

Testimony Pertaining to the Use of “Medical” Marijuana.
Submitted on October 25, 2013
To the Financial Impact Estimating Conference
By Amy Ronshausen, Interim Deputy Director, Save Our Society From Drugs

On behalf of Save Our Society From Drugs, a nonprofit drug policy organization headquartered in St. Petersburg, Florida, I respectfully request the below written testimony to be accepted as opposition to the proposed constitutional amendment that would legalize marijuana under the guise of medicine in the state of Florida.

Save Our Society From Drugs (S.O.S.) has over ten years of experience in monitoring and making policy recommendations on drug policy issues including those pertaining to marijuana legalization. S.O.S. understands that a comprehensive approach to promote sound drug policy includes education, prevention, abstinence-based treatment, scientific research, and community awareness. Our members include doctors, researchers, law enforcement officials, business leaders, lawyers and parents.

FDA Approval and Consumer Protection

Marijuana is not approved by the Food and Drug Administration (FDA) so its use is unregulated. This has significant implications for patient care, as there are many health risks associated with marijuana use.

It is alleged that smoked marijuana has medical value, however, past evaluations by the U.S. Food and Drug Administration, Substance Abuse and Mental Health Services Administration, and National Institute for Drug Abuse, found that no sound scientific studies supported medical use of crude marijuana for treatment. Further, no animal or human data supported the safety or efficacy of it for general medical use.

The FDA’s guidelines for a drug’s approval require that certain factors be established, such as, the quantity of dose, the frequency and duration of administration, and the impact of interaction with other medicines. Never has smoking been accepted as a method of administering any medicine. **Simply put, crude marijuana does not meet the standards of modern medicine.**

In recent history, states took similar steps of bypassing the FDA process when they approved the use of Laetrile for the treatment of cancer. Laetrile was derived from apricot pits concocted by a pharmacist who never completed medical school. The National Cancer Institute later researched the drug and found that not one patient was cured or even stabilized by the use of Laetrile. The median survival rate was 4.8 months from the start of therapy, and in those still alive after seven months, tumor size had increased. This was the expected result for patients receiving no treatment at all, a far cry from the miracle cure it was peddled as. In addition, several patients experienced symptoms of cyanide toxicity or had blood levels of cyanide approaching the lethal range. As a consequence few sources of Laetrile are available in the U.S. today. **The approval of medicines and the protection of consumers are the responsibility of the FDA, not state legislators, not voters and not governors petitioning for marijuana to be rescheduled.**

Impacts to Public Safety – Drugged Driving

Legalization of “medical” marijuana would increase drugged driving incidents. It will be impossible to determine through drug testing if an individual smoked marijuana before getting behind the wheel or the

night before. According to a study conducted by the University of Auckland, regular cannabis users were 9.5 times more likely to be involved in automobile accidents. *Marijuana Use and Motor Vehicle Crashes*, published in the peer-reviewed 2012 edition of *Epidemiological Reviews*, looked at nine studies conducted over the past two decades on marijuana and car crash risk. They concluded, **“drivers who test positive for marijuana or self-report using marijuana are more than twice as likely as other drivers to be involved in motor vehicle crashes.”**

The first five years after establishing a “medical” marijuana program, California saw an increase of almost 100% in fatal crashes where the at-fault driver tested positive for marijuana (The Involvement of Marijuana in California Fatal Motor Vehicle Crashes 1998-2008-Cancer).

Environmental Impact

California legalized “medical” marijuana in 1996 and yet it has not cut down on the illegal cultivation of marijuana and they still have significant problems regulating “legal” marijuana grows. The environmental implications extend beyond marijuana cultivation sites, affecting water quality and wildlife, an issue that should be a major concern for Floridians.

Scott Bauer, a scientist with California Fish and Wildlife, studies the environmental impact of marijuana cultivation. He reports the number of marijuana grows jumping from 550 just two years ago to 1,100 in 2013. Common impacts include: diverting the natural flow water flow of mountain streams, using lethal bait to poison engendered animals and the illegal diversion of electricity to power massive green houses. He estimates 18 million gallons of water were diverted from one watershed alone, drying up creeks where the endangered CoHo salmon spawn.

Maurad Gabriel, a scientist with the University of California at Davis, has also done extensive research on the environmental impacts of marijuana grows. He has found pesticides lining the banks of streams and has come across scores of dead animals that ate pesticides or bait (used to keep away marijuana eating mice), including the Fisher, an endangered weasel-like mammal.

Fires are another significant environmental concern. 93,535 acres were lost between 2006-11 in CA due to marijuana grow site initiated fires. **The cost just to suppress the fires was more than \$35 million.**

Fiscal Impact of Regulating Pot Shops

The proposed amendment to legalize “medical” marijuana would include the establishment of marijuana dispensaries. Please consider the following from the Denver Police Department that estimates their costs for managing marijuana dispensaries there.

Every jurisdiction deals similarly with MMJ issues. Here at DPD, we employ a full time detective to Excise and License, the liquor licensing and medical marijuana licensing authority in Denver. Approximately half of his time is devoted to medical marijuana issues. In addition, we have a team devoted to medical marijuana issues. This team has a sergeant and five detectives. This team devotes at least 90% of its efforts to medical marijuana issues. Even so we just scratch the surface of the call load wanting some investigation. We have about a 100 complaint backlog.

Using 2011 salary and benefit estimates (basic detective, does not include longevity adjustments):

Total annual expected LE Costs - \$640,064

This does not include Patrol involvement, Public Nuisance Abatement involvement, or civilian employee involvement, such as the crime lab testing and complaint database maintenance. It also does not include department command involvement, which at times is considerable. This also does not include other agency involvement such as the City Attorney's Office which has had to devote staff specific to medical marijuana issues; also Zoning, DFD, NIS, Environmental Health, Building Inspection, E&L, etc. who all have some involvement.

I hope this gives you some idea of the city's cost impact. This does not include the citizen impacts from smelly grow operations, mold, increased crime, and other quality of life impacts. We also have reports of increased vacancy rates as people move away from the grow operations which may impart severe odor impacts. These impacts do not meet legal thresholds for prosecution, but do make coexistence with some businesses difficult. The total fiscal impact on the city will be very difficult to determine, at least until the entire regulatory environment is in development.

I hope that you will consider these findings and include them in your fiscal analysis. We would be happy to provide you with additional information or discuss this issue further with you, if you so desire.

Sincerely,

Amy Ronshausen
Interim Deputy Director
Save Our Society From Drugs
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