once you are registered, you can begin certifying patients. For each patient you certify, you must first:

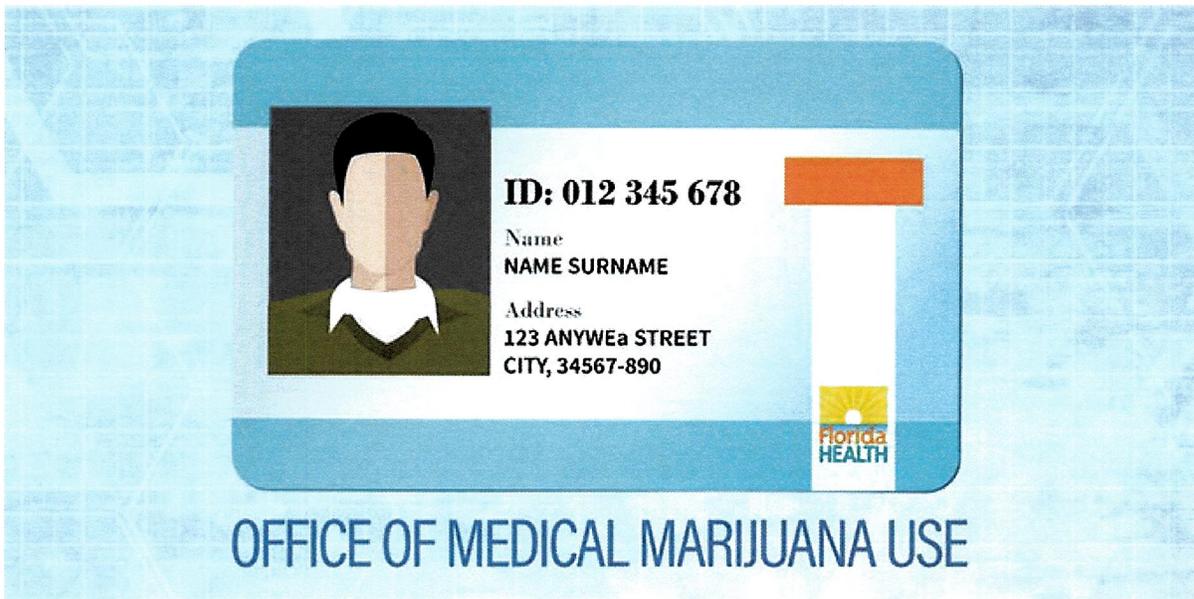
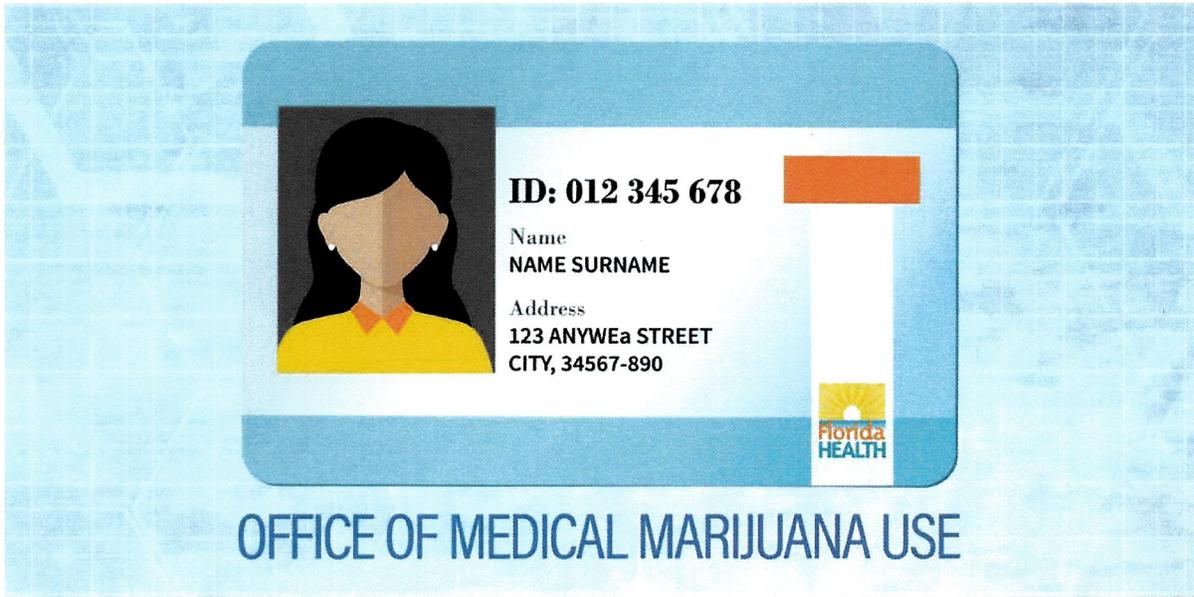
- **Be qualified to treat the patient's serious condition;**
 - Determine whether the patient meets the requirements for certification (see www.health.ny.gov/regulations/medical_marijuana/practitioner);
 - Have the patient under your continued care for their serious condition(s);
 - Upon review of past treatments, determine that the patient is likely to receive therapeutic or palliative benefit from medical marijuana; and
 - Consult the Prescription Monitoring Program Registry.
- **Access the Medical Marijuana Data Management System** electronically on the NYSDOH Health Commerce System (HCS) to certify patients. You will need to enter the following information:
 - Patient's demographic information;
 - At least one of the eligible severe debilitating or life-threatening condition(s), **AND** an accompanying condition or symptom; and
 - Dosing recommendations for the patient.
- **Print out the certification, sign it and provide it to the patient.** A copy of the certification must be placed in the patient's medical record.

OMMU Sample Social Media Messages

- 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: <http://www.floridahealth.gov/programs-and-services/office-of-medical-marijuana-use/medical-marijuana-use-registry/index.html>
- Find a qualified ordering physician in your area that can properly diagnose and prescribe #MedicalMarijuana for you or a loved one with this search tool from #FLHealth: <https://appsmqa.doh.state.fl.us/MQASearchServices/MedicalMarijuanaPhysician>
- 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: <http://www.floridahealth.gov/programs-and-services/office-of-medical-marijuana-use/registry-id-cards/documents/identification-card-for-patient-help.pdf?p=1514577605470>
- Patients and caregivers may only fill orders for #MedicalMarijuana with one of the state's approved medical marijuana treatment centers. Find one near you: <http://www.floridahealth.gov/programs-and-services/office-of-medical-marijuana-use/dispensing-organizations/index.html>
- A lot of rumors are going around! Make sure you have the correct information about #FLHealth's Office of #MedicalMarijuana Use with these FAQs: <http://www.floridahealth.gov/programs-and-services/office-of-medical-marijuana-use/frequently-asked-questions/index.html>
- Do you need to change, replace or surrender your #FLHealth #MedicalMarijuana Use card? Learn more: <http://www.floridahealth.gov/programs-and-services/office-of-medical-marijuana-use/registry-id-cards/documents/change-replacement-or-surrender-request.pdf?p=1514577944133>

OMMU Sample Social Media Images





FLORIDA DEPARTMENT OF HEALTH

Office of Medical Marijuana Use

Low-THC Cannabis & Medical Marijuana

Patient's Guide

HOW IT WORKS

1

A physician diagnoses a patient with a qualifying condition for low-THC cannabis or medical marijuana.
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 obtains voluntary, written, informed consent from the patient.

3

The physician enters the order into the Medical Marijuana Use Registry.

4

The patient must apply for a Medical Marijuana Use Registry Identification card and receive conformation of temporary approval.

5

The patient may fill the order at any approved Medical Marijuana Treatment Center.

Know the Responsibilities of Your Physician:

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

A Qualified Patient Must:

- Be diagnosed with a qualifying condition
- Has/obtains a Medical Marijuana Use Registry Identification Card. (\$75/yr)
- Be a Florida resident

Qualifying Conditions

Cancer

Epilepsy

Glaucoma

HIV/AIDS

Crohn's disease

Parkinson's disease

Multiple sclerosis (MS)

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

Post-traumatic stress disorder (PTSD)

Amyotrophic lateral sclerosis (ALS)

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 locate a Medical Marijuana Treatment Center
- To learn more

Go to www.flhealth.gov/ommu

THE OFFICE OF MEDICAL MARIJUANA USE:

4052 Bald Cypress Way,
Tallahassee, FL 32399

850-245-4657

MedicalmarijuanaUse@flhealth.gov



January 25, 2019

The Florida Department of Health (DOH) 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. We are pleased to provide this weekly update on the DOH 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. (2018).

OMMU UPDATES

<p>Qualified Patients: (Active ID Card): 176,278 Total Patients: 223,109</p> <p>Processing Time for Complete Application*: 5 business days Processing Time for ID Card Printing: 5 business days</p> <p><i>*Applications are not deemed to be complete until payment has successfully cleared – up to 5 business days.</i></p>	<p>Check your application status: https://mmuregistry.flhealth.gov/</p> <p>OMMU Call Center: 1-800-808-9580</p>
<p>Qualified Ordering Physicians: 1,994</p>	<p>Verify your qualified ordering physician: http://www.flhealthsource.gov/</p>
<p>Weekly Highlights:</p> <ul style="list-style-type: none"> ▪ Low-THC cannabis and medical marijuana has been and continues to be available for qualified patients. Patients may search for qualified ordering physicians using the new search tool on the OMMU Patients Page. Patients and caregivers may fill their orders at any of the 93 dispensing locations, or via delivery from approved MMTCs below. ▪ The Office of Medical Marijuana Use and People United for Medical Marijuana submitted a joint motion to hold L.T. Case No.: 2017 CA 1394 DOH v. People United for Medical Marijuana in abeyance in order to discuss a potential solution to this case. ▪ The mailing address for Patient and Caregiver ID card applications is: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313 	

Medical Marijuana Treatment Centers Updates:

Approved medical marijuana treatment centers are the only businesses allowed to grow, process or sell medical marijuana in Florida.

Amount of Medical Marijuana Dispensed (January 18 – January 24):	53,873,629 mgs
Amount of Low-THC Cannabis Dispensed (January 18 – January 24):	2,320,928 mgs
Approved Dispensing Locations:	93

MMTC Name	Dispensing Locations
Trulieve	Boynton Beach, Bradenton, Clearwater, Dania Beach, Deerfield Beach, Edgewater, Fort Myers, Gainesville, Jacksonville, Lady Lake, Miami (1), Miami (2), New Port Richey, Orlando, Palm Coast, Pensacola, Sarasota, St. Augustine, St. Petersburg, Tallahassee, Tampa, Venice Beach, Vero Beach, West Palm Beach, delivery
Surterra Wellness	Bonita Springs, Brandon, Deltona, Jacksonville, Lakeland, Largo, Miami Beach, New Port Richey, North Port, Ocala, Orange Park, Orlando, Palm Bay, Palm Beach, Pensacola, Port Orange, Port St. Lucie, Tallahassee, Tampa (1), Tampa (2), St. Petersburg, delivery
Curaleaf	Bonita Springs, Daytona, Deerfield Beach, Ft. Myers, Fort Pierce, Jacksonville, Kendall, Lakeland, Lake Worth, Lutz, Miami (1), Miami (2), Ocala, Orlando (1), Orlando (2), Palm Bay, Palm Harbor, St. Petersburg, Tallahassee, Tampa, Titusville, delivery
Knox Medical	Fort Walton Beach, Gainesville, Jacksonville, Lake Worth, North Miami Beach, Orlando, St. Petersburg, Tallahassee, delivery
Liberty Health Sciences	Merritt Island, Miami, Palm Harbor, Port St. Lucie, St. Petersburg, Summerfield, Tampa, Winter Haven, delivery
Vidacann	Bradenton, Deerfield Beach, Holly Hill, Palm Bay, Tampa, delivery
AltMed Florida (MüV)	Apollo Beach, Sarasota, Tampa, delivery
GrowHealthy	Brandon, West Palm Beach, delivery
Harvest	Kissimmee, delivery
Columbia Care Florida	Dispensing via delivery
GTI (Rise Dispensaries)	Dispensing via delivery
MedMen	Dispensing via delivery
Cannabis Cures Investments, LLC	<i>Cultivation Authorization only</i>
Green Owl Pharms	N/A

Legal Updates

The implementation of Amendment 2 and section 381.986, F.S. (2018) continues to be frequently litigated. While some of these lawsuits have little impact on our progress, others – particularly those regarding the constitutionality of the law we are tasked with executing – have significant impact on DOH’s ability to implement certain requirements of section 381.986, F.S. (2018).

Home Grow	Redner v. DOH, et. al., 13th Judicial Circuit Case No. 17-CA-5677 and 1st District Court of Appeal Case No. 1D18-1505 <i>Court of Appeal reinstated the stay and noted that Redner was unlikely to succeed on the merits of the case. Redner appealed to the Florida Supreme court by filing a Petition to Invoke “All Writs”</i>
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	<i>Jurisdiction. Florida Supreme Court issued an Order denying the petition to invoke all writs jurisdiction on May 25. Request for oral argument was granted on December 31, 2018; oral argument is set for February 12, 2019.</i>
Smoking Ban	<p>People United for Medical Marijuana v. DOH, et. al., 2nd Judicial Circuit Case No. 2017-CA-1394</p> <p><i>Court of Appeal reinstated the stay and noted that Plaintiffs were unlikely to succeed on the merits of the case. The lower court's order is not currently in effect. Appellants filed request for oral argument on October 23. Oral argument took place, as scheduled, on January 8, 2019. Joint Motion to Hold Case in Abeyance filed January 17, 2019. Joint Motion was treated as a motion to stay and was denied on January 22 . Joint Motion to Stay was filed on January 24, requesting to stay the case until March 15, 2019.</i></p>
Application Process	<p>Bill's Nursery, Inc. v. DOH, 2nd Judicial Circuit Case No. 2017-CA-002411</p> <p><i>Order denying the Motion to Dismiss issued on May 24.</i></p>
MMTC Licensure	<p>Nature's Way v. DOH Case No. 17-5801 and 18-0721</p> <p><i>Settlement agreement and Final Order issued on July 13 in Case No. 18-0271, granting Nature's Way a license and registration as a MMTC. Case No. 17-5801 is on appeal (Case No. 1D18-2929).</i></p>
Constitutionality of Law	<p>Florigrown LLC v. DOH Case No. 2017-CA-002549</p> <p><i>Hearing on Plaintiff's Motion for Temporary Restraining Order set for July 19. Hearing on injunctive relief completed. On October 3, the case management conference was held. On October 5, the Court issued a temporary injunction prohibiting the Department from proceeding with issuing MMTC licenses under Section 381.986, Florida Statutes, and requiring the Department to issue MMTC registrations pursuant to Article X, Section 29 of the Florida Constitution, including one to Florigrown, by October 19, 2018. Florida House of Representatives Motion to Intervene denied on November 29. Order granting in part, denying in part Department's Motion to Dismiss entered on November 29.</i></p> <p><i>The Department filed a Notice of Appeal on October 19 (Case No. 1D18-4471). On December 18, the Order from the Circuit Court vacating the automatic stay was quashed by the First District Court of Appeal; stay provided by rules of appellate procedure remains in place pending final disposition.</i></p>
Application Process	<p>Patients and Producers Alliance, Inc. v. DOH Case No. 2018-CA-000336</p> <p><i>Case filed February 14, 2018 and has been assigned to Judge Dodson. Reassigned to Judge Cooper on June 30. The Florida</i></p>

	<i>House of Representatives filed a Motion to Intervene as an Additional Defendant on January 18, 2019.</i>
Constitutionality of Law	<i>Trulieve v. DOH Case No. 2018-CA-000698 Hearing held on August 27. Proposed orders filed on August 31. Order Requesting Input issued on November 8. Responses due on November 30. Order issued on January 2, 2019, denying Department's motion for summary judgement and granting the Plaintiff's request for declaratory relief as to the unconstitutionality of the 2017 statute. Motion for Clarification or Rehearing filed by Trulieve on January 14, 2019. Motion for Rehearing filed by DOH on January 17, 2019. Case management hearing set for January 29, 2019.</i>
Administrative Challenge to Application Rule	<i>Del Favero v. DOH, DOAH 18-2838 Administrative challenge to citrus preference in application rule. Final order issued by administrative law judge on August 6, finding that Rule 64-4.002 is an invalid exercise of delegated legislative authority. Notice of Appeal was filed by Mecca Farms (intervenor in case below) on September 4 (Case No. 1D18-3761).</i>
Constitutionality of Law (Pigford License)	<i>Tingle v. DOH, 1st Judicial Circuit Case No. 18-CA-3143 Native American Farmer filed complaint for declaratory judgment. (Prior complaint voluntarily dismissed in Case No.18-CA-2092). Motion to Dismiss filed on October 30.</i>
Petition for Licensure	<i>Spring Oaks v. DOH, DOAH 18-4471 DOH filed a motion to consolidate related cases. Del Favero and East Coast Packers have filed petitions to intervene. Liner Source, Inc. and Caribbean Distillers, LLC filed petitions to intervene. Order to Show Cause Why Jurisdiction should not be relinquished to DOH for issuance of a Final Order issued on September 28, 2018. Department's Response to Order to Show Cause was filed on October 9. Order Closing File and Relinquishing Jurisdiction to the Department was issued on October 18.</i>
Petition for Licensure	<i>Perkins v. DOH, DOAH 18-4473 DOH filed a motion to consolidate related cases. Del Favero and East Coast Packers have filed petitions to intervene. Liner Source, Inc. and Caribbean Distillers, LLC filed petitions to intervene. Order to Show Cause Why Jurisdiction should not be relinquished to DOH for issuance of a Final Order issued on September 28, 2018. Department's Response to Order to Show Cause was filed on October 9. Order Closing File and Relinquishing Jurisdiction to the Department was issued on October 18.</i>
Petition for Licensure	<i>Bill's Nursery v. DOH, DOAH 18-4474 DOH filed a motion to consolidate related cases. Del Favero and East Coast Packers have filed petitions to intervene. Liner Source,</i>

	<p><i>Inc. and Caribbean Distillers, LLC filed petitions to intervene. Order to Show Cause Why Jurisdiction should not be relinquished to DOH for issuance of a Final Order issued on September 28, 2018. Department's Response to Order to Show Cause was filed on October 9. Order Closing File and Relinquishing Jurisdiction to the Department was issued on October 18.</i></p>
Petition for Licensure	<p>Dewar Nurseries v. DOH, DOAH 18-4463</p> <p><i>DOH filed a motion to consolidate related cases. Del Favero and East Coast Packers have filed petitions to intervene. Liner Source, Inc. and Caribbean Distillers, LLC filed petitions to intervene. Order to Show Cause Why Jurisdiction should not be relinquished to DOH for issuance of a Final Order issued on September 28, 2018. Department's Response to Order to Show Cause was filed on October 9. Order Closing File and Relinquishing Jurisdiction to the Department was issued on October 18.</i></p>
Petition for Licensure	<p>Tree-King Tree Farm Inc. v. DOH, DOAH 18-4472</p> <p><i>DOH filed a motion to consolidate related cases. Del Favero and East Coast Packers have filed petitions to intervene. Liner Source, Inc. and Caribbean Distillers, LLC filed petitions to intervene. Order to Show Cause Why Jurisdiction should not be relinquished to DOH for issuance of a Final Order issued on September 28, 2018. Department's Response to Order to Show Cause was filed on October 9. Order Closing File and Relinquishing Jurisdiction to the Department was issued on October 18.</i></p>
Petition for Licensure	<p>Tropiflora v. DOH, DOAH 18-4697</p> <p><i>Del Favero and East Coast Packers have filed petitions to intervene. Liner Source, Inc. and Caribbean Distillers, LLC filed petitions to intervene. Order to Show Cause Why Jurisdiction should not be relinquished to DOH for issuance of a Final Order issued on September 28, 2018. Department's Response to Order to Show Cause was filed on October 9. Order Closing File and Relinquishing Jurisdiction to the Department was issued on October 18.</i></p>
Petition for Licensure	<p>DeLeon's Bromeliads v. DOH, DOAH 18-4698</p> <p><i>Del Favero and East Coast Packers have filed petitions to intervene. Liner Source, Inc. and Caribbean Distillers, LLC filed petitions to intervene. Order to Show Cause Why Jurisdiction should not be relinquished to DOH for issuance of a Final Order issued on September 28, 2018. Department's Response to Order to Show Cause was filed on October 9. Order Closing File and Relinquishing Jurisdiction to the Department was issued on October 18.</i></p>

Administrative Challenge to Application Rule (64-4.026)	Aardvark Plant Services, Inc., v. DOH, DOAH 18-4585RP <i>Assigned to Administrative Law Judge on September 6. October 4 hearing postponed, DOH to file status update no later than October 17, 2018. Order Granting Extension of Time issued on October 18, extending date for status update to October 22. Motion to Stay filed by DOH on November 30. Case has been placed in abeyance; parties to advise of status by March 25, 2019.</i>
	Miller & Sons v. DOH 2016-CA-0700 <i>Department's Motion for Summary Judgment denied. Writ filed in First DCA (Case No.: 1D18-4110) The First DCA entered a show cause order, requiring respondents to show cause why the writ should not be granted.</i>
MMTC Licensure	Liner Source v. DOH, et.al., 2nd Judicial Circuit Case No. 18-CA-1932 <i>Petitioner filed complaint for writ of mandamus and declaratory relief. DOH filed Motion to Dismiss on November 13, 2018.</i>
Petition for Licensure	K N Y Medical Care, LLC v. DOH, 2nd Judicial Circuit Case No. 18-CA-2372. <i>Petitioner filed complaint for writ of mandamus and declaratory relief. DOH filed a Motion to Dismiss and Alternative Motion to Abate on January 17, 2019.</i>

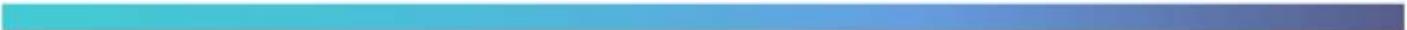
General Background Information

Medical Marijuana ID Card Application Process: Once a patient has been diagnosed by a qualified ordering 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 as this decreases processing time. Patients receive an email from OMMU once their email is added to the registry by their qualified ordering physician which directs them to the application. Once an application is reviewed and approved, patients receive an approval email which can be used to fill an order at an approved MMTC while they await their physical card.

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, and check the status of their application.

Medical Marijuana Treatment Centers: Approved medical marijuana treatment centers are the only businesses allowed to grow, process, or sell medical marijuana in Florida. Each medical marijuana treatment center 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. Medical marijuana cannot be mailed.

For more information visit www.flhealth.gov/ommu



OMMU Campaign Budget for #KnowtheFactsFL			
Marketing Element/Tactic	Cost	Target audience	Notes
UF FRSC Preliminary Survey and Analysis	30,000	Diverse demographics in all Florida designated marketing areas (DMAs)	Completed and reported on 5 statewide regions in order to gauge base level knowledge and general awareness of medical marijuana in Florida
UF FRSC Focus Groups and Analysis	35,000	Diverse demographics in all Florida designated marketing areas (DMAs)	Completed and reported on 6 focus groups around the state in order to gauge target audience knowledge and general awareness of medical marijuana in Florida.
Brand and Style Guide for Campaign Messaging and Imagery	29,000	All Florida residents seeking information on medical marijuana	Creating comprehensive package of all design elements, colors, fonts, etc needed to ensure consistent brand through all advertisements
Website Development (including hosting and maintenance)	16,300	Targeted through search engine optimization (SEO) to 18+ Florida residents seeking information on medical marijuana.	Creating a one-stop location that includes the comprehensive design, appropriate messaging for patients and medical professionals, as well as the most recent information on regulation, MMTCs, etc.
Social Media - Facebook ads	30,000	Targeted to 18+ Florida residents that have an interest or show previous behaviors that indicate they are a potential patient, caregiver or advocate for medical marijuana in Florida.	One informational ad in Spanish and English ran for eight weeks on Facebook inviting potential patients and caregivers to visit the OMMU website for more details on medical marijuana in Florida.
Media Buy and Placement of digital and traditional ads - statewide	352,020	Targeted to 18+ Florida residents on digital and traditional platforms	Chosen agency was responsible for managing media buys and ensuring that ads provided by the department were run on preselected platforms. All ads provided resources and information on qualifying medical conditions, qualified physicians, approved treatment centers, and licensing requirements in English, Spanish and Haitian-Creole.
Nursing Quarterly Magazine ad	2,500	Targeting nursing professionals throughout Florida, as well as health care facility administrators, nursing school administrators, and educators.	The official state regulatory journal - Florida Nursing Quarterly - reaching over 380,000 nursing professionals throughout the state in hospitals, clinics and private practices.
Florida Medical Association digital and traditional ad placements	2,500	Targeting Florida Medical Association members and Florida licensed physicians.	The professional association for Doctors of Medicine and Doctors of Osteopathic Medicine in Florida. The print ad will be delivered to approximately 11,500 professionals, while the digital ad will be seen by approximately 20,000 physicians.
Florida Osteopathic Medical Association digital and traditional ad placements	\$2,500	Targeting Florida osteopathic doctors (Dos), hospitals, colleges, osteopathic medical students, university researchers, and professional suppliers.	This quarterly print and digital, quarterly publication with an estimated reach to over one-third of all DO's licensed in Florida.
	499,820	= Total Spent	

OMMU Office of **MEDICAL**
MARIJUANA Use



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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.

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.

BRAND IDENTITY



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.



ÖMMÜ



ÖMMÜ



ÖMMÜ



ÖMMÜ

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.



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



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**

FREQUENTLY ASKED QUESTION #18 — Micro-Header

“What’s the process to receive a Medical Marijuana Card?” — Headline

Itatesequamet ommoles de quae nobis aborepudi blam, occatemporem dolectatibus aut omnim il min core ipsam duscime occum ad quibus restium rempore voluptatio magnis coribus, exped quidi occus illis ma qui blaut et qui aut eatur rem dunt a volupis enis aut ut optae vent — Body Copy

Call to Action

Dolectatibus aut omnim il min core ipsam duscime occum ad quibus restium rempore voluptatio magnis coribus, exped quidi occus illis ma qui blaut. Itatesequamet ommoles de quae nobis aborepudi blam.

Florida HEALTH — Tagline

KnowTheFactsMMJ.com — URL

OMMU
Office of **MEDICAL MARIJUANA** Use
Florida's Official Source for Responsible Use.

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

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.

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

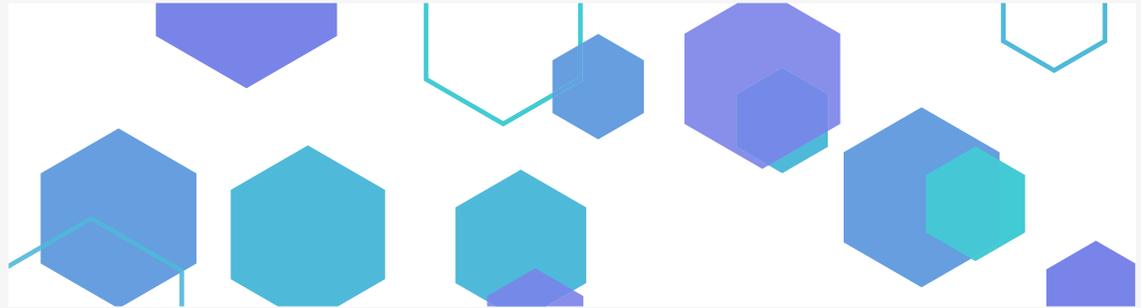


BRAND IDENTITY

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).



Florida
HEALTH



Florida
HEALTH



Florida
HEALTH



Florida
HEALTH

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.

Get the real facts about Medical Marijuana in Florida.

Itatesequamet ommoles de quae nobis aborepudi blam, occatemporem dolectatibus aut omnim il min core ipsam duscime occum ad quibus restium rempore voluptatio magnis coribus, exped quidi occus illis ma qui blaut et qui aut eatur rem dunt a volupis enis aut ut optae vent

dolectatibus aut omnim il min core ipsam duscime occum ad quibus restium rempore voluptatio magnis coribus, exped quidi occus illis ma qui blaut

Florida HEALTH KnowTheFactsMMJ.com

OMMU Office of MEDICAL MARIJUANA Use

Content Area

Sidebar

There's only one official source for Florida Medical Marijuana info.

#KnowTheFactsMMJ

OMMU Office of MEDICAL MARIJUANA Use

Florida HEALTH KnowTheFactsMMJ.com

Content Area

Footer

FREQUENTLY ASKED QUESTION #18

Micro-Header

Headline

“What's the process to receive a Medical Marijuana Card?”

Body Copy

Itatesequamet ommoles de quae nobis aborepudi blam, occatemporem dolectatibus aut omnim il min core ipsam duscime occum ad quibus restium rempore voluptatio magnis coribus, exped quidi occus illis ma qui blaut et qui aut eatur rem dunt a volupis enis aut ut optae vent

dolectatibus aut omnim il min core ipsam duscime occum ad quibus restium rempore voluptatio magnis coribus, exped quidi occus illis ma qui blaut

Florida HEALTH KnowTheFactsMMJ.com

OMMU Office of MEDICAL MARIJUANA Use

Margin

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.



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.

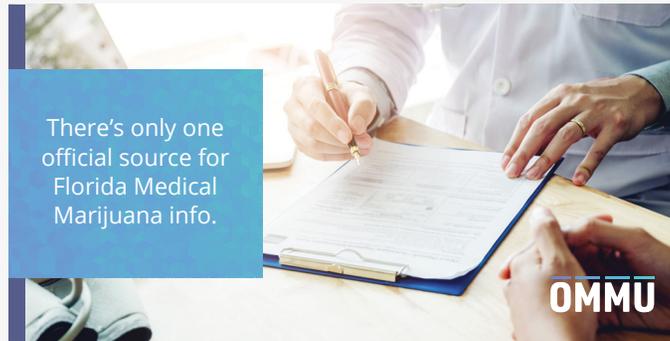
The **OMMU logo** and **URL** should be boxed to the right as shown, while **headline** and **imagery** is placed on the left. The **Florida Health logotype** should be placed somewhere toward the bottom of the layout, with sufficient contrast to avoid being lost in the background.



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.



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.

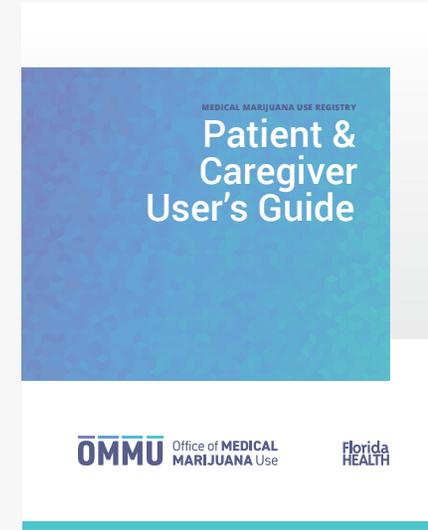
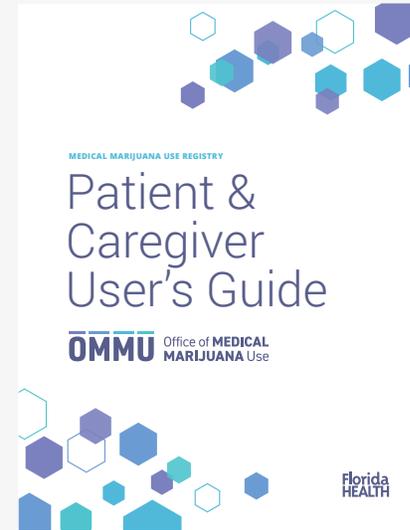
Type elements in video production should use the OMMU typefaces unless a future department campaign specifies other type options.



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.



OMMU Office of MEDICAL MARIJUANA Use

Weekly Update / APRIL 13, 2018

The Florida Department of Health (DOH) 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. We are pleased to provide this weekly update on the DOH 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 381.006, F.S. (2018). This week we held a rule workshop to receive input from the public

on many rules related to the regulation of medical marijuana treatment centers. The Department of Health has appealed the April 11, 2018 order entered by Judge Karen Givens regarding home grow. Her order has been stayed. Therefore, at this time, there has been no change to the prohibition on home grow. The Department remains committed to ensuring that all medical marijuana and low-THC cannabis is dispensed according to the law.

OMMU by the Numbers

Patients in the Registry	Approved Medical Marijuana Treatment Centers	Total Inspections to date
98,045*	13	148
Patients added since last update	Approved ID Card Applications	Total Inspections for 2018
2,585	71,456*	65
Processing Time for Complete Paper Application	Card applications approved since last update	Applications in Processing
22 days	2,441	2,579
Qualified Physicians	Approved Retail Dispensing Locations	Amount of Low-THC Cannabis Dispensed This Week (April 6-13)
1,314	32	1,278,608 mgs
Processing Time for Complete Online Application	Total Employees Hired to date	Amount of Medical Marijuana Dispensed This Week (April 6-13)
17 days	27	20,208,065 mgs

Rick Scott / Governor of the State of Florida Celeste Philip / MD, MPH / Surgeon General and Secretary
4052 Bald Cypress Way / Tallahassee, FL 32399 KnowTheFactMMJ.com

OMMU Office of MEDICAL MARIJUANA Use

Weekly Update / APRIL 13, 2018

The Florida Department of Health (DOH) 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. We are pleased to provide this weekly update on the DOH 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 381.006, F.S. (2018). This week we held a rule workshop to receive input from the public

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GUIDELINES & EXECUTION

INTERNAL IDENTITY SAMPLES



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.*



OFFICE OF MEDICAL MARIJUANA USE

FLORIDA DEPARTMENT OF HEALTH

4052 Bald Cypress Way

Tallahassee, FL 32399

(850) 245-4444

www.floridahealth.gov

FLORIDA DEPT OF HEALTH MEDICAL MARIJUANA MEDIA BUY CAMPAIGN OVERVIEW

MEDIA BUY APPROACH

In order to effectively target doctors, patients and caregivers, as well as the subpopulations of Spanish and Creole speakers throughout the state of Florida, the team of North Highland and SalterMitchell PR recommends the following media mix of digital, traditional and social media channels for the statewide campaign.

Digital

- Division D
 - Display banner, interstitial and rich media ads targeting doctors (English and Spanish-speaking)
 - Display banner, interstitial, pre-roll video and CTV ads targeting potential patients and caregivers (English and Spanish-speaking)
- Intersect Media
 - Programmatic display banner and pre-roll video ads placed on Haitian news sites and digital newsletter

Traditional

- iHeartMedia
 - Thirty-second PSA audio ads aired on Florida News Network and Hispanic News Network
 - Thirty-second PSA audio ads aired on WSRF Creole radio station
 - Digital companion banners
 - Added value media includes one English spot on Florida Round Table and one News Integration spot
- WUSF Public Media
 - Fifteen-second PSA audio ads aired on Health News Florida radio program; Health News Florida eAlert and web display ads
 - Fifteen-second PSA audio ads aired on Florida Matters radio program; web display ads
 - Fifteen-second PSA audio ads aired on Florida Matters More podcast
- Audio News Release (Optional)
 - One 60 second English Audio News Release on preventing unlicensed activity of medical marijuana use. To be served on 100 English network stations
 - One 60 second Spanish Audio News Release on preventing unlicensed activity of medical marijuana use. To be served on 30 Spanish network stations
 - Produced and distributed in collaboration with News Generation

Social

- Pinterest
 - PSA-style social media ads (English and Spanish-speaking users)

- Facebook
 - PSA-style social media ads (English and Spanish-speaking users) served only on Audience Network (third-party apps)

RATIONALE

By allocating more than half of the available funds toward digital advertising, we can serve ads to highly qualified audiences — those firmly in our targets who are likely to be interested in our ads and likely to demonstrate target behaviors — while excluding those who aren't. Digital ads provide a more reliable metric and maximize return on investment, as verifiable performance data are automatically tracked on online advertising platforms. Real-time analytics show audience exposure and engagement with ads, allowing for immediate optimization and almost constant improvement.

The use of traditional media allows us to reach target audiences who are likely to be interested in our content. Our placement of PSA audio ads on radio programs about health, medicine and top Florida news ensures content will remain relevant and reach both target audience members and influencers. We are supplementing our radio spots with digital companion ads to reinforce our message with target audiences and provide multiple touchpoints, increasing the likelihood for a listener to convert (e.g. visit the OMMU website). We also have the option of producing and distributing an Audio News Release (ANR) in English and Spanish for 135 radio stations and networks across Florida. An effective ANR needs a strong news hook to generate placements and multiple airings that maximize reach.

To round out our campaign, we will be targeting potential patients and caregivers through social media ads. In order to avoid negative user engagement or comments, we will be serving Facebook ads to target audiences through its Audience Network (third party mobile apps and websites). On Pinterest, we will serve ads to two audiences. The first will target users who have already shown interest in FDOH's brand. We will build the second audience off of the first and expand its reach by incorporating key interests, target demographics and keywords related to medical marijuana. The combination of these audiences will increase likelihood of reaching reaching those interested in our content.

Attached is the proposed media flight plan that provides details and information on media channels, ad types, estimated spend and targeting capabilities. Upon implementation, the flight plan is subject to change based on our evaluation of reach and impact.

Channel	Market	Audience	Ad Type	Quantity	Estimated Impressions	Flight dates	Estimated Spend	Notes	
TRADITIONAL									
iHeartMedia	Statewide	Paid media							
		Spanish/English doctors, potential patients and caregivers	Florida News Network; :30	145 spots	15,316,000	Weeks of 06/4; 06/11; 06/18; 06/28	\$44,000.00	Spots to run on stations most demographically targeted stations. Florida News Network airs English newscasts on 80+ Florida radio station affiliates; Hispanic News Network airs Spanish Newscasts on 35+ Florida radio station affiliates	
	Digital audio (:30) PSA ad and companion banners			500,000	\$7,000.00				
	Miami-Dade Broward and Palm Beach counties	Haitian doctors, potential patients and caregivers	WSRF Creole Radio Station; :30	50 spots	TBD		\$6,000.00	The first and only Haitian-owned radio station in the U.S. The undisputed daily point of contact for Haitian and Haitian-American communities in South Florida, with a proven ability to influence decisions and choices within them.	
	Statewide	Bonus media							
		Doctors, potential patients and caregivers; Spanish/English	News Integration	1 spot	TBD	Weeks of 06/4; 06/11; 06/18; 06/28	\$0		
			Florida Round Table 30-minute show inclusion	1 spot	TBD		\$0		
	ROS digital display banner ads		100,000		\$0		Display ads will be targeted across desktop and mobile devices via a broad array of partner sites, apps and networks		
	Miami-Dade Broward and Palm Beach counties	Doctors, potential patients and caregivers; Haitian	WSRF Creole Radio Station	25 spots	TBD		\$0		
	WUSF Public Media	West/South Florida; Statewide	Primary audience: Doctors; secondary audience: potential patients and caregivers; English	Health News Florida radio program; :15 audio PSA ad	8 spots	TBD	Weeks of 06/4; 06/11; 06/18; 06/25	\$1,000	Provides in-depth journalism on health policy issues in Florida. Heard statewide and online. Broadcast 1x/week, 7:45 a.m. and 5:30 p.m.
Primary audience: Doctors; secondary audience: potential patients and caregivers; English			Health News Florida digital newsletter digital ad		5,000 users on mailing list	Weeks of 06/4; 06/11; 06/18; 06/25	\$1,600	Published daily	
Primary audience: Doctors; secondary audience: potential patients and caregivers; English			Health News Florida digital ad		48,000-50,000		06/15-30	\$360	Large tile (300x250 pixels) digital ad on www.healthnewsflorida.org
Doctors, potential patients and caregivers; English			Florida Matters radio program; :15 audio PSA ad		12 spots	TBD	Weeks of 06/4; 06/11; 06/18; 06/25	\$1,000	Provides in-depth journalism on issues important to Floridians and covers the challenges facing the state. Broadcast 3x/week
Doctors, potential patients and caregivers; English			Florida Matters digital ad			TBD	06/1-30	\$200	Large tile (300x200 pixels) digital ad on www.wusf.usf.edu/news/program/florida_matters
Doctors, potential patients and caregivers; English			Florida Matters More podcast; :15 audio PSA ad		4 spots	100+ podcast downloads/week	Weeks of 06/4; 06/11; 06/18; 06/25	\$400	Weekly podcast; extension of Florida Matters More radio program. Provides more journalism/discussion about guests and topics heard on the radio show 1x/week

Channel	Market	Audience	Ad Type	Quantity	Estimated Impressions	Flight dates	Estimated Spend	Notes
		Doctors, potential patients and caregivers; English	Primetime package - WUSF 89.7	28 spots	224,000 listeners/week	Weeks of 06/4; 06/11; 06/18; 06/25	\$3,080	Primetime package: Monday through Friday 6-10 AM & 3-7 PM; Saturday and Sunday 8 AM -Noon & 5-6 PM; Shows: Morning Edition, BBC News Hour, The Takeaway, All Things Considered, Marketplace, BBC News, Florida Matters, Weekend Edition Saturday, Weekend Edition Sunday, Weekend All Things Considered
		Bonus media						
		Doctors, potential patients and caregivers; English	Bonus audio PSA ads; :15	28 spots	TBD	Weeks of 06/4; 06/11; 06/18; 06/25	\$0	Bonus spots, Monday-Sunday 5 AM - Midnight. Valued at \$1,680
Audio News Release (Optional)	Statewide	Doctors, potential patients and caregivers; English	Audio News Release (ANR); :60	1 spot	TBD	TBD	\$6,250	Suggested storyline: preventing unlicensed activity of medical marijuana use; 100 English networks
		Doctors, potential patients and caregivers; Spanish	Audio News Release (ANR); :60	1 spot	TBD	TBD		Suggested storyline: preventing unlicensed activity of medical marijuana use; 30 Spanish networks
DIGITAL								
Intersect Media	Statewide	Doctors, potential patients and caregivers; Haitian	Programmatic display and pre-roll video ads; web and mobile		975,000	6/1-6/30	\$10,775	Display ads will be placed in Haitian Times (website and 4 distributions of the digital newsletter), South Florida Caribbean News, Caribbean National Weekly websites; additional display and pre-roll video ads will be served to Haitians throughout Florida
		Paid Media						
		Potential patients and caregivers; English	Display ads, intersitial ads and pre-roll video and CTV ads; web, mobile and tablets		Display: 2,671,875; Interstitials: 890,625; pre-roll video: 822,115; Smart/ConnectedTV : 356,250	6/1-6/30	\$171,000.00	TARGETING/PLACEMENT: Run of News (Local News Focus), Health/Medical, Gaming & Lifestyle Verticals; Contextual Focus on Medical Marijuana, Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; Geo-targeting Florida with a focus on Jacksonville, Tampa, Orlando, Gainesville, Pensacola & Miami; Demo-targeting A18+, Veterans & Military Spouses; Behavioral Focus on Interest in Medical Marijuana, Family Members of Patients with Qualifying Illnesses; ATF Traffic Only; Retargeting to Website Frequenters
		Doctors; English	Display ads, intersitial ads and rich media ads; web, mobile and tablets		Display: 3,562,500; Interstitials: 1,187,500; Rich media: 950,000			TARGETING/PLACEMENT: Run of News, Travel, Health/Medical, Business & Lifestyle Verticals; Contextual Focus on Medical Marijuana, Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; Geo-targeting Florida with a focus on Jacksonville, Tampa, Orlando, Gainesville, Pensacola & Miami; Demo-targeting A25+; Job Title Targeting doctors who treat qualifying illnesses; Professional Groups targeting to relative medical groups and associations in Florida (general and specific to qualifying illnesses); ATF Traffic Only; Retargeting to Website Frequenters
		Potential patients and caregivers; Spanish	Display ads, intersitial ads and pre-roll video and CTV ads; web, mobile and tablets		Display: 2,671,875; Interstitials: 890,625; pre-roll video: 822,115; Smart/ConnectedTV : 356,250			TARGETING/PLACEMENT: Run of News (Local News Focus), Health/Medical, Gaming & Lifestyle Verticals; Contextual Focus on Medical Marijuana, Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; Geo-targeting Florida with a focus on Jacksonville, Tampa, Orlando, Gainesville, Pensacola & Miami; Demo-targeting A18+, Spanish speaking, Veterans & Military Spouses; Behavioral Focus on Interest in Medical Marijuana, Family Members of Patients with Qualifying Illnesses; ATF Traffic Only; Retargeting to Website Frequenters
		Doctors; Spanish	Display ads, intersitial ads and rich media ads; web, mobile and tablets		Display: 3,562,500; Interstitials: 1,187,500; Rich media: 950,000			TARGETING/PLACEMENT: Run of News, Travel, Health/Medical, Business & Lifestyle Verticals; Contextual Focus on Medical Marijuana, Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; Geo-targeting Florida with a focus on Jacksonville, Tampa, Orlando, Gainesville, Pensacola & Miami; Demo-targeting A25+, Spanish speaking; Job Title Targeting doctors who treat qualifying illnesses; Professional Groups targeting to relative medical groups and associations in Florida (general and specific to qualifying illnesses); ATF Traffic Only; Retargeting to Website Frequenters
Division D	Statewide							

Channel	Market	Audience	Ad Type	Quantity	Estimated Impressions	Flight dates	Estimated Spend	Notes
		Veterans and military spouses; English and Spanish	Display ads, intersitial ads and pre-roll video and CTV ads; web, mobile and tablets		Display: 2,671,875; Interstitials: 890,625; pre-roll video: 822,115; Smart/ConnectedTV : 356,250			TARGETING/PLACEMENT: Run of Veteran/Military News & Health/Medical Verticals; Contextual Focus on Medical Marijuana, Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; Geo-targeting Florida with a Focus on Jacksonville, Tampa, Orlando, Pensacola, Gainesville & Miami; Demo-targeting A18+, English speaking, Spanish speaking, Veterans & Military Spouses; Behavioral Focus on Interest in Medical Marijuana, Family Members of Patients with Qualifying Illnesses: Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; ATF Traffic Only; Retargeting to Website Frequenters
		Bonus media						
		Added Value - Doctors	Display ads; web, mobile and tablets		1,896,346	6/1-6/30	\$0	TARGETING/PLACEMENT: Run of News, Health/Medical, Business & Lifestyle Verticals; Contextual Focus on Medical Marijuana, Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; Geo-targeting Florida with a Focus on Jacksonville, Tampa, Orlando, Gainesville & Miami; Demo-targeting A25+; Job Title Targeting Doctors
		Added Value - Patients	Display ads; web, mobile and tablets		1,896,346		\$0	TARGETING/PLACEMENT: Run of News, Health/Medical, Gaming & Lifestyle Verticals; Contextual Focus on Medical Marijuana, Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn's Disease, Parkinson's Disease & MS; Geo-targeting Florida with a Focus on Jacksonville, Tampa, Orlando, Gainesville & Miami; Demo-targeting A18+; Behavioral Focus on Interest in Medical Marijuana, Family Members of Patients with Qualifying Illnesses
SOCIAL								
Pinterest	Statewide	Potential patients and caregivers	PSA-style social media ads; English and Spanish		TBD	6/1-6/30	\$10,585.00	Pins will be posted organically on FDOH's Pinterest page. A board entitled "Medical Marijuana - Know the Facts" will be created to house the pins. Ads will be served to an Engagement Audience and an Actalike Audience. Engagement audience members are users who have shown interest in the brand. Actalike will expanded the reach of the Engagement audience and include new users that fall into targeting parameters (keywords and interests related to medical marijuana)
Facebook (Audience Network only)	Statewide	Doctors, potential patients and caregivers	PSA-style social media ads; English and Spanish		TBD	6/1-6/30	\$28,000.00	Ads will be served via Facebook's Audience Network. They will not appear within news feeds.
MEDIA COST TOTAL							\$285,000.00	

Radio Ad – 15 second - English

Doctors

If you are a physician seeking more information about medical marijuana, the Florida Department of Health provides resources on licensing requirements online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Patients/Caregivers

If you or a loved one need information about medical marijuana, The Florida Department of Health provides resources on qualifying medical conditions, physicians and approved treatment centers online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Both Audiences

If you are a physician or patient seeking more information about medical marijuana, the Florida Department of Health provides resources on qualifying medical conditions and licensing requirements online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Radio Ad – 30 second - English

If you have a qualifying medical condition, and a qualified physician determines that medical marijuana is right for you, the physician will add you to the medical marijuana use registry, so that you can obtain your medical marijuana ID card.

Verifying that your physician is qualified protects you, as does making sure that your medical marijuana treatment center is approved.

The Florida Department of Health makes this verification easy with our qualified ordering physician search tool and other resources available online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Radio Ad – 15 second - Spanish

Doctors

If you are a physician seeking more information about medical marijuana, the Florida Department of Health provides resources on licensing requirements online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Patients/Caregivers

If you or a loved one need information about medical marijuana, The Florida Department of Health provides resources on qualifying medical conditions, physicians and approved treatment centers online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Both Audiences

If you are a physician or patient seeking more information about medical marijuana, the Florida Department of Health provides resources on qualifying medical conditions and licensing requirements online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Spanish Translation

DOCTORS

Si usted es un médico que busca más información sobre la marihuana medicinal, el Departamento de Salud de la Florida proporciona recursos sobre los requisitos para obtener una licencia. Visite nuestra página web Florida-Health-dot-gov-forward-slash-O-M-M-U

Patients/Caregivers

Si usted o un ser querido necesita información sobre la marihuana medicinal, el Departamento de Salud de la Florida proporciona recursos sobre condiciones médicas que califican, médicos certificados y centros de tratamiento aprobados en nuestra página web. Visite: Florida-Health-dot-gov-forward-slash-O-M-M-U

Both Audiences

Si usted es un médico o paciente que busca más información sobre la marihuana medicinal, el Departamento de Salud de la Florida proporciona recursos sobre condiciones médicas que califican y los requisitos para obtener una licencia. Visite nuestra página web, Florida-Health-dot-gov-forward-slash-O-M-M-U OR FLORIDA (Guión) Guión)PUNTO(Guión)GOV(Guión) barra oblicua(Guión)O(Guión)M(Guión)M(Guión)U

Radio Ad – 30 second - Spanish

If you have a qualifying medical condition, and a qualified physician determines that medical marijuana is right for you, the physician will add you to the medical marijuana use registry, so that you can obtain your medical marijuana ID card.

Verifying that your physician is qualified protects you, as does making sure that your medical marijuana treatment center is approved.

The Florida Department of Health makes this verification easy with our qualified ordering physician search tool and other resources available online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

SPANISH

Si usted tiene una condición médica que califica, y un médico certificado determina que la marihuana medicinal es adecuada para usted, el médico lo agregará al registro de uso de marihuana medicinal, para que usted pueda obtener su tarjeta de identificación de marihuana medicinal.

Verificar que su médico esté calificado lo protege, al igual que asegurarse de que su centro de tratamiento de marihuana medicinal esté aprobado.

El Departamento de Salud de la Florida facilita verificar si el médico está certificado y para más información sobre recursos disponibles, visite: Florida-Health-dot-gov-forward-slash-O-M-M-U.

Radio Ad – 15 second - Creole

Doctors

If you are a physician seeking more information about medical marijuana, the Florida Department of Health provides resources on licensing requirements online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Doktè yo

Siw se yon doktè kap chèché plis enfomasyon sou mariwana kom remèd, Depatman Santé de la Florid bay enfomasyon sou régléman pou gen lisans nan website Florida-Health-pwen-gov-ba-an avan-O-M-M-U

<http://www.floridahealth.gov/OMMU>

Patients/Caregivers

If you or a loved one need information about medical marijuana, The Florida Department of Health provides resources on qualifying medical conditions, physicians, and approved treatment centers online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Moun ki malad yo/Moun kap bay swen yo

Si wou ou bien yon moun ou renmin ta bezwen enfomasyon sou mariwana kom remèd, Depatman Santé de la Florid bay enfomasyon sou ki maladi ki kalifyé, doktè yo, ak sant tretman ki otorize nan website nan Florida-Health-pwen-gov-ba-an avan-O-M-M-U. <http://www.floridahealth.gov/OMMU>

Both Audiences

If you are a physician or patient seeking more information about medical marijuana, the Florida Department of Health provides resources on qualifying medical conditions and licensing requirements. They can be found online at Florida-Health-dot-gov-forward-slash-O-M-M-U.

Tout deu odiyans yo

Siw se yon doktè ou bien yon pasyan kap chèché plis enfomasyon sou mariwana kom remèd, Depatman Santé de la Florid gin enfomasyon sou ki maladi ki kalifyé ak régléman pouw gen lisans. Ou ka jwenn sa nan website Florida-Health-pwen-gov-ba-an avan-O-M-M-U

<http://www.floridahealth.gov/OMMU>

Radio Ad – 30 second - Creole

If you have a qualifying medical condition and a qualified physician determines that medical marijuana is right for you; the physician can add you to the registry for medical marijuana use. Once added to the registry, you will be able to obtain your medical marijuana ID card.

Verifying that your physician is qualified can protect you as does making sure that your medical marijuana treatment center is authorized and approved.

The Florida Department of Health makes this verification easy with our qualified ordering physician search tool and other resources available online at: Florida-Health-dot-gov-forward-slash-O-M-M-U

www.floridahealth.gov/OMMU

Si ou genyen yon maladi ki kalifyé ak doktè ki determiné ké mariwana kom remed ap bon pou ou; doktè la capab mété nom ou nan list moun ki ka pran mariwana kom remed. Konsa, wap ka jwenn kat d'identité ou pou mariwana kom remèd.

Verifiyé ké doktè ou kalifyé; sa ka ba ou pwotèj. Asuré ké sant mariwana-a kap trètèw lan gen otorizasyon é ké li apprové.

Depatman Santé de la Florid fè verifikasyon sa fasil pou chèché doktè ki kalifyé pou bay lod avek lot resouss ki disponib nan website: www.Florida-Health-pwen-gov-ba-an avan-O-M-M-U

www.floridahealth.gov/OMMU

Digital Ads - English

FLORIDA
MEDICAL
MARIJUANA

DO YOU OR
A LOVED ONE
NEED INFORMATION?

Florida
HEALTH

KNOWTHEFACTS

FLORIDA
MEDICAL
MARIJUANA



KNOWTHEFACTS

Florida
HEALTH

FLORIDA
MEDICAL
MARIJUANA

DO YOU OR A
LOVED ONE QUALIFY?

Download a patient's guide

Florida
HEALTH

KNOWTHEFACTS

FLORIDA
MEDICAL
MARIJUANA

DO YOU OR A
LOVED ONE QUALIFY?

Click for information about
qualifying medical conditions

Florida
HEALTH

KNOWTHEFACTS

Digital Ads - English

<p>FLORIDA MEDICAL MARIJUANA</p> 	<p>FLORIDA MEDICAL MARIJUANA</p> 
<p>ARE YOU A QUALIFIED ORDERING PHYSICIAN?</p>	<p>DO YOU OR A LOVED ONE NEED INFORMATION?</p>
	
<p>KNOW THE FACTS</p>	<p>KNOW THE FACTS</p>

FLORIDA
MEDICAL
MARIJUANA



KNOW THE FACTS



<p><u>CONDITIONS</u></p> <p>Chronic Pain Cancer</p> 	<p>FLORIDA MEDICAL MARIJUANA</p>  <p>KNOW THE FACTS</p> 
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<p>FLORIDA MEDICAL MARIJUANA</p>	 <p>KNOW THE FACTS</p> 
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<p>FLORIDA MEDICAL MARIJUANA</p>	 <p>KNOW THE FACTS</p> 
----------------------------------	--

Digital Ads - Spanish

**MARIHUANA
MEDICINAL EN LA
FLORIDA**

**¿CALIFICA USTED
O UN SER QUERIDO?**

Oprima para más información sobre
condiciones médicas que califican

**Florida
HEALTH**

CONOZCA LOS HECHOS

**MARIHUANA
MEDICINAL EN LA
FLORIDA**

**¿CALIFICA USTED
O UN SER QUERIDO?**

Verifique que su médico esté
calificado y que su centro de
tratamiento esté aprobado

**Florida
HEALTH**

CONOZCA LOS HECHOS

Digital Ads - Spanish

MARIHUANA MEDICINAL DE LA FLORIDA



ES USTED UN MEDICO CERTIFICADO?



CONOZCA LOS HECHOS

MARIHUANA MEDICINAL DE LA FLORIDA



¿CALIFICA USTED O UN SER QUERIDO?



CONOZCA LOS HECHOS

MARIHUANA MEDICINAL DE LA FLORIDA



CONOZCA LOS HECHOS

CONDICIONES

- Cáncer
- Epilepsia
- Glaucoma
- MHI
- SI
- Trastorno por

MARIHUANA MEDICINAL DE LA FLORIDA



CONOZCA LOS HECHOS



MARIHUANA MEDICINAL DE LA FLORIDA



CONOZCA LOS HECHOS



MARIHUANA MEDICINAL DE LA FLORIDA



CONOZCA LOS HECHOS



Digital Ads - Creole

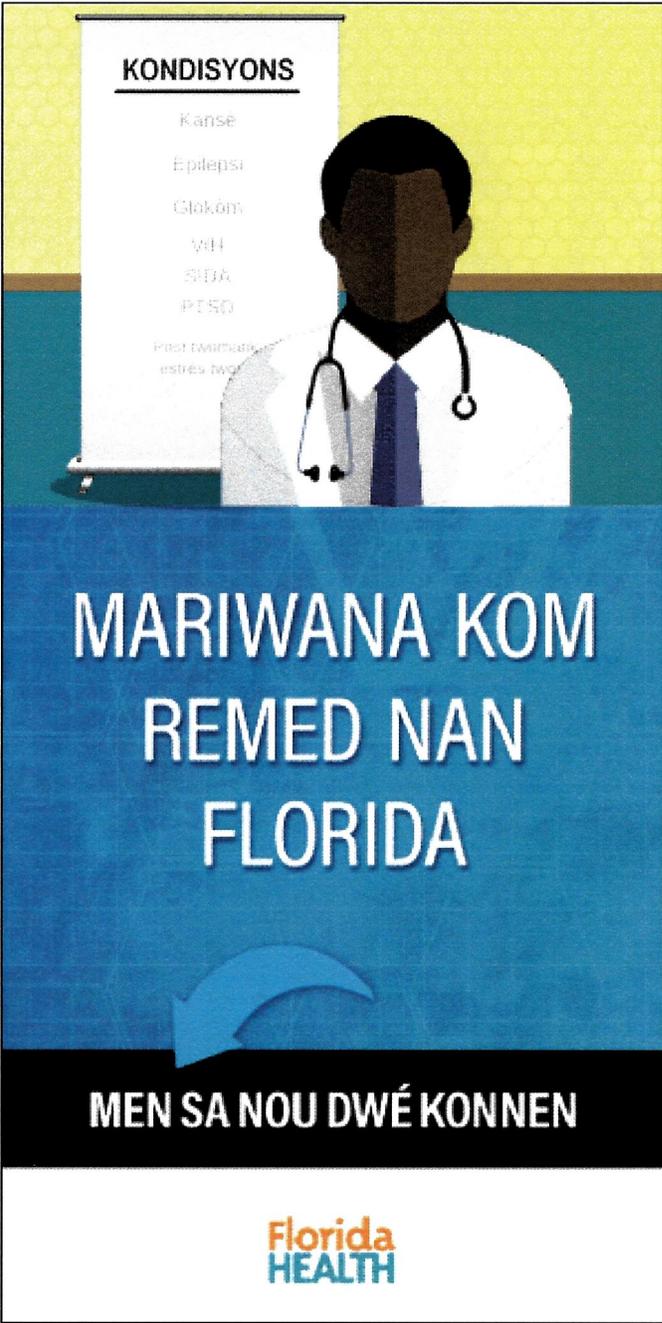


MARIWANA KOM
REMED NAN
FLORIDA

MEN SA NOU DWÉ KONNEN

Florida
HEALTH

This advertisement features a stylized illustration of a pharmacy counter. A woman in a yellow top and teal skirt stands on the left, and a man in a white shirt stands behind the counter on the right. The background shows shelves with boxes. The text is in white on a blue background, with a blue arrow pointing to the right.



KONDISYONS

- Kanse
- Epilepsi
- Glakòm
- VH
- SIDA
- PTSD
- Post twamant estres twa

MARIWANA KOM
REMED NAN
FLORIDA

MEN SA NOU DWÉ KONNEN

Florida
HEALTH

This advertisement features a stylized illustration of a doctor in a white coat and stethoscope. To the left is a white board with the heading 'KONDISYONS' and a list of conditions. The text is in white on a blue background, with a blue arrow pointing to the right.

Digital Ads - Creole

KONDISYONS

- Kanse
- Seizipis
- Stoke
- MS
- SP
- Diabetes
- Heart Disease

MARIWANA KOM REMED NAN FLORIDA

MEN SA NOU DWÉ KONNEN

Florida HEALTH

KONDISYONS

- Kanse
- Seizipis
- Stoke
- MS
- SP
- Diabetes
- Heart Disease

MARIWANA KOM REMED NAN FLORIDA

MEN SA NOU DWÉ KONNEN

Florida HEALTH

MARIWANA KOM REMED NAN FLORIDA

MEN SA NOU DWÉ KONNEN

Florida HEALTH

MARIWANA KOM REMED NAN FLORIDA

MEN SA NOU SUPOZE KON-MEN

Florida HEALTH

MARIWANA KOM REMED NAN FLORIDA

MEN SA NOU DWÉ KONNEN

Florida HEALTH

MARIWANA KOM REMED NAN FLORIDA

MEN SA NOU DWÉ KONNEN

Florida HEALTH

MARIWANA KOM REMED NAN FLORIDA

MEN SA NOU DWÉ KONNEN

Florida HEALTH

MARIWANA KOM REMED NAN FLORIDA

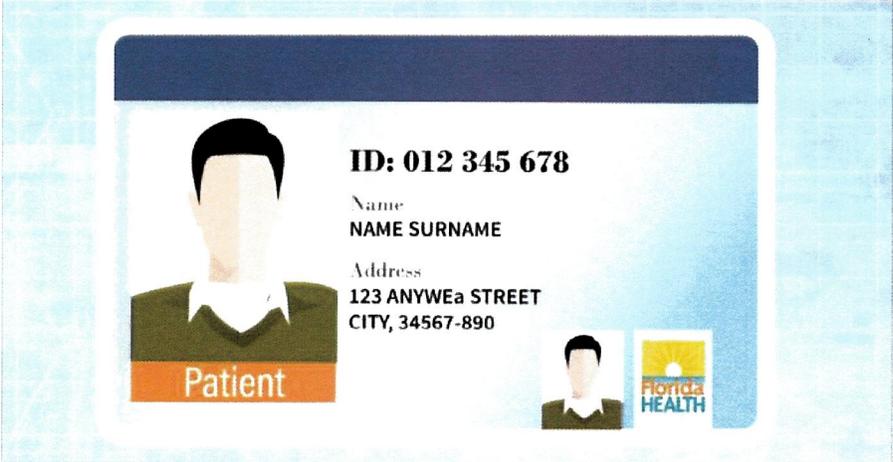
MEN SA NOU DWÉ KONNEN

Florida HEALTH

Facebook ads

 Florida Department of Health (DOH)
May 1 · 🌐

Looking for information about #MedicalMarijuana in Florida? Visit #FLHealth's Office of Medical Marijuana Use website for more details: <https://goo.gl/Q1ZcCg> #KnowTheFactsFL

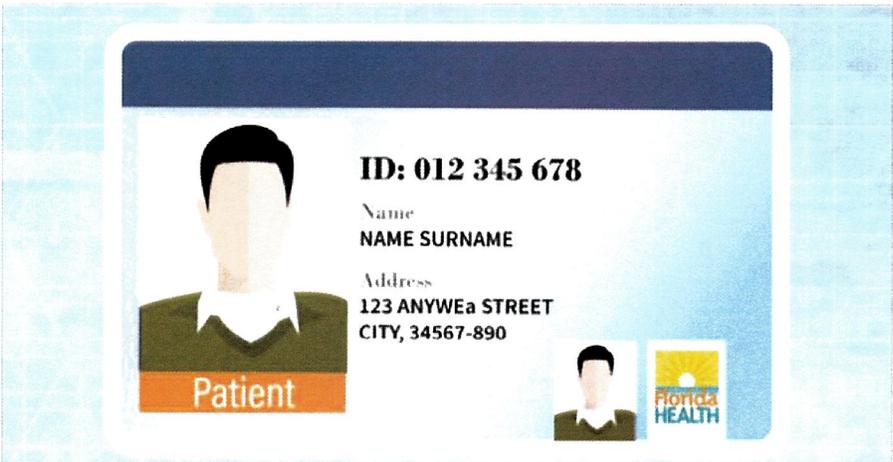


Office of Medical Marijuana Use
Patients and caregivers can now use the Medical Marijuana Qualified Ordering Physician Search tool to find a...
FLORIDAHEALTH.GOV [Learn More](#)

 Florida Department of Health (DOH)
May 2 · 🌐

Usted o un ser querido necesita información sobre #MedicalMarijuana en Florida? Visite el sitio web de la Oficina de uso de marihuana medicinal de #FLHealth para obtener más información: <https://goo.gl/Q1ZcCg> #KnowTheFactsFL

See Translation



#KnowTheFactsFL
FLORIDAHEALTH.GOV [Learn More](#)

Print ads

FMA / Nursing Quarterly / FOMA

CONDITIONS

- Cancer
- Epilepsy
- Glaucoma
- Post-Traumatic Stress Disorder
- Amyotrophic Lateral Sclerosis

FLORIDA MEDICAL MARIJUANA

Medical marijuana and low-THC cannabis are available in Florida. Patients must first be diagnosed with a qualifying medical condition. It is the responsibility of the qualified ordering physician to follow Florida constitution and statute, diagnose patients and determine if medical marijuana is an appropriate treatment.

Learn more: FloridaHealth.gov/ommu.

Florida HEALTH

KNOW THE FACTS

FLORIDA MEDICAL MARIJUANA

KNOW THE FACTS

Florida HEALTH

Medical marijuana and low-THC cannabis is available in Florida. Know the facts and [steps to treatment](#). Patients must first be diagnosed with a [qualifying medical condition](#). It is the responsibility of the [qualified ordering physician](#) to follow Florida constitution and statute, diagnose patients and determine if medical marijuana is an appropriate treatment. For more, visit: www.floridahealth.gov/ommu

Florida Department of Health

Florida Medical Marijuana - “Know the Facts”
Media Buy Report

June 2018

northhighland®
WORLDWIDE CONSULTING



salter
mitchell 

Results Summary

To execute the Medical Marijuana “Know the Facts” media buy campaign, SalterMitchell PR (SMPR) served radio, digital and social media ads with messages about information and resources on qualifying medical conditions, qualified physicians, approved treatment centers and licensing requirements to English, Spanish and Creole-speaking Floridians. Our budget was \$284,431.19.

In total, the traditional campaign aired **286 radio and podcast spots**, reaching an estimated **98,600 18+ listeners** tuning into WUSF Public Media station affiliates and earning an estimated **net reach of 8,443,333** across iHeartMedia station affiliates.

The digital campaign earned **31,469,186 digital impressions** and **2,253,102 social media impressions**. All vendors exceeded promised ad impressions. The digital ads resulted in **99,537 ad clicks***, which translates into a **0.32% click-through rate**. This exceeds the digital CTR benchmark for the health and medical industry (0.31%). The social media ads resulted in **14,240 ad clicks**, which translates into a **0.63% click-through rate**.

**Partial estimate. See slide 6.*

GOALS



- Provide information about qualifying medical conditions, qualified physicians and approved treatment centers to potential patients and their caregivers
- Provide information about licensing requirements to doctors
- Drive traffic to Office of Medical Marijuana Use pages of [Floridahealth.gov](https://www.floridahealth.gov) and [Flhealthsource.gov](https://www.flhealthsource.gov)

AUDIENCE SEGMENTS



Located in Florida



English-speaking potential patients and caregivers

English-speaking doctors

English/Spanish-speaking veterans



Spanish-speaking potential patients and caregivers

Spanish-speaking doctors

Creole-speaking doctors, potential patients and caregivers

Channel	Audiences	Ad Types	Timing
WUSF Public Media	English doctors, potential patients and caregivers	:30 radio and podcast spots; companion digital display ads (static)	6/5-6/30
iHeartMedia	Spanish, English and Creole-speaking doctors, potential patients and caregivers	:30 radio spots; companion digital display ads (static and .gif)	6/11-6/30
Division D	Spanish and English doctors, potential patients and caregivers; veterans	Display ads, interstitial ads, rich media ads, pre-roll video ads and CTV ads	6/4-6/30
Intersect Media	Haitian doctors, potential patients and caregivers	Programmatic display ads and pre-roll video ads	6/8-6/30
Pinterest	English potential patients and caregivers	Static graphic, in-stream video ad	6/14-6/28
Facebook Audience Network and Instagram	Spanish and English doctors, potential patients and caregivers	In-stream video ads (Audience Network only), static graphics	6/15-6/30; 6/21-6/30
Twitter	Spanish and English doctors, potential patients and caregivers	Static graphics, in-stream video ads	6/15-6/28

Budget

Channel	Timing	Estimated Spend	Actual Spend
WUSF Public Media	6/5-6/30	\$7,420.00	\$7,420.00
iHeartMedia	6/11-6/30	\$57,000.00	\$57,000.00
Division D	6/4-6/30	\$171,000.00	\$186,660.09
Intersect Media	6/8-6/30	\$10,775.00	\$10,775.00
Pinterest	6/14-6/28	\$10,585.00	\$383.72
Facebook Audience Network; Instagram	6/15-6/30; 6/21-6/30	\$28,000.00	\$11,855.47
Twitter	6/15-6/28	\$0.00	\$10,336.91
TOTAL		\$285,000.00	\$285,000.00

Halfway through the media flight, the social media ads experienced several setbacks in delivery and ad approval. SMPR reallocated funds from Facebook Audience Network and Pinterest to run ads on Instagram and Twitter. These ads delivered successfully, with little negative user feedback. SMPR accelerated pacing in the last week of the campaign to maximize delivery and reallocated \$16,000 of the social media budget to our digital media vendor, Division D, to ensure these dollars were spent.

Campaign Performance - Traditional

Appendix J

Channel	Audience Segment	Promised Paid & Bonus Radio/ Podcast Spots	Aired Paid & Bonus Radio/ Podcast Spots	Podcast Downloads	Promised Ad Impressions	Delivered Ad Impressions	Clicks*	Click-Through Rate	Newsletter Open Rate**
WUSF Public Media	Doctors; Potential patients/ caregivers; English	81	80	500	54,750	90,903	55	N/A	245 clicks/ 0.19%

WUSF Public Media implemented the “Know the Facts” Medical Marijuana PSA campaign with a media mix of fifteen-second radio, podcast and digital ads. Primetime radio spots aired on WUSF 89.7 and 89.1, including Health News Florida programming, which focuses on health policy issues in Florida, and Florida Matters, which covers the top issues and headlines in Florida. SMPR retargeted listeners of these programs, who are firmly in our target audiences, by advertising on HealthNewsFlorida.org, the Health News Florida e-newsletter and WUSF.org/Florida Matters. Additionally, SMPR secured four business sponsorships on the Florida Matters More podcast, an extension of the Florida Matters radio program.

Radio and podcast spots were read live by station announcers and hosts. In total, 76 radio spots reached **98,600 listeners 18+** and earned **300,800 gross impressions**.

**Partial report of clicks. Due to limited digital reporting capabilities, the vendor was unable to provide the total number of ad clicks and CTR.*

***The newsletter has 6,000 recipients and an average open rate of 0.15%.*

Example of a display tile ad in the Florida Health News e-newsletter.



The image shows a screenshot of a display tile ad from the Health News Florida e-newsletter. The ad is framed by a green border and contains the following elements:

- Header:** The "Health News FLORIDA" logo, featuring a stylized sun and a heartbeat line, with the text "Health News FLORIDA" and "WUST | DPT" below it.
- Date and URL:** "June 15, 2018" on the left and "healthnewsflorida.org" on the right.
- Title:** "Floridians Worried About Zika, But They Didn't Necessarily Protect Themselves" in bold black text.
- Image:** A close-up photograph of a mosquito on human skin.
- Text:** "By Sammy Mack" and "© Health News Florida" followed by a short paragraph: "Most Floridians knew about the Zika virus and how it spread — but that wasn't enough to get them to protect themselves, according to a new study in the journal Risk Analysis. [Read more.](#)"
- Footer:** Two smaller promotional tiles. The left one shows a satellite image of a hurricane with the text "Irma Insurance Losses Near \$10 Billion". The right one is a blue tile with the text "FLORIDA MEDICAL MARIJUANA" and "KNOW THE FACTS" with a "Public HEALTH" logo below it.

Campaign Performance - Traditional

Channel	Audience Segments	Promised Paid & Bonus Spots	Aired Paid & Bonus Spots	Promised Ad Impressions	Delivered Ad Impressions	Clicks	Click-Through Rate
iHeartMedia	Doctors; Potential patients/caregivers; English	N/A	94	600,000	804,621	131	0.02%
	Doctors; Potential patients/caregivers; Spanish	N/A	37	N/A	N/A	N/A	N/A
	Potential patients/caregivers; Creole	N/A	75	N/A	N/A	N/A	N/A
	TOTAL	220	206	600,000	804,621	131	0.02%

iHeartMedia implemented the “Know the Facts” Medical Marijuana PSA campaign with a media mix of radio, digital audio and digital display ads. English and Spanish radio spots aired on Florida News Network and Hispanic News Network station affiliates and Creole radio spots ran on WSRF, the only Haitian-owned radio station in the U.S. The vendor served English digital audio ads via geo-location, targeting users within zip-codes surrounding medical facilities in major markets throughout Florida. To retarget radio listeners, the vendor served English digital companion banner ads.

After SMPR provided approved Spanish and Creole scripts to iHeartMedia, the vendor produced the radio spots in-house. Due to production time and client approval, this buy did not launch until 6/11. This prevented iHeartMedia from delivering 14 added value spots. In total, 131 radio spots aired on Florida News Network and Hispanic News Network station affiliates, earning **an estimated net reach of 8,443,333**.

Campaign Performance - Digital

Appendix J

Channel	Audience Segment	Promised Ad Impressions	Delivered Ad Impressions	Clicks	Click-Through Rate	View Rate
Division D	Patients and potential caregivers; English	6,836,178	7,027,853	28,500	0.41%	69.44%
	Doctors; English	6,205,922	6,394,265	23,694	0.37%	N/A
	Patients and potential caregivers; Spanish	5,356,923	6,255,671	19,435	0.31%	70.43%
	Doctors; Spanish	4,726,667	5,263,556	18,008	0.34%	N/A
	Veterans and military spouses; English and Spanish	4,322,256	4,568,654	5,258	0.12%	N/A
	TOTAL		27,447,946	29,509,999	94,895	0.32%

Division D implemented the “Know the Facts” Medical Marijuana PSA campaign with a media mix of display, interstitial, rich media ads, pre-roll video and ConnectedTV ads. These were served to English and Spanish-speaking Floridians within target demographics across websites such as Huffington Post, National Geographic, Forbes Mexico, Weather.com and WordsWithFriends3.

Almost all of these ads met or surpassed the click-through rate benchmark for the health & medical industry (0.31%). The pre-roll video and ConnectedTV ads surpassed the average view rate of users 18-65+ (27-28%). The veterans and military spouses audience was the only segment that did not meet the CTR benchmark, due to a much smaller audience size.

Creative Performance - Division D

Appendix J

The following creative were the top performing ads targeted toward doctors. The average display ad CTR benchmark for the health & medical industry is 0.31%. The average view rate of users 18-65+ is about 27-28%.

English Doctor Display - 160x600

CTR: 1.61%



FLORIDA
MEDICAL
MARIJUANA

ARE
YOU A
QUALIFIED
ORDERING
PHYSICIAN?

Florida
HEALTH

KNOW THE FACTS

Spanish Doctor Display - 320x50

CTR: 0.23%



MARIHUANA MEDICINAL EN LA FLORIDA

CONOZCA LOS HECHOS

Florida
HEALTH

Creative Performance - Division D

Appendix J

The following creative were the top performing ads targeted toward doctors. The average display ad CTR benchmark for the health & medical industry is 0.31%. The average view rate of users 18-65+ is about 27-28%.

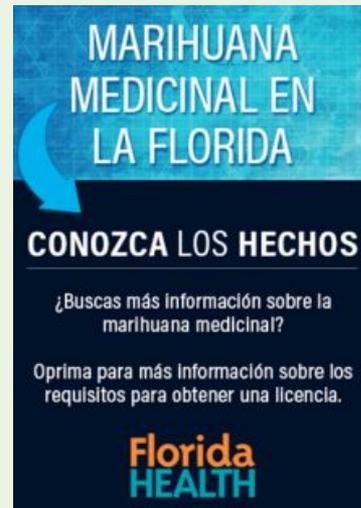
English Doctor Desktop Interstitial - 640x480

CTR: 32.76%



Spanish Doctor Mobile Interstitial - 320x480

CTR: 1.06%



Creative Performance - Division D

Appendix J

The following creative were the top performing ads targeted toward potential patients and caregivers. The average display ad CTR benchmark for the health & medical industry is 0.31%. The average view rate of users 18-65+ is about 27-28%.

English Patient/Caregiver Display - 160x600

CTR: 0.33%



Spanish Patient/Caregiver Display - 728x90

CTR: 0.21%



Creative Performance - Division D

Appendix J

The following creative were the top performing ads targeted toward potential patients and caregivers. The average display ad CTR benchmark for the health & medical industry is 0.31%. The average view rate of users 18-65+ is about 27-28%.

English Patient/Caregiver
Desktop Interstitial - 640x480

CTR: 18.52%



Spanish Patient/Caregiver
Desktop Interstitial - 640x480

CTR: 36.96%



Creative Performance - Division D

Appendix J

The following creative were the top performing ads targeted toward veterans and military spouses (English and Spanish). The average display ad CTR benchmark for the health & medical industry is 0.31%. The average view rate of users 18-65+ is about 27-28%.

Veteran Display - 160x600

CTR: 0.50%

FLORIDA
MEDICAL
MARIJUANA

DO YOU
OR A
LOVED ONE
NEED
INFORMATION?

Florida
HEALTH

KNOW THE FACTS

Veteran Display - 160x600

CTR: 0.37%

FLORIDA
MEDICAL
MARIJUANA

DO YOU
OR A
LOVED
ONE
QUALIFY?

Florida
HEALTH

KNOW THE FACTS

Creative Placement

Examples of English display and interstitial ads placed across various websites.

This screenshot shows the WRAL TechWire website. The main headline is "\$85B deal is done: AT&T completes acquisition of Time Warner". Below the headline is a large blue advertisement for AT&T Time Warner. The ad features the AT&T globe logo and the text "at&t Time Warner". To the right of the ad, there is a vertical sidebar with the text "FLORIDA MEDICAL MARIJUANA" and "ARE YOU A QUALIFIED ORDERING PHYSICIAN?". At the bottom of the sidebar is the "Florida HEALTH KNOW THE FACTS" logo.

This collage shows several examples of creative placements on different websites. At the top right is a banner for "VNR VETERANS NEWS REPORT" with a sub-headline "VETS DISABILITY GUIDE" and the text "Helping disabled Veterans get the benefits they have earned and deserve". Below this is a navigation menu with categories like "GOVERNMENT & POLITICS", "HEALTH", "LIFE", "BUSINESS & MONEY", "VETERANS", "MILITARY", and "EVENTS". In the center is a screenshot of the SunSentinel website featuring a "FLORIDA MEDICAL MARIJUANA" advertisement and a news article titled "Romero Britto seeks to break lease at Lincoln Road art gallery in Miami Beach". To the right is another screenshot showing a "Therapy Dogs to" article with a "FLORIDA MEDICAL MARIJUANA" ad overlay. At the bottom is a photo of a hand holding a colorful butterfly-shaped traffic light.

Creative Placement

Examples of English ConnectedTV, pre-roll video and rich media ads placed across various websites.

HUFFPOST

FLORIDA MEDICAL MARIJUANA

Florida HEALTH KNOW THE FACTS

Are you a qualified ordering physician for medical marijuana?
Click for more information about licensing requirements.

BUSINESS

Starbucks Discriminates Against Older Workers, According To Former Employees
By Angeline Caspi

WELLS FARGO

NATIONAL GEOGRAPHIC Shows Movies Live TV & Schedule

Watch One Strange Rock: The

Department of Health FLHealthSource.gov Public Data Portal Search Home

Medical Marijuana Qualified Ordering Physician Search

Complete one or more search fields.
(Use fewer fields to produce more results: See Search Help)

Specialty/Certification -- Any --

Last Name

First Name

www.FloridaHealth.gov/OMMU-patients

NEW YORK POST

MEDICAL MARIJUANA USE REGISTRY Identification Card

Patient ID #: P1234567

LASTNAME
FIRSTNAME MIDDLENAME, SUFFIX
123 MAIN STREET
APT 1
TALLAHASSEE, FL 32309
DOB: 05/16/1985 EXP: 06/05/2019

Caregiver:
FIRSTNAME LASTNAME

Patient Card ID #: 1234-5678-1234

Police officer helps elderly man across the street on his back

June 11, 2018

A homecoming video from Chiro shows a police officer rescue an elderly man who became trapped in the crosswalk when the light changed. As traffic began moving around the seemingly disabled man, the officer carried him to safety.

SHARE THIS VIDEO

f t g+ e

Creative Placement

Examples of Spanish display and interstitial ads placed across various websites.

MARIHUANA MEDICINAL EN LA FLORIDA CONOZCA LOS HECHOS

NOTICIAS: Vieron Constantín emplove la colección Overseas

Forbes ULTIMAS NOTICIAS SECCIONES POLITICA LIFE FORBES CA BRAND VOICE RUSIA 2018

RUSIA 2018 | LOS NÚMEROS DETRÁS DEL MAYOR EVENTO DEPORTIVO DEL MUNDO

La Copa del Mundo es el evento deportivo más grande a nivel global, con 3.400 millones de personas esperando ver al torneo cuatrigenal de un mes de duración. A continuación te presentamos los números detrás de Rusia 2018.

ES NOTICIA Horario y dónde ver Portugal - España Manuaco - Irán directo Locamía Miraflores Cultura Mundial Rusia 2018 directo Beñin Eriksen Kim Follet Whatsapp

15 Junio 2018 Madrid 31° 13°

ABC

España • Internacional Economía • Sociedad Madrid • Familia • Opinión • Deportes • Gente • Cultura • Ciencia Historia Viajar • Play • Summum • Más

¿CALIFICA USTED O UN SER QUERIDO?

MARIHUANA MEDICINAL EN LA FLORIDA CONOZCA LOS HECHOS

El Gobierno anuncia la vuelta de la sanidad universal para los «sin papeles»

El Fluorocin ha acordado iniciar un proceso de diálogo con los comités de autónomos y la sociedad

NOTICEL San Juan 84°

ÚLTIMA HORA

Cierran carriles en la Carretera 30 por accidente fatal

MARIHUANA MEDICINAL EN LA FLORIDA CONOZCA LOS HECHOS

Portada

Deportes + cool

Uruguay debuta con victoria en el Mundial

Huracanes

Legislatura

Documentos internos revelan la mala...

Rivera Schatz vuelve a encender el debate por...

MARIHUANA MEDICINAL EN LA FLORIDA CONOZCA LOS HECHOS

www.diariolasamericas.com

Diario Las Américas

MARIHUANA MEDICINAL EN LA FLORIDA

CONOZCA LOS HECHOS

¿Usted o un ser querido califican para la marihuana medicinal?

Oprima para más información sobre condiciones médicas que califican.

Florida HEALTH

Nos gustaría mostrarle las últimas noticias.

Campaign Performance - Digital

Appendix J

Channel	Audience Segment	Promised Ad Impressions	Delivered Ad Impressions	Clicks	Click-Through Rate
Intersect Media	Patients and potential caregivers; Haitian	N/A	1,037,859	4,434	0.43%
	Doctors; Haitian	N/A	25,804	22	0.09%
	TOTAL	1,046,000	1,063,663	4,456	0.42%

Intersect Media implemented the “Know the Facts” Medical Marijuana PSA campaign with a media mix of ROS, newsletter and programmatic digital ads. These were served to Creole-speaking Floridians within target demographics across websites such as the Haitian Times, South Florida Caribbean News and Caribbean National Weekly.

Initially, Intersect Media experienced some pushback from some digital publishers due to ad content. The vendor worked closely with publishers that approved our ad content to rectify this issue and ensure the campaign would be delivered in full. In total, this flight surpassed the click-through rate benchmark for the health & medical industry (0.31%) and promised ad impressions.

Creative Performance - Intersect Media

Appendix J

The following ads were the top performing creative. The average display ad CTR benchmark for the health & medical industry is 0.31%.

Creole Text-Based Mobile Ad
CTR: 0.44%

Si ou ta bezwen enfomasyon sou mariwana kom remed,
Depatman Santé de la Florid bay enfomasyon sou ki maladi ki
kalifyé ak régléman pou gen lisans.

Creole Patient/Caregiver Display - 728x90
CTR: 0.11%



Creole Doctor Display - 300x600
CTR: 0.17%



Creole Doctor Display - 300x300
CTR: 1.61%



Campaign Performance - Social

Appendix J

Channel	Audience Segment	Impressions Delivered	Reach	Clicks	Click-Through Rate	View Rate*
Pinterest	Potential patients and caregivers; English (static graphic)	33,902	16,006	233	0.69%	N/A
	Potential patients and caregivers; English (video)	31,798	3,507	20	0.06%	48.14%
	Potential patients and caregivers; Spanish (video)	2,994		2	0.07%	45.62%
	TOTAL	68,694	19,513	255	0.37%	47.92%

SMPR implemented the “Know the Facts” Medical Marijuana PSA campaign on Pinterest with a media mix of in-stream video and a static graphic. Pinterest ads were quick to be approved, but slow to run. In order to set up an ad campaign, SMPR had to utilize existing data (e.g. page followers) to build audiences. Even after the agency expanded audience scope, the ads were not fully delivering due to the platform’s limitations in targeting capabilities and small audience network. SMPR moved most of the funds from Pinterest to other social media platforms and allowed an English video and static graphic to continue running until the conclusion of the campaign. Overall, the campaign flight was satisfactory in earning a click-through rate that exceeds what is considered a successful Pinterest ad click-through rate of 0.30%. The pins earned a total of 9,117 engagements (saves, closeups and clicks) and no user comments.

**The view rate refers to 2-second view of the video.*

Creative Performance - Pinterest

The following ad was the top performing creative. A click-through rate above 0.30% on Pinterest is considered good.

English Patients - Graphic

CTR: 0.69%

FLORIDA
MEDICAL
MARIJUANA

DO YOU OR
A LOVED ONE
NEED INFORMATION?

Florida
HEALTH

KNOW THE FACTS

Florida
HEALTH

Saved from
Florida Health

Visit

Campaign Performance - Social

Appendix J

Channel	Audience Segment	Impressions Delivered	Reach	Clicks	Click-Through Rate	View Rate*
Facebook Audience Network and Instagram	Potential patients and caregivers; English (static graphics)	742,169	472,450	2,563	0.35%	N/A
	Potential patients and caregivers; English (video)	128,222	104,736	1,119	0.87%	87.40%
	Potential patients and caregivers; Spanish (static graphic)	222,966	145,024	431	0.19%	N/A
	Potential patients and caregivers; Spanish (video)	14,316	11,932	200	1.40%	87.01%
	TOTAL		1,107,673	734,142	4,313	0.39%

SMPR implemented the “Know the Facts” Medical Marijuana PSA campaign on Facebook Audience Network and Instagram with a media mix of in-stream videos and static graphics. Due to Facebook’s tight restrictions around Medical Marijuana content matter, these platforms experienced issues in delivery and content approval. However, the SMPR team monitored the ads’ performance closely, optimizing pacing when possible.

Ultimately, the Facebook Audience Network in-stream videos were the most successful ads in this flight. Both ads surpassed Facebook’s click-through rate benchmark for the healthcare industry of 0.83%. Although the Spanish video ad delivered a low number of impressions, the users this ad was served to made the desired conversion (link clicks), generating a high CTR. Both the English and Spanish static graphics did not perform as successfully as the video. Throughout the flight, these ads were paused by Facebook Ads Manager due to disapproval of content matter.

**The view rate refers to a 3-second view of the video.*

Creative Performance - Facebook Audience Network/Instagram

The following ads were the top performing creative. Facebook's average click-through rate for the healthcare industry is 0.83%.

English Patients - Video

CTR: 0.87%



#KnowTheFactsFL
Sponsored

Do you or a loved one need information about #MedicalMarijuana in Florida? #KnowTheFactsFL

OFFICE OF MEDICAL MARIJUANA USE

FLORIDAHEALTH.GOV [Learn More](#)

The ad features a blue background with a grid pattern. At the top left is the Florida Health logo and the hashtag #KnowTheFactsFL. Below this is the text 'Do you or a loved one need information about #MedicalMarijuana in Florida? #KnowTheFactsFL'. The central image shows a patient ID card for a male patient with fields for ID (012 345 678), Name, Surname, Address, and City, State, ZIP. A play button is overlaid on the ID card. Below the ID card is a white box with the text 'OFFICE OF MEDICAL MARIJUANA USE'. At the bottom, there is the website 'FLORIDAHEALTH.GOV' and a 'Learn More' button.

Spanish Patients - Video

CTR: 1.40%



#KnowTheFactsFL
Sponsored

Usted o un ser querido necesita información sobre #MedicalMarijuana en Florida? #KnowTheFactsFL

OFICINA DE USO DE MARIHUANA MEDICINAL

FLORIDAHEALTH.GOV [Learn More](#)

The ad features a blue background with a grid pattern. At the top left is the Florida Health logo and the hashtag #KnowTheFactsFL. Below this is the text 'Usted o un ser querido necesita información sobre #MedicalMarijuana en Florida? #KnowTheFactsFL'. The central image shows a patient ID card for a female patient with fields for ID (012 345 678), Name, Surname, Address, and City, State, ZIP. A play button is overlaid on the ID card. Below the ID card is a white box with the text 'OFICINA DE USO DE MARIHUANA MEDICINAL'. At the bottom, there is the website 'FLORIDAHEALTH.GOV' and a 'Learn More' button.

Campaign Performance - Social

Appendix J

Channel	Audience Segment	Impressions Delivered	Clicks	Click-Through Rate	View Rate*
Twitter	Doctors; English (static graphic)	154,007	745	0.48%	N/A
	Potential patients and caregivers; English (static graphics)	758,046	8,220	1.08%	N/A
	Potential patients and caregivers; English (video)	89,660	312	0.35%	44.29%
	Potential patients and caregivers; Spanish (video)	75,022	395	0.53%	42.75%
	TOTAL		1,076,735	9,672	0.90%

SMPR implemented the “Know the Facts” Medical Marijuana PSA campaign on Twitter with a media mix of in-stream videos and static graphics. Funds from Facebook and Pinterest were reallocated to this channel to ensure a full social media delivery. Twitter’s optimization of ads and pacing was much more aggressive than the other two platforms, and SMPR did not experience any issues with ad approval. In the first two days, the ad sets earned more than 100,000 impressions. However, only the English-speaking potential patients and caregivers ad set came within scope of Twitter’s average click-through rate (1.51%). This is due to the campaign’s short run of only 13 days and objective of reach versus engagement or traffic. Even so, the flight was able to successfully deliver a high-impact run, earning over one million impressions and nearly 10,000 clicks.

**The view rate refers to a 3-second view of the video.*

Creative Performance - Twitter

The following ads were the top performing creative. Twitter's average click-through rate for ads in Q1 2018 was 1.51%.

English Patients - Graphic

CTR: 1.14%

Florida Dept. Health 
@HealthyFla

Do you or a loved one need information about Medical Marijuana in Florida? The Florida Department of Health provides resources on qualifying medical conditions, physicians and approved treatment centers. [floridahealth.gov/programs-and-s ...](http://floridahealth.gov/programs-and-s...)
[#KnowTheFactsFL](#)

OFFICE OF MEDICAL MARIJUANA USE

Spanish Patients - Video

CTR: 0.53%

Florida Dept. Health 
@HealthyFla

El Departamento de Salud de la Florida proporciona recursos sobre condiciones médicas que califican, médicos certificados y centros de tratamiento aprobados.

[Translate Tweet](#)

32.9K views 0:00 / 0:30

Thank you

We have greatly enjoyed working with you on this campaign.



MEMORANDUM

To: Jennifer Case Florida Department of Health
From: Scott Lindeman Cade & Associates Advertising
Date: July 3, 2018
Re: OMMU Facebook Advertising Campaign

Campaign Run Dates: April 30 – June 30

Key Metrics (Combined)

- Total People Reached: 1,491,864
- Total Impressions: 6,953,571
- Total Actions Taken (Comments, Shares, Likes, Clicks): 13,706
- Total Spent: \$26,207.00

Key Metrics (English Campaign)

- Total People Reached: 1,122,969
- Total Impressions: 4,418,365
- Total Actions Taken (Comments, Shares, Likes, Clicks): 9,327
- Total Spent: \$13,045.82

Key Metrics (Spanish Campaign)

- Total People Reached: 603,661
- Total Impressions: 2,535,206
- Total Actions Taken (Comments, Shares, Likes, Clicks): 4,379
- Total Spent: \$13,161.18



Results By Age/Gender (English Campaign)

Age	Gender	People Reached	Impressions	Actions (Comments, Shares, Likes, Clicks)
18-24	female	120,647	541,127	901
18-24	male	86,835	351,741	805
18-24	unknown	256	2,967	8
25-34	female	177,769	709,177	1,247
25-34	male	166,242	634,070	1,294
25-34	unknown	2,305	8,222	10
35-44	female	126,539	482,644	922
35-44	male	119,367	428,643	848
35-44	unknown	3,074	8,127	21
45-54	female	79,919	280,765	697
45-54	male	60,196	253,852	615
45-54	unknown	1,793	3,943	10
55-64	female	63,526	242,338	679
55-64	male	39,191	154,292	458
55-64	unknown	1,281	2,957	9
65+	female	47,644	192,381	488
65+	male	25,871	118,412	307
65+	unknown	512	2,707	8

Results By Region (English Campaign)

DMA Region	People Reached	Impressions	Actions (Comments, Shares, Likes, Clicks)
Non-DMA Region	20,492	107,762	177
Gainesville	25,103	129,416	291
Panama City	30,994	181,353	523
Tallahassee	36,886	185,313	429
Pensacola (Ft Walt)	60,452	253,702	581
Ft. Myers-Naples	62,245	243,200	525
West Palm Beach-Ft. Pierce	103,741	362,244	768
Jacksonville	107,071	442,951	922
Miami-Ft. Lauderdale	199,542	696,010	1,203
Orlando-Daytona Bch-Melbrn	227,463	846,008	1,756
Tampa-St. Pete (Sarasota)	248,979	970,206	2,150



Results By Age/Gender (Spanish Campaign)

Age	Gender	People Reached	Impressions	Actions (Comments, Shares, Likes, Clicks)
18-24	female	70,574	323,510	459
18-24	male	59,303	286,188	493
18-24	unknown	0	1,525	2
25-34	female	85,945	332,396	485
25-34	male	93,630	382,920	568
25-34	unknown	897	4,155	7
35-44	female	72,624	270,136	476
35-44	male	59,815	255,686	395
35-44	unknown	1,793	6,296	6
45-54	female	45,470	163,492	291
45-54	male	35,992	133,434	273
45-54	unknown	1,025	3,353	8
55-64	female	28,563	145,304	354
55-64	male	15,114	70,171	163
55-64	unknown	512	1,612	7
65+	female	20,750	103,100	287
65+	male	11,656	50,283	104
65+	unknown	0	1,645	1

Results By Region (Spanish Campaign)

DMA Region	People Reached	Impressions	Actions (Comments, Shares, Likes, Clicks)
Panama City	3,074	17,884	23
Tallahassee-Thomasville	3,586	23,804	34
Mobile-Pensacola (Ft Walt)	4,483	27,360	43
Gainesville	5,508	19,773	23
Non-DMA Region	6,532	47,548	64
Jacksonville	28,691	108,248	182
Ft. Myers-Naples	39,194	172,729	332
West Palm Beach-Ft. Pierce	53,923	217,590	354
Tampa-St. Pete (Sarasota)	93,502	409,003	673
Orlando-Daytona Bch-Melbrn	112,458	446,420	820
Miami-Ft. Lauderdale	252,710	1,044,821	1,831

Florida DOH Medical Marijuana Focus Groups Protocol: Final

[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

- 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?
 - ✓ 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.

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



Summer 2018

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

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 series of focus groups session to gather information related to medical marijuana for the implementation of a statewide education and prevention campaign.

Overall, this study includes 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). This report presents data from the focus groups.

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 8 to 12 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 about 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, 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, 46 citizens participated in the focus groups: 10 in Gainesville, 11 in Tallahassee, 4 in Ft. Lauderdale, 8 in Fort Myers, 8 in Largo, 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

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

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	Duration
Northeast: Gainesville, FL	June 2, 2018	10	96 minutes
Northwest: Tallahassee, FL	June 9, 2018	11	93 minutes
Southeast: Ft. Lauderdale, FL	June 16, 2018	4	70 minutes
Southwest: Fort Myers, FL	June 22, 2018	8	105 minutes
Central: Largo, FL	June 23, 2018	8	95 minutes
Central: Orlando, FL	June 30, 2018	5	100 minutes

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, the FSRC focus group moderator is 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. All focus groups were moderated by the same group leader, Dr. Michael Scicchitano.

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, almost all of the participants were aware that medical marijuana is legal in Florida; only a few people expressed a belief that medical marijuana was not legal. Several group participants noted that low-THC cannabis was legal in Florida, most mentioning the specific strain, “Charlotte’s Web,” by name, and much dialogue ensued in several groups about whether all approved medical marijuana was, in fact, low-THC. Several participants were confused about the differences. In multiple groups, several participants said that “CBD” (cannabidiol) or hemp-based CBD products were now legal and available in the state.

Notably, in several groups, people discussed various legal issues related to medical marijuana. Some participants pointed out the conflict between state laws and federal laws in regards to medical marijuana, and some spoke about conflicts arising from issues related to home rule in the state (the right of local municipalities to adopt ordinances without having to obtain permission from the state).

Across the groups, all 10 of the approved named conditions, as well as two of the broader categories of approved conditions, were named by the participants [Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn’s Disease, Parkinson’s Disease, MS, Terminal conditions, and Chronic pain]. 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: muscle spasms, Alzheimer’s Disease/Dementia, Diabetes, Arthritis, Depression, Anxiety, Anorexia/Problems with eating, Autism, headaches, and Chronic seizures. Anxiety, in particular, was erroneously mentioned by several participants in four of the six groups.

Participants in all groups cited a large number of approved means by which medical marijuana can be used. Focus group members, across the six groups, cited oils, liquids, edibles, vaping/vapor, pills, and topical creams. Several respondents in multiple groups also specifically noted “gummy bears” as the form of edible they were aware of, while others cited candy, lollipops, brownies, and cookies. Group members discussed both topical creams derived from medical marijuana, as well as topical forms of CBD products. Perhaps unsurprisingly, many participants were confused about the legality of smoking medical marijuana. While most said that this form of use was illegal, a few believed that it was (noting “the smoking kind” among approved options), and some in the focus groups mentioned the pending law suit on the matter.

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. In each group, however, there were at least some participants who did not know what someone needs to do in order to get and use medical marijuana. Several group members wondered about what a doctor must do to become certified – questioning whether and what courses are required. Much discussion also arose in some groups about the costs associated with a person registering and obtaining an ID card (most were surprised at the costs).

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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” or “stores” by group members) rather than typical pharmacies. In several groups, participants commented on seeing new treatment centers in their communities, and other participants asked questions about their locations and appearances.

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 often cited local TV news and local newspapers (although a few also noted national TV news and national papers), though many also indicated potential biases might be present for certain media/news outlets and caution should be exercised. Many group members also cited the internet and internet search engines, such as Google. The DOH website was mentioned specifically, and one person said he would call the DOH if he had a particular question, to insure 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. Several people also indicated that they got information by “talking to people” they know. A few participants noted that they would call their doctor, or would want information to come from their primary care physician, if they wanted to know more about medical marijuana. Several respondents agreed that they heard much more about medical marijuana when it was previously on the ballot than they do now.

Perceptions and Opinions on Marijuana Use

The vast majority of participants, with only two or three dissenters, believe that adults should be allowed to use medical marijuana, and many were strong in their convictions supporting use of medical marijuana. Most of those who agreed with legalization, though, cautioned that regulations must be put in place and strictly maintained as part of the process. Several participants singled out medical marijuana as an important potential alternative to opioids for pain management.

Those who disagreed with legalization cited problems that may be related to medical marijuana use, including car accidents and driving while impaired, as well as potential functional and legal issues for certain types of employment. One participant was concerned that legalizing medical marijuana placed the state on a “slippery slope” towards legalizing recreational marijuana as well, which he was very much against.

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. In this case, there was less agreement than on many other issues – responses were fairly evenly divided, and participants’ reasons for saying “yes” or “no” also diverged. 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 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. Others in this group believed that people without medical needs would

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not want medical marijuana, as it is typically low-THC and thus would not offer the “high” they are seeking.

On the other hand, participants who agreed that medical marijuana makes it easier for people without real medical needs to get marijuana noted a range of reasoning, notably that legalizing medical marijuana “legitimizes use,” which inherently leads to further use, and that this idea was broadly true for *any* type of medication or similar substance (i.e. alcohol, cigarettes) that is made available. Others felt that the issue hinged, largely, on prescribing physicians. These participants felt that doctors need to “really know” the patients they’re prescribing to, and their medical issues. Along with this, several felt that strong regulations were needed, and that perhaps some kind of testing could be implemented to be sure people were using the marijuana they were prescribed, rather than selling it. Those on both sides of the topic, though, agreed that more research needs to be done, and that people need to be better educated on the topic and provided with more information.

Medical Issues

When the moderator asked whether respondents thought marijuana use has any short- or long-term health impacts a few were unsure; 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. Ultimately, they felt, the benefits outweighed the negatives.

Although few participants noted any short-term health impacts of marijuana use, the most regularly cited was memory loss. A few members of various groups mentioned driving while impaired by marijuana use as a possible short-term issue that could lead to negative outcomes. 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 problems that result from heavy use at a young age. Some members of each group noted unique health issues resulting from smoking. Second-hand smoke was also noted in most groups. In addition, some members of each group also noted that excessive use of marijuana at a young age may lead to negative health outcomes because human brains aren’t fully formed until the early 20s.

Many discussants, however, also talked about short- and long-term positive health outcomes from marijuana use. In most groups, the issue of a lack of government and university research on marijuana, because of federal restrictions, was also cited. Across all groups, a call for more and better research and education was reiterated.

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. Several people mentioned seeing videos online in which children with severe seizures and similar conditions were greatly helped by medical marijuana; this bolstered their support for children using the drug, as needed.

On the illegal / recreational side, as in the prior section, many people discussed potential health issues of prolonged use by children or teens as they age. The potential impact of the still-developing brain was noted; potential outcomes indicated by participants as a result included problems with “motivation” and

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intellect. A few of the groups also discussed whether marijuana was a “gateway drug” to other drug use, with respondents divided in their thinking. No matter these more specific opinions, across the groups, nearly all participants felt that the biggest issue was parental behavior, including proper restrictions.

Related to the above, as well as the problem of 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.

There was near universal agreement that, as with any other drug, marijuana likely causes issues for fetuses and for nursing babies, via ingestion through the mother. So, most participants thought that use by pregnant or nursing women was “too risky.” The majority felt marijuana, including medical marijuana, belonged on the list of things to stop taking if pregnant or nursing.

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.

Findings

Background Knowledge

Following a basic set of introductions of the moderator and participants, the moderator began the focus group discussion by talking about the basics of 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.

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, almost all of the participants were aware that medical marijuana is legal in Florida:

- “Medical – because that was the in the last election. It was 71% passed” [Orlando]
- “That is all I’m aware of – medicinal” [Ft. Lauderdale];
- “...the only one I know of is for medical purposes” [Gainesville];
- “To the best of my knowledge ... a medical marijuana card from a doctor” [Largo];
- “I know it must be medically legal in Florida because I know there is a dispensary in Tallahassee that we always get teased about” [Tallahassee].

Only a few expressed a belief that medical marijuana was not legal. For example, just one person in the Gainesville group, when asked what types of marijuana are legal in Florida said, “I was under the impression none, at this point.”

Several group participants noted that low-THC cannabis was legal in Florida, most mentioning the specific strain, “Charlotte’s Web,” by name: “They approved the ‘Charlotte’s Web,’ that was about four years ago, and then two years ago we voted in medical marijuana – it expanded, but it is still limited” [Gainesville]. Another said he or she heard “the story about a young girl that did Charlotte’s Web ... to help her with some seizures” [Tallahassee].

Interestingly, much dialogue ensued in several groups about whether all approved medical marijuana was, in fact, low-THC. Several were confused about the differences. Said one Ft. Myers participant: “I just talked to a girl yesterday that has several forms of medical marijuana, and she said she quit using it because she was feeling high. I thought they took the THC out, and she said she had one that was 81%. So, I have no idea.” One Tallahassee group member said simply, “I’m assuming the dosage are regulated, but I can’t say that with certainty,” while another in the same group specified, “I think it goes up to 85% THC for medical.” In another group, a participant noted, “THC marijuana cannabis is different from CBD cannabis, which is a different kind; high CBD cannabis is generally the medical version” [Ft. Myers]. One person in the Largo group specified, “Low-THC – you know, for medical stuff.” In Orlando, a participant spoke about an “FDA approved drug” that was released in the prior week aimed at people with epilepsy: “It has the CBD in it, and it’s basically cannabidiol but hardly any THC because THC is the component that gives you the buzz – so, hardly any THC, but very high in CBD.”

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In multiple groups, several participants said that “CBD” (cannabidiol) or hemp-based CBD products were legal and available in the state: “...the only thing I know about the legality of is that you can purchase CBD oil, which is right from hemp plants...it has low THC content. I believe the legality of it is something to do with ... the small percentage – homeopathic levels of THC, which is .003; it is minor amounts, and that is legal” [Largo]. In Gainesville, a discussant noted that “CBD oils are legal, but low-concentrate THC.”

Notably, in several groups, people discussed various legal issues related to medical marijuana. Some participants pointed out the conflict between state laws and federal laws in regards to medical marijuana: “...the feds have not allowed it, so it’s still a federal law, but the states seem to be doing their own thing” [Tallahassee]. In another group, a discussant voiced a belief that hemp “is still illegal in Florida” [Ft. Myers], although this is not quite true as industrial/commercial hemp has been approved in limited instances in the state since 2017. Another group participant spoke about conflicts arising from issues related to home rule in the state (the right of local municipalities to adopt ordinances without having to obtain permission from the state): “My understanding – the law has been enacted and the amendment passed, and nothing has been done. A lot of communities, like Collier County, Naples, are saying ‘no’ to dispensaries in our city. They are not willing to make it accessible” [Ft. Myers].

Following this basic introductory question, 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, all 10 of the approved named conditions, as well as two of the broader categories of approved conditions, were named by the participants [Cancer, Epilepsy, Glaucoma, HIV, AIDS, PTSD, ALS, Crohn’s Disease, Parkinson’s Disease, MS, Terminal conditions, and Chronic pain].

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: muscle spasms, Alzheimer’s Disease/Dementia, Diabetes, Arthritis, Depression, Anxiety, Anorexia/Problems with eating, Autism, headaches, and Chronic seizures. Anxiety, in particular, was erroneously mentioned by several participants in four of the six groups [Gainesville, Ft. Lauderdale, Largo, Tallahassee].

Forms of Use

Participants in all groups cited a large number of approved means by which medical marijuana can be used. Focus group members, across the six groups, cited oils, liquids, edibles, vaping/vapor, pills, and topical creams. Specific to liquids, multiple participants recounted either reading or hearing about those who place drops of liquid under their tongues, and one Gainesville participant who is on the medical marijuana registry for PTSD explained his use of the product in this manner: “Basically, it is an eye

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dropper, a little bottle, and you put it underneath your tongue...kind of concentrated. It is very thick, and something about the size of a kernel of rice for the drop.”

Several respondents in multiple groups also specifically noted “gummy bears” as the form of edible they were aware of, while others cited candy, lollipops, brownies, and cookies. Group members discussed both topical creams derived from medical marijuana, as well as topical forms of CBD products. For example, one participant said, “There is a cream you rub on. [My friend’s] husband said he rubbed it on his knee and it seems to work” [Ft. Myers].

Perhaps unsurprisingly, many participants were confused about the legality of smoking medical marijuana. “As far as I know, there has been a lot of controversy about whether it will be available in smokeable form; they don’t want people to smoke it” [Ft. Myers]. Similarly, a group member in Tallahassee said: “More recently, I believe I read the legislature is wrestling with the dosage, the pill, oil, smokeable, the method. That’s what I have read.” Participants in Largo discussed the issue among themselves with the following back-and-forth exchange:

“What about smoking?”

“Not yet”

“It was being challenged.”

“It was, and it was successful.”

“It stopped pending appeal.”

While most said that this form of use was illegal, a few believed that it was (noting “the smoking kind” among approved options), and some in the focus groups mentioned the pending law suit on the matter. On the dates the latter focus groups were held, media outlets were reporting that smoking medical marijuana would subsequently be legal, based on the court’s rulings. The DOH OMMU web page currently notes that this case remains in flux, though.

Documentation Required to Get and Use Medical Marijuana

Next, the moderator asked the groups to describe the process someone must follow in order to get and use medical marijuana. 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 each group, however, there were at least some participants who did not know what someone needs to do in order to get and use medical marijuana. One Ft. Myers group member said simply “no idea.” Most questions related to physicians, though. For example, when asked if any doctor could prescribe the drug, one Orlando participant said, “I would think so. I think a medical doctor could prescribe a pharmaceutical such as this,” and another added “I would, too.” A different participant corrected their error: “You can’t go to your regular doctor. You have to go to a medical marijuana certified doctor.” Similarly, in the Ft. Myers group, a participant noted, “I think there is a process they [doctors] have to go through to be allowed to prescribe,” but the person did not know what that process was. One Gainesville participant replied to another less informed group member: “There are doctors on the medical registry. There is a list you can get that the state will provide you. Those doctors will then get

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your name and put it on the medical marijuana registry.” This led to more confusion and questioning about whether “regular physicians” or “your regular primary physician” can prescribe medical marijuana.

Related, several group members also wondered about what a doctor must do to become certified – questioning whether and what courses are required. “What is required for them [doctors] to register? Do they have to take a class or simply pay some money?” [Orlando] In the Largo group, a participant knew that a physician has to “take courses” to be certified by the state, but added, “From what I understand, there are very few physicians that have actually signed up to take the courses.” Some participants wondered if federal laws associated with medical licensing played a role in that choice, while others noted ethical issues.

In the Largo group, one participant raised a topic that has been debated widely in the state, declaring that “you lose your concealed weapons permit if you get a [medical marijuana] card.” Much discussion also arose in some groups about the costs associated with a person registering and obtaining an ID card (most were surprised at the costs). Said one Tallahassee participant: “...I think the paperwork they gave me is \$290 to see the doctor and Florida gets a cut of \$75 for the license fee, plus the \$15 passport card.... I have a friend that gets it, and honestly, it costs more than getting it off the street.” Similarly, a Largo participant related that his brother “said you have to pay a fee to get a license and register with the state, \$250, and \$75 a visit. ...He was saying it will be in the range of \$350-plus just to get approved for it.” Members of a few groups also noted that “insurance does not cover any of it” [Gainesville].

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,” 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” or “stores” by group members) rather than typical pharmacies.

A Gainesville discussant summarized, “You have to go to regulated places. Places with the licenses to buy it.” One Tallahassee participant said plainly, “You go to a dispensary and you pick out the kind you want.” And, an Orlando group member mused: “I’m sure there has to be a certified dispensary of some sort. A pharmacy that is certified for this – where the green cross is.”

In several groups, participants commented on seeing new treatment centers in their communities, and other participants asked questions about their locations and appearances. “From what I saw, it didn’t look like a ‘medical center’ – it looked like a store” [Ft. Lauderdale]. “My dad told me the other day, they just opened the first drive-thru in Pinellas...you will be able to order off the internet before you get there. You don’t even have to get out.” [Largo]. Orlando participants noted “a fair amount of contention about how slow local entities have been” to approve centers in Orange County, citing Universal Studios and Disney as detractors and local attorney John Morgan as a supporter.

In the Ft. Myers group, a participant said a registered friend has medical marijuana delivered to her home: “My friend had it delivered to her door. I was playing golf with her and she said, ‘I can only play nine holes because my marijuana is being delivered today.’” Much discussion arose over whether this

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was, in fact, permissible in Florida. In the groups [Gainesville, Tallahassee] in which a participant was already a registered medical marijuana user, the person described the typical treatment center and the process he must follow to fill an order. There was much interest from the group, and many other participants asked clarifying questions.

Sources of Information on Medical Marijuana

To conclude this first section of the discussion protocol, the moderator queried participants about their sources of information regarding medical marijuana in Florida. 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 often cited local TV news and local newspapers (although a few also noted national TV news and national papers), though many also indicated potential biases might be present for certain media/news outlets and caution should be exercised. Many group members also cited the internet and internet search engines, such as Google. One Largo participant said, “I don’t go for any social media for news sources because it is not reliable, but with direct websites like projectcbd.org I try to get more scientific-based information.” Similarly, another participant in Ft. Myers said, “when I do research, I go to medical websites.”

The DOH website was mentioned specifically, and one person said he would call the DOH if he had a particular question, to insure the information received was correct: “I think you would have to go to the Florida Department of Health and see who is legitimate and who is not, and you get names from that” [Orlando]; “I would go to the page of the Department of Health” [Tallahassee].

When asked more specifically about social media, group members said they read about the topic on Facebook and saw posts on Instagram. Several people also indicated that they got information by “talking to people” they know: “...only accurate information is to talk to somebody who has actually been through it and knows somebody that actually did the process” [Largo]. A few participants noted that they would call their doctor, or would want information to come from their primary care physician, if they wanted to know more about medical marijuana: “I would like it if the information came from my doctors, like my psychologist or psychiatrist” [Gainesville].

In the Tallahassee group, one person specified contacting the School of Pharmacy or the Agriculture College at FAMU for more information. In the Ft. Myers group, a participant said they would seek information from Morgan & Morgan law firm, because of John Morgan’s campaign on the Amendment. One person in Ft. Myers cited marijuana-themed magazines as a source, and another in Orlando noted seeing informational booths on investing in medical marijuana at a financial conference he attended.

In the Ft. Myers and Ft. Lauderdale groups, several respondents agreed that they heard much more about medical marijuana when it was previously on the ballot than they do now.

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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 two or three dissenters, believe that adults should be allowed to use medical marijuana.

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

- “Yes, I think it should be legal...in addition to doctors being educated about it, they should be required to offer it as an option” [Gainesville].
- “I think it should be legal because obviously the benefits have been proven, and you can actually see the research and benefits of medical marijuana. I don't see why not. I totally agree with the legalization” [Ft. Lauderdale].
- “For medical purposes – absolutely. If it is something that can potentially help somebody overcome their pain or whatever diseases that are crippling them...keeping them from leading a normal lifestyle, then yes. I don't see any reason they shouldn't” [Largo].

Most of those who agreed with legalization, though, cautioned that regulations must be put in place and strictly maintained as part of the process. Said one Ft. Myers participant succinctly, “...the only qualification I have is controlling it.”

Given the current problem with opioid use in the US and Florida, several participants singled out medical marijuana as an important potential alternative to opioids for pain management. Said one participant, “I believe it should be legalized. There are too many people in pain. There has to be an alternative to the opioids” [Largo]. In the Ft. Myers group, a participant discussed differences between marijuana and opioids: “Opioids have a major different effect on the brain, and when they [users] can't get them, they are on the streets trying to get crack cocaine or heroin...medical marijuana doesn't have that same effect.”

Those who disagreed with legalization cited problems that may be related to medical marijuana use, including car accidents and driving while impaired, as well as potential functional and legal issues for certain types of employment. For example, one Ft. Lauderdale participant who noted that he or she was “okay” with legalization “as long as regulations are in place” said: “The only thing I have concerns about is I feel bad for the law enforcement if it becomes a problem where they [users] are driving, like the opioid problems....” In the Ft. Meyers group, a group member said: “I think it shouldn't be legalized.... people say ‘oh, I was on marijuana and I went to work and I got in an accident and something happened to my kids and I was smoking.’” In Orlando, a group member noted, “...in Colorado, the numbers of automobile accidents that are fairly serious have increased by about 70% over the last year and a half, two years, and the issue is marijuana.” In the same group, a participant said, “I think there is a whole issue, too, around employment,” and described his background in the high-tech industry, citing drug

testing issues to protect workers in the dangerous environment. He wondered: “Are you going to change the laws of the state and force?”

One participant was concerned that legalizing medical marijuana placed the state on a “slippery slope” towards legalizing recreational marijuana as well, which he was very much against: “It just seem like in every state, they started out with medical and then it moves into recreational. It looks like that is always the slippery slope” [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. In this case, there was less agreement than on many other issues – responses were fairly evenly divided, and participants’ reasons for saying “yes” or “no” also diverged.

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 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 Largo group shared the following exchange:

- “If you want marijuana, you can get it, and the price point is very important. If you make medical marijuana very expensive, there are other alternatives, and all we are feeding is the other.”
- “...with it [costs] being so high, the illegal sales have actually doubled in Colorado because the price of recreational is very high...we [Florida] are going too fast because we are making price points way so high legally that we are enhancing the illegal.”

Others in this group believed that people without medical needs would not want medical marijuana, as it is typically low-THC and thus would not offer the “high” they are seeking. “If medical marijuana is low THC, is it thus desirable for a marijuana-inclined smoker to have that, and my thinking would be possibly not,” said one person in the Orlando group. In addition, one participant said his or her son said it “is significantly more difficult to get alcohol than to get pot” regardless of legality [Orlando].

On the other hand, participants who agreed that medical marijuana makes it easier for people without real medical needs to get marijuana noted a range of reasoning. One person believed that legalizing medical marijuana “legitimizes use,” which inherently leads to further use: “I don’t think it makes it physically easier [to get], but I think it makes it socially acceptable and therefore easier to accept that and then try it” [Orlando]. However, most with this opinion said that this idea was broadly true for *any* type of medication or similar substance (i.e. alcohol, cigarettes) that is made available: “That is true for any medication” [Ft. Myers]. For example, a Ft. Lauderdale group member indicated: “...just like prescription drugs, people end up getting them and selling them...there is an opportunity there for turning something that is for medical purposes, like any other drug out there, to pleasure for other people.” Others in the group made the case that alcohol “has no benefits whatsoever...it doesn’t help anyone, and you can get it freely...that is where the debate for me personally ends. At least it [marijuana] is going to help half the people.”

Others felt that the issue hinged, largely, on prescribing physicians. These participants felt that doctors need to “really know” the patients they’re prescribing to, and their medical issues. Along with this, several felt that strong regulations were needed, and that perhaps some kind of testing could be implemented to be sure people were using the marijuana they were prescribed, rather than selling it.

Those on both sides of the topic, though, agreed that more research needs to be done, and that people need to be better educated on the topic and provided with more information. Most agreed with the notion that one participant expressed: “...it probably makes it easier for anybody to get it, but that’s not a reason to not allow it because there are legitimate people that need it” [Tallahassee].

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. A few were unsure; as one Tallahassee discussant said, “...you hear all the research and it depends on who you are asking and who is doing the research.” 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.

Ultimately, they felt, the benefits outweighed the negatives: “I think positives outweigh the negatives...that is like taking any medicine” [Gainesville]. More specifically, participants felt this was very much so for those with incurable diseases, and in comparison to other drugs: “...if you have an incurable disease like MS or cancer, okay if there is some kind of side effect, but you are never going to get a cure for MS, so what the heck...if it [medical marijuana] is going to help you or someone that has cancer” [Largo]. “If it helps you, it helps you. ... Is it as bad as alcohol or opioids? No way” [Largo].

Although few participants noted any short-term health impacts of marijuana use, the most regularly cited was memory loss. For example, one Ft. Myers participant said, “I think it has an impact on your memory. Certain things you can’t remember.” One or two people discussed the possibility of paranoia for some, when indicating that individual people may react differently to marijuana than the majority do.

A few members of various groups mentioned driving while impaired by marijuana use as a possible short-term issue that could lead to negative outcomes. “I just feel that you have to somehow convey to people that they shouldn’t be running cars or machinery when they are taking some of these drugs, just like regular other drugs” [Orlando]. “What about driving under the influence?” wondered one Tallahassee participant. “Medical side effect – if you’re impaired, you can’t drive” [Gainesville].

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 problems that result from heavy use at a young age. Some members of each group noted unique health issues resulting from smoking:

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- “...smoking is a concern because you don’t want anything to go into your lungs” [Ft. Lauderdale];
- “...as far as putting smoke in your lungs, I can’t imagine it is going to be healthy for you” [Largo];
- “...it depends on how it is administered and taken in, and I think smoking it is probably not good for your lungs.” [Gainesville]

Particular to vaping, the Largo group discussed the rather new condition of “popcorn lung”: “I read something with those electronic cigarettes, where you get something called popcorn lung – would that happen with marijuana if you vape it?” Added another, “The lungs – there is scarring. It looks like little popcorns.” Second-hand smoke was also noted in most groups. For example, in Ft. Myers, a discussant said that users should be “...cognizant of the dangers of second-hand smoke anytime, and be more careful not to use it while kids and teens are present; you don’t want them to have any effect of being around it.”

In addition, some members of each group also noted that excessive use of marijuana at a young age may lead to negative health outcomes because human brains aren’t fully formed until the early 20s. For example, one Gainesville participant said, “...the research I have heard...it affects the brains of young children.”

Many discussants also talked about short- and long-term positive health outcomes from marijuana use. In the Largo group, one participant thought that marijuana use would likely reduce anxiety and in the short-term allow for more normal social interactions, like going to class. In the Tallahassee group, one member drew a comparison to psychotropic medications, “...all of these psychotropic meds are legal and they obviously have consequences that are serious...marijuana is not as bad as other stuff; it is natural and doesn’t have additives that even cigarettes have.”

In most groups, the issue of a lack of government and university research on marijuana, because of federal restrictions, was also cited: “I know the NIH...they are limited to what they can study because of the federal guidelines and laws...we don’t really know all the side effects” [Largo]. Across all groups, a call for more and better research and education was reiterated. Many also noted, however, that marijuana use “goes back in history a long, long ways” [Ft. Lauderdale], and practical evidence abounds:

“I can’t imagine there is a more widely used drug that has been distributed throughout populations in history as marijuana as far as knowing long-term health and safety benefits. We don’t have direct scientific data on it. Long-time people using it – it is relatively safe. We don’t know the details.” [Largo]

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 kids using marijuana recreationally and those that had a medical need to use.

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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. “A child who has a certain kind of seizures, to stand and watch that child? If it [medical marijuana] cuts the seizures in half – benefits outweigh” [Largo]. “If it is medical marijuana and you have a child that is suffering, you want to do anything you can for them. You weigh the risks and benefits, and if the benefits are up here and the risks are down here for long-term damage – best for your child” [Largo]. Said another, “Personally, I’d rather see a kid take something natural versus God only knows what is in the pill” [Ft. Myers].

One participant wondered about whether a person could develop a tolerance to medical marijuana (as is common with many other medications), and require more as they age: “One thing that I wonder is if you start out on a minimal dosage when you are young, and then as you get older, that you perhaps have to increase the dosage” [Ft. Lauderdale]. Several people mentioned seeing videos online in which children with severe seizures and similar conditions were greatly helped by medical marijuana; this bolstered their support for children using the drug, as needed.

On the illegal / recreational side, as in the prior section, many people discussed potential health issues of prolonged use by children or teens as they age. “I think it’s a matter of quantity,” said one Largo participant. The potential impact of the still-developing brain was noted once again; potential outcomes indicated by participants as a result included problems with “motivation” and intellect: “Dead brain cells. Not quick. Not really with it. Slow” [Orlando]. Similarly, a Gainesville group member said, “...with my stepson...he just seemed not motivated to do things, to move on in life.” Some felt that this was the same as alcohol use. Said one Orlando participant, “...teens and younger 20s, their brains are not developed ‘til 25, so the earlier they start and the more they consume, it is going to affect brain development. IQ points will go down, motivation, all of that.” Another summarized: “Occasional use of marijuana is not going to be negative necessarily, but patients I had that smoked every day and in their adolescence – it fried their brains” [Ft. Myers].

“I think that it would be best for kids to stay away from brain-altering substances, be that drugs, tobacco, caffeine, any of that stuff until they are in their 20s,” concluded one Gainesville group member.

A few of the groups discussed whether marijuana was a “gateway drug” to other drug use. In the Tallahassee group, one member said: “I do think it is a gateway drug...because I think we are looking at the wrong end of the telescope. Everybody can try something and stop, but look at the addicts and look at the people who went on to stronger drugs. Where did they start?” Another countered that “you don’t know the people that started and never went on to anything stronger.” Still another added, “...I don’t think medically it’s a gateway drug. I think it is in a sociological sense, because if you can only get drugs illegally, you are going to get other illegal drugs.” Others talked specifically about perceptions of marijuana, given its criminalization: “...same as alcohol...everyone wants what is not available. I think [legalization] will take off some pressures for teenagers for the consumption” [Ft. Lauderdale].

No matter these more specific opinions, across the groups, nearly all participants felt that the biggest issue was parental behavior, including proper restrictions. “I think it is up to the parent, just like having a

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gun in the house, you need to be responsible” [Gainesville]. Said another, “I think it is more a parenting issue than it is an issue about the specific substance” [Ft. Myers]. Related to the above, as well as the problem of accidental ingestion, participants were clear that medical marijuana, like any other prescription medication, should be kept locked up and out of reach of children. “That is true for any medication or any drug. You have to put the stuff up where they can’t get it” [Tallahassee]. Several group members specifically noted that “child safe” or “child proof” containers are necessary.

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. Unsurprisingly, several people likened the issue to the recent problems with children eating Tide pods (laundry detergent). “Well, they [kids] grab them. They have higher incidents in the emergency rooms with children ‘poisoned’ by marijuana because they ate gummy bears or cookies” [Orlando].

In some groups, members also spoke about advertising, noting that advertising restrictions (such as those for cigarettes and alcohol) should be implemented for medical marijuana, and that “marketing to minors and marketing to children” by allowing edibles that “are desirable to children” is especially problematic. Several said this might be unlikely, though, given how ubiquitous ads are for medications at the moment.

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. There was near universal agreement that, as with any other drug, marijuana likely causes issues for fetuses and for nursing babies, via ingestion through the mother.

Most participants thought that use by pregnant or nursing women was “too risky; too many unknowns” [Tallahassee]. The majority felt marijuana, including medical marijuana, belonged on the list of things to stop taking if pregnant or nursing. “Is there any warning or scientific evidence suggesting that it is a problem? Not that I know of, but certainly it makes pure common sense that you wouldn’t take it while you are pregnant” [Orlando]. Said another, “The baby’s system can’t take it. It messes everything up. ... Any kind of drug that affects the baby in an adverse way, you need to think about it long and hard, and think of some other way to treat whatever is going on” [Tallahassee].

For certain medical conditions (such as cancer), participants deferred to the judgement of doctors in these extreme circumstances: “I think ... if the mother is high-risk, maybe a cancer or late-term birth...it should be a plausible thing because what if she needs pain management – what is worse, should we give her opioids or medical marijuana? I think it should be explored, and be an alternative, but only in extreme circumstances” [Largo]. One notable exception was a call for more research on use of things like CBD-based creams or topical products: [Add quote].

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. Most reiterated the importance of conducting more research and providing more information to the public about the positives and negatives of medical marijuana.

- “That is the next step – educating everybody on marijuana, and that has not happened. That is the biggest thing. California jumped right into it, but Colorado, Oregon has done it. I think we lack the tools to teach, or the willingness to educate.” [Largo]
- “I believe that the state’s responsibility is they need to educate on the front end, because this wave [possible recreational approval] is coming and they need to get ahead of the mentality and restrict people’s mind sets and understand...there is risk that comes with this, even though it is okay for medical.” [Orlando]
- “[The Department of Health] could provide to the populous an increase in education, increase in the amount of information that is factual, that this is what marijuana could do for you and what you need to watch out for, the pros/cons, all of those kinds of things.” [Tallahassee]
- “There needs to be a lot more research on marijuana. The FDA, the government has prevented it. Universities and the Federal Drug Administration need to hand out money to research it, to investigate the facts.” [Ft. Myers]

A few participants also noted on-going differences between federal, state, and local laws: “I think it is senseless to have the United States have 50 sets of rules, hypothetically. ... I would like to see a federal management of all of these issues” [Tallahassee]. Many group members also stated that they had learned a lot by listening to others in their group and were pleased to have attended and heard the views of others.

[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

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

- 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?
 - ✓ 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.

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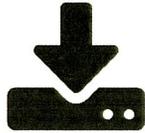
Campaign Overview

Weed to Know is a campaign to help provide you with the who, what and where of responsible use in Spokane County.

Retail marijuana use is legal for those ages 21 and over in Washington state and therefore Spokane County. If you choose to use marijuana, it's important to know the laws, potential risks and how you can help prevent underage marijuana use.

Downloadable Resources

[Click here to download more resources.](#)



Addiction

Marijuana is an addictive substance.

People who regularly use marijuana can become addicted, which means they can't stop using it when they want to.

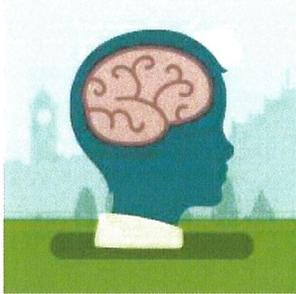
- Marijuana is estimated to produce addiction in approximately 1 in 11 of those who use it at least once.
 - This rate increases to about 1 in 6, or 17 percent, for users who start in their teens, and 25-50 percent among daily users.
- Among youth receiving substance abuse treatment, marijuana accounts for the largest percentage of admissions: 74% among those ages 12-14 and 76% among those ages 15-17.

Those using marijuana on a regular basis often perform poorly in school, drop out of sports and other extracurricular activities, and develop interpersonal problems with friends and family. The younger a person is when starting to use marijuana, the more likely they will become addicted.

Withdrawal from marijuana use can be a sign of addiction. When people who are addicted to marijuana try to stop using, they may experience withdrawal symptoms such as irritability, sleeping difficulties, anxiety, and cravings. These symptoms peak a few days after the person has stopped using marijuana and usually last for about two weeks. These symptoms can be difficult to manage, a person may relapse and continue to use marijuana.

If you or someone you know cannot stop using marijuana or other drugs, contact the Washington Recovery Help Line at 866.789.1511 for free, 24 hour per day, non-judgmental, and anonymous support.

Risks to Youth



Marijuana use during childhood or adolescence is dangerous. Plus, it's illegal for anyone under the age of 21 to use marijuana recreationally.

The human brain does not fully develop until around age 26, and drugs like marijuana can have negative effects for young, developing brains. These include decreased motivation, which can impact your child's grades and relationships with peers and family. Marijuana use may also affect your child's memory and attention span, making concentrating difficult. Although negative attitudes and shifts in behavior aren't unusual for adolescents, these may occur as a result from drug use.

Youth marijuana can result in many different negative impacts, many of which can have lifelong impacts.

CONSEQUENCES

Risk of Addiction The younger youth are when they try marijuana, the more likely it is that they will become addicted.

Other Risky Behavior Marijuana use can interfere with judgement which can mean that youth may be more likely to engage in other risk taking behavior and experience the negative consequences of their behavior such as riding in a car with someone who is under the influence, driving under the influence themselves, or participating in risky sexual activity putting them at risk of sexually transmitted infections.

Lower Grades Statewide, 10th graders who use marijuana are more likely to report lower grades in school (Cs, Ds and Fs) compared to those who don't use. This can lead to a lower overall GPA and can affect a student's chances of getting into college and receiving financial aid. Heavy marijuana use is also linked to a lower likelihood of graduating from high school or enrolling in college.

Criminal Record If minors get caught with marijuana, they can be charged with a Minor in Possession. This can result in fines, public service hours, or loss of driver's license. If you have more than 40 grams, it is a Class "C" felony(\$10,000 fine and/or 10 years in jail). This may have an impact on college applications and future employment opportunities.

Financial Aid If a minor is underage and gets cited with marijuana use, he or she can lose or not be granted federal financial aid for college.

Sports Marijuana use affects timing, movement and coordination. All of these can impact a teens' ability to perform in athletics.

Possession Amounts In Washington state, only adults 21 and over can purchase and possess marijuana. There are limits on the amount of marijuana a person can have:

- Up to 1 ounce of useable marijuana (the harvested flowers, or "bud")

- 16 ounces of marijuana-infused edibles in solid form
- 72 ounces in liquid form
- 7 grams of marijuana concentrates

Sale to Minors Providing or selling marijuana to a minor under the age of 18 can result in up to 10 years in prison and up to a \$10,000 fine.

Driving under the Influence It is illegal to drive under the influence of marijuana (5 nanograms of THC/ml of blood)

Marijuana Use Outside of the State It is illegal to travel outside of Washington State with marijuana. For more information about the law, visit the [Washington State Liquor and Cannabis Board's website](#) or read the full text of the law [here](#).

MORE INFORMATION FOR TEENS

Preventclarkcounty.org

MORE INFORMATION FOR PARENTS

Learnaboutmarijuanawa.org



No Use in Public Places

Retail marijuana may be legal in Washington state, but there are still rules about where you can use marijuana, just like there are with alcohol.

When it comes to marijuana use, it is illegal to open or use any form of marijuana in view of the general public. If you are caught opening or using marijuana in a public place you could be subject to a class 3 civil infraction.

Visit the [Washington State Liquor and Cannabis Board's website](#) or read the full text of the law [here](#) to learn more about:

- Possession amounts
- Sale to minors
- Driving under the influence
- Marijuana use outside of Washington state



Social Norms

Have the Conversation

Talking to kids about marijuana use is important, and can help prevent them from using substances. Parents' and caregivers' attitudes toward substance use help shape kids' choices and behaviors. In fact, the more acceptable that youth believe that marijuana use is, the higher likelihood they will use marijuana. For 10th graders in the state of Washington who believe their parents think using marijuana is wrong, only 13% had used in the past 30 days. This number goes up to 59% for kids who believe their parents think using marijuana is not wrong.

There are many resources to help adults talk to kids about substance use. [The National Institutes on Drug Abuse](#) is just one of them. Among their resources are [Marijuana: Facts Parents Need to Know](#). Tips for parents from this guide include:

- Be a good listener
- Give clear no-use messages about drug use and alcohol
- Help your child deal with peer pressure to use drugs
- Get to know your child's friends and their parents
- Monitor your child's whereabouts
- Supervise teen activities
- Talk to your child often

Related Resources

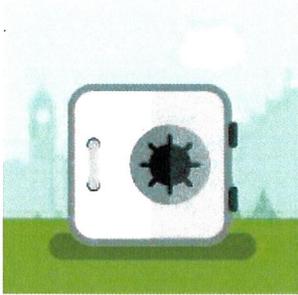
Substance Abuse and Mental Health Administration (SAMHSA)

On the SAMHSA site is an app called 'Talk They Hear You'. This app enables parents and adults to practice having conversations with teens.

Safe Storage

Storing Marijuana Safely in the Home

When parents, grandparents or other caregivers use marijuana for medical or recreational purposes, they should properly store it, in a child-proof manner. Keep it out of reach of kids and store it in a



container that has child-proof locking mechanisms.

Many marijuana products have attractive packaging and edibles in particular have packaging that could easily be mistaken for products that don't contain marijuana. Safe storage is important to keep these away from children and youth.

If marijuana is ingested by a child, they may need emergency medical help. Signs of accidental ingestion include problems walking or sitting up, difficulty breathing, and becoming sleepy. If you believe a child has ingested marijuana contact the [Washington Poison Center](#) at 800.222.1222 or call 911.



Impaired Driving

Driving Under the Influence

Using marijuana and driving is dangerous because marijuana impacts alertness, concentration, coordination, slows your reaction time and makes it harder to monitor distance. Using marijuana before driving has been shown to double the chances of being in an accident and using marijuana in combination with alcohol or other substance increases that risk significantly.

The law in Washington states that driving under the influence of marijuana is against the law. For those over age 21, there is a per se limit of 5 nanograms of THC per milliliter of blood (5ng/mL). How marijuana is processed in each person's body is individual and predicting the impact of use on driving and judgment can be difficult.

Marijuana use is illegal for anyone under the age of 21 and there is a zero tolerance limit for drivers under the age of 21.

For more information about the law, visit the [Washington State Liquor and Cannabis Board's website](#) or read the full text of the law [here](#).

What is Marijuana?

Marijuana is made from dried flowers and leaves of the cannabis plant. Marijuana comes in multiple different forms and THC levels vary depending on the product and method of use.

What About Medical Marijuana?

The U.S. FDA has not approved marijuana as medicine, however scientists study the cannabinoid chemicals found in marijuana and these are found in two FDA approved medications in pill form. The reason the FDA hasn't approved the marijuana plant as an approved medicine is due to the lack of clinical trials that show benefits to outweigh the risks for patients.

Intake Methods

SMOKING

Marijuana can be smoked by laying cannabis leaves on paper and rolling them into a cigarette, which is often referred to as a joint. This method releases the THC into the lungs which carries it through the bloodstream. Other devices for smoking marijuana include glass pipes, bubblers, and bongs.

EDIBLES

Marijuana can also be ingested through food, or "edibles" which includes things like pot brownies. Cannabis can also be ingested in liquid form by brewing it as a tea.

DABBING / HASH OIL / WAX

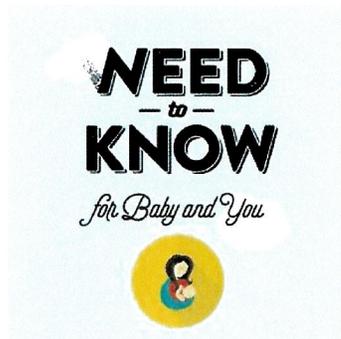
Hash oil has the highest THC content of all forms of cannabis, with an average of 10% THC. Hashish is made from the resin of the cannabis plant. It can be dried and smoked, or added to food and eaten. Hash oil is an oil obtained from hashish and is also smoked.

TOPICALS

Lotions, salves, and balms can be infused with marijuana and used for pain and inflammation. They do not make a user feel high.

VAPORIZATION

A new form of inhaling marijuana includes vaping, which may involve the use of devices like e-cigarettes.



Weed to Know for Baby & You

Providing facts around harms associated with marijuana use during pregnancy, breastfeeding and caregiving.

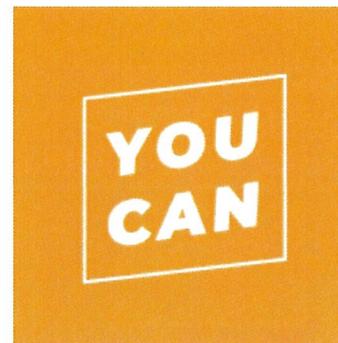
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Marijuana Prevention for Health Care Providers

Working closely with health care providers as they are a trusted source for patients seeking information about tobacco, vaping or marijuana.

[CLICK HERE](#)



You Can

A marijuana prevention campaign for youth with information about health effects, consequences, and frequently asked questions about marijuana.

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NEED *to* KNOW

Help Prevent Underage Marijuana Use



When it comes to
MARIJUANA
— it matters what you say —
TELL YOUTH YOU CARE
— show them the way. —

**TALK EARLY AND OFTEN ABOUT THE
RISKS OF YOUTH MARIJUANA USE.**



**THE WHO, WHAT, WHERE OF RESPONSIBLE MARIJUANA USE
WWW.SRHD.ORG/WEEDTOKNOW.ASP**

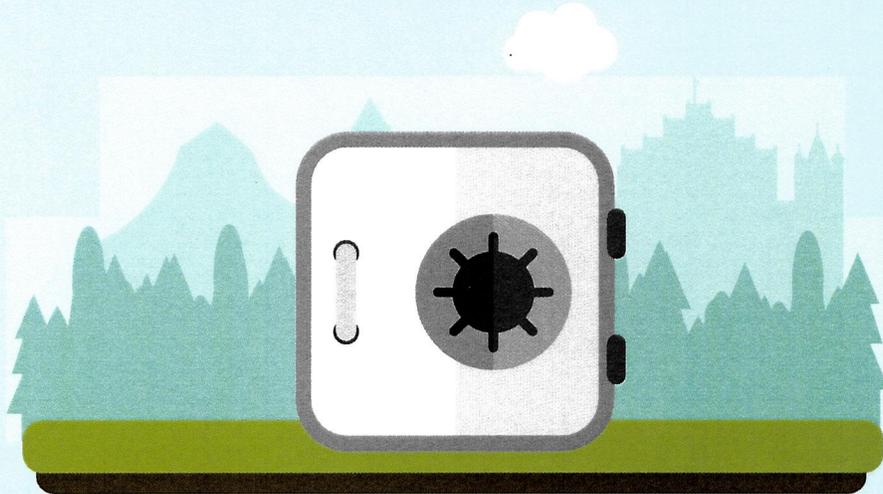
NEED *to* KNOW

Help Prevent Underage Marijuana Use



Store it safe,
LOCKED OUT OF SIGHT
Keep kids' brains
GROWING RIGHT

**PUT MARIJUANA SECURELY AWAY
FROM THOSE UNDERAGE**



THE WHO, WHAT, WHERE OF RESPONSIBLE MARIJUANA USE
WWW.SRHD.ORG/WEEDTOKNOW.ASP

NEED — to — **KNOW**

Help Prevent
Underage
Marijuana Use



The Who, What, Where of
Responsible Marijuana Use
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NEED — to — **KNOW**

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Underage
Marijuana Use



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NEED — to — **KNOW**

Help Prevent
Underage
Marijuana Use



The Who, What, Where of
Responsible Marijuana Use
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IT'S ILLEGAL TO USE MARIJUANA IN VIEW OF THE GENERAL PUBLIC.



RECREATIONAL MARIJUANA USE IS UNSAFE, AND ILLEGAL, FOR ANYONE UNDER 21.



IF YOU'RE HIGH TODAY DON'T DRIVE TODAY.



TALK EARLY AND OFTEN ABOUT THE RISKS OF YOUTH MARIJUANA USE.



PUT MARIJUANA SECURELY AWAY FROM THOSE UNDERAGE.



STRUGGLING WITH MARIJUANA ADDICTION? CALL THE HELP LINE: 866.789.1511.

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PROGRAMS &
SERVICES



Campaign Overview

Weed to Know - Baby and You is a campaign providing facts around harms associated with marijuana use during pregnancy, breastfeeding and caregiving. The easy-to-understand content and approachable images help convey results from several peer-reviewed studies.¹

Downloadable Resources

[Click here to download Weed to Know - Baby and You resources.](#)



Pregnancy and Marijuana

When a pregnant mom smokes, vapes, or ingests marijuana, so does her baby. Marijuana passes through the placenta into a baby's bloodstream. When babies are exposed to marijuana during pregnancy, they can test positive for the drug after they are born. Early studies suggest that marijuana use during pregnancy can harm a growing baby. Marijuana use during pregnancy could:

- Cause a baby to be born before his or her body and brain are ready. This could mean serious health problems at birth and throughout life.
- Change how a baby's brain develops. These changes may cause life-long behavior problems like trouble paying attention or following rules.
- Lower a child's IQ, cause problems with learning and memory, and make it harder for him or her to do well in school.

It's never too late in a pregnancy to quit using marijuana.

**Struggling with marijuana addiction? Call the Washington State Addiction Hotline:
866.789.1511**

Sources: Behnke, M. & Smith, V. (2013). Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus. Pediatrics, 131(3), e1009-e1024.

Brown, H. & Graves, C. (2013). Smoking and Marijuana Use in Pregnancy. Clinical Obstetrics And Gynecology, 56(1), 107-113.

Goldschmidt, L. et al. (2008). Prenatal Marijuana Exposure and Intelligence Test Performance At Age 6. Journal of American Academy of Child and Adolescent Psychiatry, 47(3), 254-263.

Hayatbakhsh, M. et al. (2012). Birth Outcomes Associated With Cannabis Use Before and During Pregnancy. Pediatric RESEARCH, 71(2), 215-218

Marroun, H. et al. (2009). Intrauterine Cannabis Exposure Affects Fetal Growth Trajectories: The Generation R Study. Journal of American Academy of Child and



Breastfeeding and Marijuana

Breastfeeding is a healthy and natural way to feed babies. Yet marijuana use while breastfeeding can be dangerous. This applies to marijuana in any form including smoking, vaping, or ingesting it. The active ingredient in marijuana, tetrahydrocannabinol, or THC, can be stored in breast milk for up to 30 days and can affect the baby. THC also builds up in the fat and blood of both mom and baby.

Marijuana use during breastfeeding is associated with these risks:

- Feeding problems, as THC can lower milk supply. It can also make a baby less willing to eat, which could lead to slow weight gain and growth.
- Some studies show that babies exposed to THC in breast milk may have an increased risk for sudden infant death syndrome (SIDS).

To give a baby the healthiest start in life, moms should avoid using any amount of marijuana while breastfeeding.

Moms or others who are struggling with marijuana addiction can call the Washington State Addiction Hotline: 866.789.1511.

Sources: Jaques, S.C. et al. (2014). Cannabis, the pregnant woman and her child. Journal of Perinatology, 34(6), 417-424.

Miller, C. (2012). Marijuana use and breastfeeding. Clinical Lactation, 3(3), 101-107.

Sachs, H. et al. (2013). The Transfer of Drugs and Therapeutics into Human Breast Milk: An Update on Selected Topics. Pediatrics, 132(3), e795-e809.

Parenting/Caregiving and Marijuana

Looking after infants and children requires concentration and attention - and sometimes quick reactions. Using marijuana - including smoking, vaping, or ingesting it - can affect a person's ability to



safely care for a baby or other children. This is because marijuana use decreases a person's ability to concentrate, impairs judgement, and slows response time.

When it comes to parenting or caring for children, here are some other things about marijuana to keep in mind:

- Do not drive after using marijuana. Marijuana is unsafe for someone getting behind the wheel because it compromises judgment and affects other skills required for safe driving like alertness, concentration, coordination, and reaction time.
- Keep marijuana securely away from children and teens, such as in a locked cabinet or safe. Marijuana in bud form, edibles, and vaping oils are dangerous for children and can cause poisoning.
- Recreational marijuana use is unsafe, and illegal, for anyone under 21.
- Avoid using marijuana in any form when you are around children or teens.
- For some people, high doses of marijuana can cause psychosis or panic during intoxication, which could make it difficult to care for children or intervene in an emergency.
- Like tobacco, marijuana smoke irritates the throat and lungs. Additionally, research is still being conducted to determine if secondhand marijuana smoke is linked to cancer and lung disease.

Marijuana can be addictive. Need help quitting? Call the Washington State Addiction Hotline: 866.789.1511

Sources: Behnke, M. & Smith, V. (2013). Prenatal Substance Abuse: Short- and Long-term Effects on the Exposed Fetus. Pediatrics, 131(3), e1009-e1024.

Brown, H. & Graves, C. (2013). Smoking and Marijuana Use in Pregnancy. Clinical Obstetrics And Gynecology, 56(1), 107-113.

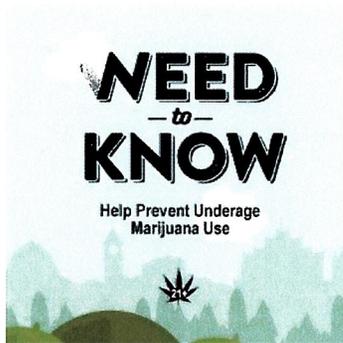
Goldschmidt, L. et al. (2008). Prenatal Marijuana Exposure and Intelligence Test Performance At Age 6. Journal of American Academy of Child and Adolescent Psychiatry, 47(3), 254-263.

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National Institute on Drug Abuse, National Institutes of Health. Marijuana: Facts parents Need to know. (Revised June 2014) NIH publication No. 14-4036. National Institute on

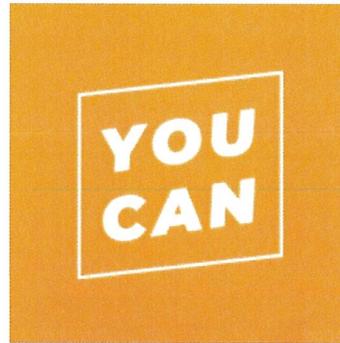
'Weed to Know – Baby and You was developed by Spokane Regional Health District in collaboration with Spokane County's Birth Outcomes Task Force, which includes participation by CHAS Health, Greater Spokane Substance Abuse Council, Providence Health Care, Rockwood Health Systems, Spokane County Medical Society, Washington State Department of Social and Health Services' Children's Administration, and Washington State University School of Nursing.



Weed to Know

If you choose to use marijuana, it's important to know the laws, potential risks and how you can help prevent underage marijuana use.

[CLICK HERE](#)



You Can

A marijuana prevention campaign for youth with information about health effects, consequences, and frequently asked questions about marijuana.

[CLICK HERE](#)



Marijuana Prevention for Health Care Providers

Working closely with health care providers as they are a trusted source for patients seeking information about tobacco, vaping or marijuana.

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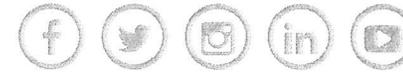
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NEED to KNOW

for Baby and You



Children are busy &
LOVE TO PLAY.
If you are in charge,
SAVE MARIJUANA
For another day.

**MARIJUANA IMPAIRS JUDGMENT
AND SLOWS RESPONSE TIME.**



Recommendations for Pregnancy, Breastfeeding and Parenting
WWW.SRHD.ORG/WEEDTOKNOW.ASP

NEED *to* KNOW

for Baby and You



BREAST MILK

Provides all babies need.

DON'T SPOIL IT

By using weed.

**THC STAYS IN YOUR BODY FAT, BLOOD,
AND BREAST MILK FOR UP TO 30 DAYS.**

THIS MEANS IT CAN BE TRANSFERRED TO BABY.



Recommendations for Pregnancy, Breastfeeding and Parenting

WWW.SRHD.ORG/WEEDTOKNOW.ASP



RETAIL MARIJUANA: LAWS AND RESPONSIBLE USE



Now that retail marijuana is legal, we all have a few things to know.

LAWS

Buying | Selling | Growing



- **Must be 21.** It is illegal for people under 21 to buy, have or use retail marijuana. It is a felony for adults to give, sell or share marijuana with anyone under 21.
- **Limits to buying.** Only buy retail marijuana from licensed retail stores. Adults over age 21 can buy and possess up to one ounce of marijuana at a time.
- **Limits to selling.** Only licensed retailers can sell their product. Adults over age 21 may give up to one ounce of marijuana to another adult 21 or older, but may not sell marijuana. This includes homegrown product.
- **Follow grow rules.** Coloradans may grow up to six marijuana plants per person in an enclosed, locked area. Check with your local laws before you grow — they may have stricter rules on growing.



For more on the retail marijuana laws and regulations in Colorado, visit [Colorado.gov/Marijuana](https://colorado.gov/marijuana).

Using | Having | Transporting



- **No more than 1 ounce.** Adults age 21 and older may have up to 1 ounce of marijuana. Having more may result in legal charges and fines.
- **Illegal to use in public.** Marijuana use in any way — smoked, eaten, or vaped — is not allowed in public places.
 - This includes outdoor areas like sidewalks, national and local parks, ski resorts and concert venues. Indoor use in workplaces, restaurants, bars and common areas of apartment buildings is also illegal.
- **Keep it in Colorado.** It is illegal to take marijuana out of the state. You cannot bring marijuana to the Denver International Airport. Leaving Colorado with any marijuana product is against the law.
- **Do not drive high.**

City | County | Organizations



- **Check local marijuana laws and policies.** Cities, counties, schools, universities and employers may set their own rules and consequences. Check before you use.
- **Know workplace policies.** Even though it is legal here, your employer can still drug test for marijuana. Find out your work policies before you use.
- **Some hospitals drug test newborns.** If a baby tests positive for marijuana at birth, Colorado law requires hospitals notify child protective services.



USING RETAIL MARIJUANA IN COLORADO CONTINUED

TIPS FOR SAFE AND RESPONSIBLE USE

Do not mix marijuana and alcohol.

Using alcohol and marijuana at the same time is more dangerous than using either alone.

Be careful if you take medication.

There may be drug interactions between marijuana and your medication.

Start slow.

A single 10 mg serving of THC is likely enough to hurt your ability to drive, bike or do other activities, especially for occasional users.

- While you quickly feel the effects from smoked or vaped marijuana, edibles can take up to 4 hours to take full effect. Start with just one serving or less and wait before using more.

Driving while high may increase your risk of a crash.

Marijuana makes driving more dangerous because it slows your reaction time and makes it harder to tell distances.

- Wait at least 6 hours after smoking or at least 8 hours after eating/drinking marijuana before driving, biking, skiing or doing other activities.

Store it safely.

Marijuana products can be confused for regular food or candy. Store all marijuana products in a locked area. Make sure children cannot see or reach the locked area. Keep marijuana in the child-resistant packaging from the store.

Look for the Universal Symbol.

All medical and retail marijuana packaging must have the new universal symbol on the package to show that a product contains marijuana.



Some people should not use marijuana.

- Pregnant or breastfeeding women should not use marijuana since it can harm their baby.
- Young people should protect their growing brain by not using marijuana.

Consider long-term effects.

Marijuana can hurt your memory, even a week after using.



Ask the marijuana retailer for more information if you are not sure about how to use a product safely and responsibly.

HAVING A BAD TIME?

If you worry that you or someone else used too much marijuana, call the poison control hotline as soon as possible. Calling is free and you will get help quickly: **1-800-222-1222**. If symptoms seem bad, call 911 or go to an emergency room right away.

- Calling for help in case of any drug or alcohol emergency can save lives. Colorado law protects people from some criminal charges, such as low level drug possession and use charges or minor in possession, if they call 911 or seek help for a medical emergency. Stay with the person and cooperate with police and emergency medical responders.



COLORADO
Department of Public
Health & Environment

OMMU Education Campaign for 2018/2019

All options are subject to timeframe: November 2018 to November 2019

Deliverables	Option 1	Option 2	Option 3	Option 4	Option 5	Comments
Media Buys						
Outdoor	0	0	100,000	200,000	425,000	Options are based on targeted markets statewide. Options 1-3 are based on smaller targeted markets, as required by Florida Statutes 381.989(2)(a).
TV / TV Partnerships	0	150,000	150,000	500,000	1,000,000	
Radio	70,000	100,000	75,000	130,000	425,000	
Digital / Social	90,000	50,000	110,000	250,000	525,000	
Hispanic Media	35,000	100,000	100,000	200,000	500,000	
State Term Management	100,000		0	200,000	300,000	
<i>Total Media Buys</i>	295,000	400,000	535,000	1,480,000	3,175,000	
<i>Commission Amount</i>	21,125			133,200	206,375	Rate negotiated at time of contract and apply only to media buys.
<i>Commission Rate</i>	6.50%			9.00%	6.50%	
Total - Media Spend	316,125	400,000	535,000	1,613,200	3,381,375	
Education						
Educational Commercial & Online Video	0	0	0	0	0	Using previously developed PSA that illustrates finding approved doctors and MMTCs. Some post production alterations might need to be performed depending on contracts and media buys.
Educational Video 1 - Awareness of approved types and laws, as required by F.S. 381.989(2)(a)(1).	0	0	0	100,000	225,000	Includes concepting, script writing, production and tagging. Production on location with talent to be used in perpetuity. Distribution to include statewide outreach and/or focused areas
Educational Video 1 - Awareness for product safety and storage, as required by F.S. 381.989(2)(a)(2).	0	0	0	100,000	225,000	Includes concepting, script writing, production and tagging. Production on location with talent to be used in perpetuity. Distribution to include statewide outreach and/or focused areas
Total - Education	0	0	0	200,000	450,000	
Research						
Survey - Pre-campaign launch	35,000	35,000	35,000	35,000	35,000	All options provide for an additional year of an awareness and safety campaign, based upon the initial survey. Option 4 & 5 also include an updated methodology to include reports regarding data needed to provide in the annual efficacy report as required in section 381.989(2)(e), Florida Statutes.
Focus Group - in 7 areas statewide	0	0	0	35,000	35,000	
Total - Research	35,000	35,000	35,000	70,000	70,000	
Printing / Mailing						
Printing / Mailing	150,000	150,000	150,000	150,000	150,000	Print and mail campaign collateral to hospice and palliative care professionals statewide as required in section 381.989(2)(b), Florida Statutes.
Total - Print	150,000	150,000	150,000	150,000	150,000	
Total						
	\$501,125	\$585,000	\$720,000	\$2,033,200	\$4,051,375	

* See attached notes and assumptions

Option 1

Option 1 **renews the current contract** with North Highland and Salter Mitchell with a negotiated commission rate TBD. Each channel for media buys would have to be focused for a specific target audience in order to be most effective. The survey cost is consistent with the University of Florida, Florida Survey Research Center, current contract. One survey would be conducted at the conclusion of the media flight to further gauge awareness and knowledge of medical marijuana laws in Florida, as well as an illicit use prevention campaign.

Option 2

Option 2 allows the department to manage advertisements using sole-source vendors. Social media and digital media buys would have to be specifically targeted to achieve maximum effectiveness. These advertisements would require significant staff time to track and manage, as well as an increase for p-card spending. Use of billboards cannot be specifically targeted based on the department's sole source vendor, FOAA, so there will not be an option for outdoor advertisements in this plan. One survey would be conducted at the conclusion of the media flight to further gauge awareness and knowledge of medical marijuana laws in Florida, as well as an illicit use prevention campaign.

Option 3

Option 3 is based on allowing the existing relationship and work with North Highland and Salter Mitchell **to expire**. The department would manage outdoor and digital/social advertisements directly using upon known sole-source vendors. Social media and digital media buys would have to be specifically targeted to achieve maximum effectiveness. These advertisements would require **significant staff time to track and manage**, as well as an increase for p-card spending. Outdoor advertisements, however, cannot be specifically targeted based on the department's sole source vendor, FOAA. Outdoor advertising is also based upon availability and while we may secure space for this campaign. Remaining media buys (radio, gas station TV and hispanic media) would have to be separately procured. Any commission rate per vendor would be built into the overall cost of the spend. One survey would be conducted at the conclusion of the media flight to further gauge awareness and knowledge of medical marijuana laws in Florida, as well as an illicit use prevention campaign.

Option 4

Options 4 is a **statewide campaign to be managed by a consulting company on a state-term contract**. This option also includes the production and distribution of a educational awareness videos that provide instruction on following the current medical marijuana law and prohibited illicit use activities, as well as a second video illustrating safe storage practices. The department and its contractor would seek to provide maximum added value for the entirety of the campaign to increase the ROI for the state. One survey would be conducted at the conclusion of the media flight to further gauge awareness and knowledge of medical marijuana laws in Florida, as well as an illicit use prevention campaign.

Option 5

Options 5 is a **statewide campaign to be managed by a consulting company on a state-term contract**. This option also includes the production and distribution of a educational awareness videos that provide instruction on following the current medical marijuana law and prohibited illicit use activities, as well as a second video illustrating safe storage practices. The department and its contractor would seek to provide maximum added value for the entirety of the campaign to increase the ROI for the state with a larger media buy and message saturation. One survey would be conducted at the conclusion of the media flight to further gauge awareness and knowledge of medical marijuana laws in Florida, as well as an illicit use prevention campaign.

FLORIDA DEPARTMENT OF HEALTH

Office of Medical Marijuana Use

Low-THC Cannabis & Medical Marijuana

Know the Facts:
Patient's Guide

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 Marijuana Use Registry and update the registry within 7 days of any change

Qualifying Conditions:

Cancer	Medical conditions of the same kind or class as or comparable to those listed
Epilepsy	
Glaucoma	A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
HIV/AIDS	
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 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

FLORIDA DEPARTMENT OF HEALTH

Office of Medical Marijuana Use

Low-THC Cannabis & Medical Marijuana

Know the Facts:
Physician
Requirements

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

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

HIV/AIDS

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

Know the Facts about Medical Marijuana in Florida.

After completing a required two-hour course and examination, Physicians will be authorized to order medical marijuana for their patients.

Physicians may only order low-THC cannabis and medical marijuana for their patients if they have been diagnosed with a qualifying condition.



Florida
HEALTH

To learn how to obtain a license or see what conditions qualify for medical marijuana, visit KnowTheFactsMMJ.com to learn more.

OMMU

Office of **MEDICAL MARIJUANA** Use

Florida's Official Source
for Responsible Use.



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

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US POSTAGE
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Tallahassee, FL
Permit #329

Office of Medical Marijuana Use

Low-THC Cannabis & Medical Marijuana

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

Know the Facts: Legal Use

KnowTheFactsMMJ.com 800.808.9580



Find a treatment center

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



Get an ID card

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



Who can buy?

Permanent or seasonal Florida residents that are diagnosed with a qualifying medical condition.



Use the search

The Medical Marijuana Qualified Physician Search tool will help you find a qualified physician, or to see if your current physician is qualified.



Store it safely

Keep medical marijuana out of children's reach & sight and put it away after every use.



Qualifying conditions

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Curabitur elementum varius risus, in fringilla turpis.



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.