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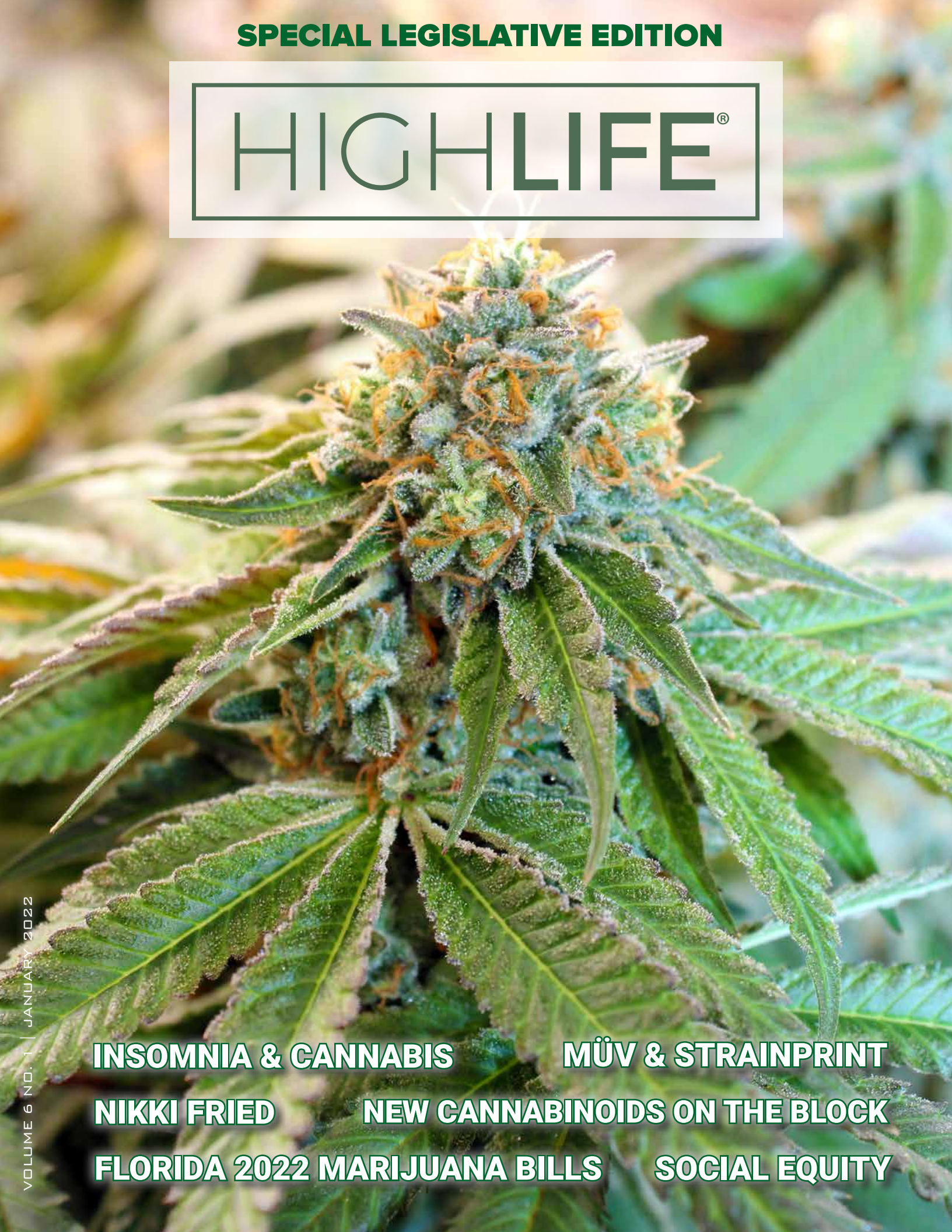

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DR. MICHELLE WEINER
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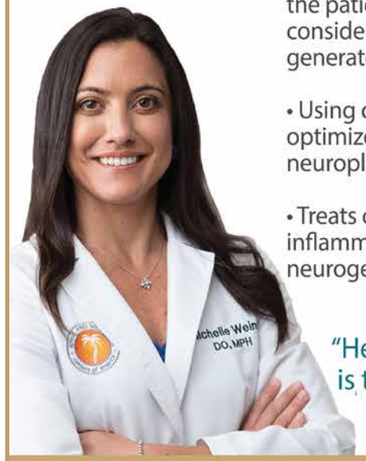

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INSOMNIA & MEDICAL CANNABIS

BY DR. MICHELLE WEINER, DO, MPH

Insomnia is a sleep disorder characterized by difficulty falling asleep, staying asleep or a combination. More than one third of the population suffers from this condition. Some sleep disturbances classified as Secondary insomnia are related to underlying health issues such as pain, anxiety, depression, asthma, Gerd as well as side effects from medications. Insomnia affects people of all ages, women more than men. Lack of sleep leads to a decrease in productivity, missed days of work and an increase in susceptibility to and exacerbation of other health related ailments.

When treating insomnia, one should attempt to identify any behaviors that may be causing poor sleep such as using caffeine, alcohol, tobacco or exercising within a short period of bedtime. Naps should be avoided; a routine should be established before bed that includes setting the tone for sleep consisting of a dark and quiet room. There are a number of prescription medications used to promote sleep however many have side effects such as amnesia, lack of coordination, blurred vision, confusion, anxiety, muscle pain or the potential for addiction. In particular, the class known as benzodiazepines are short term anti-anxiety medications with high potential for addiction. These effects may be more severe in the elderly causing potential balance disturbances and impaired thinking.

Cannabis has been used for thousands of years and in the 19th century, Dr. William, O'Shaugnessy recommended the use of cannabis for the treatment of insomnia. Cannabis carries no risk of overdose with an extremely low rate of possible addiction. Recent evidence has confirmed the endocannabinoid system's role in regulating sleep with a current belief that conditions such as insomnia and chronic fatigue syndrome may be caused by an endocannabinoid deficiency. Marijuana has been shown to affect the sleep cycle causing increases in stage 3 sleep and decrease in REM sleep. Clinical research has confirmed the physiological effects of cannabis in treating insomnia. A study done in 1973 in the Journal of Psychopharmacology showed that 20mg of Delta9-tetrahydrocannabinol (THC) reduced the average time it took to fall asleep by more than thirty minutes.

One study determined cannabidiol (CBD), the non-psychoactive component of cannabis can reduce physiologic non-REM sleep and REM sleep in rats, may block anxiety induced REM sleep alteration. In a clinical trial published in 1981 in the Journal of Clinical Pharmacology, CBD was shown to increase time spent sleeping as well as decrease dream recall. This could be a potential treatment for patient with Post-Traumatic Stress Disorder (PTSD). Conversely, CBD has been shown to modulate waking by activation of neurons in the hypothalamus and dorsal raphe nucleus, two areas involved in alertness. This may lead to a decrease in feeling tired in the morning or sleepy during the day.

There has been a resurgence of interest in marijuana research. A study published in 2008 concluded that the activation of the CB1 receptor by THC leads to an induction of sleep. In 2010, a human trial conducted at McGill University in Montreal and published in the journal of Anesthesia and Analgesia reported that synthetic THC (nabilone) was more effective than amitriptyline (a tricyclic antidepressant commonly used to treat insomnia) in improving sleep quality in patients with fibromyalgia and was well tolerated. In addition, many studies have shown that sleep quality has improved in patients with Cancer and multiple sclerosis. Studies suggest cannabis can be used as a safe and effective treatment for insomnia secondary to sleep apnea. A majority of patients suffering from insomnia also experience depression and anxiety therefore the treatment of medical cannabis for insomnia results in a dual benefit by improving mood as well.

These studies reiterate the importance of the endocannabinoid system in regulating sleep and thus playing a role in memory, pain and homeostasis. I strongly suggest consulting a health care provider when seeking out treatment for any chronic and debilitating medical condition that affects one's quality of life. Moreover, when discussing cannabis treatment, it is imperative that one consults with a provider with clinical experience and knowledge in this field similar to any other specialty in medicine. It is necessary to individualize one's treatment plan considering other medical diagnoses, prior history of marijuana use to determine the correct strain, administration route, dose, etc. Delivery methods range from vaporization, tinctures, tea, edibles. If a patient desires a full night sleep an edible may be a first option as it has the longest duration of action. Vaporization may be a good alternative for patients who wake up throughout the night or have difficulty going back to bed due to its fast onset. Indica strains are excellent sleep inducers and Cannabinol (CBN), one particular cannabinoid seems to be the most effective in treating sleep issues. The reality is people suffering from chronic debilitating medical conditions like insomnia are seeking cannabis for medicinal relief not for the euphoria. Medical marijuana is a viable alternative to sleeping pills with far great benefit and a much smaller side effect profile.

Dr. Michelle Weiner, is an Interventional Pain Management Physician board certified in Physical Medicine and Rehabilitation. She completed her residency and fellowship training at the University of Miami. Her specialty is focused on prevention, treatment, reversal of health deterioration, increasing function and managing pain. Dr. Weiner focuses on diagnosing and treating spine and musculoskeletal pain as well as chronic migraines at the Spine and Wellness Centers of America

NIKKI FRIED

BARRIERS TO LEGALIZATION CAN BE OVERCOME

For more than a century, cannabis has been disparaged, vilified, and demonized across America. 50 years ago, our federal government outlawed it as part of our nation's failed "war on drugs." Generations of our fellow Americans have been incarcerated and ostracized for the simple use of a plant. While the racist, anti-science roots of "reefer madness" were long ago exposed, the consequences continue to the present day.

So, let me be clear: it's past time for the full legalization of adult-use cannabis.

That may not be a radical statement in many parts of our country. But here in the Sunshine State, it's pretty revolutionary. As the only Florida statewide elected official to ever call for full legalization, I've been fighting this fight for nearly two decades. I've advocated to state legislators for medical marijuana, I've pushed Congress to pass cannabis banking legislation, and I've asked the President to seek the legalization that will move America forward.

I've watched public opinion change with the times, even if most politicians haven't been quick to modernize their thinking. Yet as more lawmakers and elected leaders in both parties begin to see the economic, health, and social benefits of legalization, barriers are continuing to fall. While some barriers remain more difficult than others to overcome, the right legislative and policy priorities can finally bring us all into the future on cannabis.

INCLUSIVITY AND EQUITY

Our nation's history on the laws and business of cannabis have been inequitable at best, and discriminatory at worst.

Communities of color are disproportionately harmed by unreasonable cannabis possession laws, with Black people four times more likely to be arrested than White people. According to NORML, people of color comprise 94 percent of cannabis possession arrests in New York City; in rural Wisconsin, Black residents face 30 times higher odds of arrest for possession. In a majority of U.S. states, this racial disparity has worsened over the past decade.

Meanwhile, eight in ten cannabis businesses are White-owned or founded; just 19 percent of those having launched or acquired an ownership stake in cannabis companies are people of color. Florida's state medical marijuana program recently came under well-deserved fire for proposing more than double the application fee – a non-refundable $146,000 – for certain Black medical marijuana license applicants. After Floridians overwhelmingly voted medical marijuana into our state constitution years ago, the Department of Health has yet to award a single license to Black farmers, who often lack capital and land while facing historic discrimination.

The result? Black people get incarcerated for aggressively enforced possession laws, while White people reap the benefits of a cannabis business system subtly designed to exclude people of color. I can't say this enough: the path to legalization must be inclusive and equitable, with opportunity and access for all.

While Florida's medical marijuana program remains vertically integrated and inherently unequal, we've set an illustrative example of a better way forward with our state hemp program. Housed within my Florida Department of Agriculture and Consumer Services, Florida's hemp program was passed nearly unanimously in 2019, and we immediately set to work creating an equitable system designed to encourage widespread participation. Compared to Florida's medical marijuana licenses that can cost in excess of $50 million to acquire, our licenses to cultivate hemp in Florida are available to nearly anyone and at no cost. That's a real commitment to equity.

Race isn't the only barrier to participating in the burgeoning legal cannabis economy. Those punished in the misguided "war on drugs" are often blocked from holding cannabis business licenses, owning or working in dispensaries, or even investing in state legal cannabis businesses. While 46 states have legalized cannabis to some degree, it's critical that state laws are modernized and provide a second chance to those persecuted under aggressive marijuana laws, too often unfairly.

Barriers to equity extend beyond the business of cannabis. One of the biggest issues particularly in medical marijuana is access for underserved communities. While medical marijuana is increasingly legalized across the country, it remains frustratingly out of reach for so many low-income patients. In Florida, physician and state fees for a medical marijuana card can approach $500 – and that's before the cost of the medicine itself. Even if health insurance covered these costs – which it doesn't – more than two million Floridians lack health coverage. And while many dispensaries

may be conveniently located for some in suburbs, many disadvantaged would-be patients in urban communities may face long bus rides and missed work.

BANKING REFORM

America's $13.6 billion state-legal cannabis industry supports more than 250,000 jobs, with the global legal cannabis economy expected to reach $74 billion in the next few years. This is real business – yet the business of cannabis remains federally illegal, creating serious logistical and safety concerns. Legitimate cannabis businesses can't access traditional banking and loans, forcing businesses into higher-risk cash operations. Customers often can't use credit cards and sometimes debit cards, creating needless inconvenience and risks for consumers and businesses alike.

A critical step towards full legalization lies in the modernization of our banking laws, removing barriers for banks to service legal cannabis businesses. The Secure and Fair Enforcement (SAFE) Banking Act has been introduced in the U.S. House of Representatives five times, and passed by wide bipartisan majorities. I've strongly supported this legislation, and I'm hopeful that the time is right for the U.S. Senate to take action on not only cannabis banking, but also comprehensive cannabis reform legislation to send to the President's desk.

REGULATORY CONSUMER PROTECTION

One of the most important reasons why cannabis should be fully legalized is protecting consumers from the unknown. Legislation means regulation – that includes regulating cannabis just like any other consumer product that enters our bodies.

That's the approach we've taken in Florida with state regulation of hemp products. By treating hemp-derived products as food additives, our department is able to sample and test cannabis products for safety and compliance, and our Division of Food Safety can ensure that licensed retailers have quality-checked Florida Hemp products you can trust on their shelves.

We've created a highly effective cannabis regulatory framework here in Florida, establishing a new industry with a $370 million economic impact in its first year. But clear, consistent federal guidelines will protect consumers most, rather than the patchwork system with conflicts between state and federal law that we see today. With each state taking different approaches to cannabis law, a unified national system can avoid the gray areas caused by the current lack of regulation and guidance – especially as it pertains to CBD, Delta-8, and other fast-evolving cannabis products.

THE LEGISLATIVE PATH FORWARD

These challenges aren't insurmountable. They require the political will to put people first, from criminal justice reform that removes cannabis business employment barriers, to breaking down the barriers to cannabis access for low-income communities, to common-sense laws that protect consumers and equitably grow the cannabis economy with banking and capital. They require those who believe in a future with intelligently regulated legalized cannabis to take action.

All of the above barriers to legalization can be overcome with the right legislation – but it will take you insisting that your state legislators, your member of Congress, and your U.S. Senators support these measures.

Use your voice, speak your truth, and say it proudly – the path to legalization begins with you.

Nikki Fried is Florida's 12th Commissioner of Agriculture. A Democrat, she is an independently-elected member of the Florida Cabinet.

WILL 2022 BE THE YEAR OF BIPARTISAN MARIJUANA REFORM

BY GARY STEIN | CLARITY PAC

2021 was a great year for slow recovery in this country. And while the cannabis industry nationwide bucked that trend economically, nationally with wins in many states legislatively and at the ballot box, Florida was on the losing side in Tallahassee.

Two ballot measures, Make It Legal Florida and Regulate Florida, went down in BLAZING defeat at the Florida Supreme Court. Later the Florigrown Case which had challenged the vertically integrated system and won in the lower court and Court of Appeals, was eventually shot down by the *ultra-conservative Florida Supreme Justices*, mostly appointed by current and previous governors.

In the Legislative branch, every bill that had been filed was defeated or never made it to committee, including the 10% THC cap. As all eyes were on bills to stop riots that never happened in Florida and voter bills intended to stop non-existent corruption, the state was riveted by COVID, putting cannabis issues on the back burner. Way back.

But 2021 was also a time when vaccines were helping to get us back on our feet, and a time for reflection. A new batch of bills have been filed this year, including a bill with rare bipartisan co-sponsorship

Here is a listing of the bills filed so far, with the filing deadline being Jan 11 for the legislative session, which runs from Jan 11 to March 11.

SB 162 | Physician Certifications for the Medical Use of Marijuana | Sen. Brandes
This bill increases the number of supply limits of marijuana a qualified physician may issue in a single physician certification for the medical use of marijuana; providing a higher supply limit for certain disabled qualified patients; revising the frequency with which qualified physicians must evaluate existing qualified patients for a physician certification for the medical use of marijuana. SUPPORT

SB 164/HB 333 | Physician Certifications for the Medical Use of Marijuana | Sen. Brandes/Rep. Williamson
Authorizes qualified physicians to perform patient examinations and evaluations through telehealth **for renewals** of physician certifications for the medical use of marijuana. Initial exams must be in person. SUPPORT

SB 326 | Physician Certifications for the Medical Use of Marijuana | Sen. Brandes
Deletes the requirement that qualified physicians be physically present in the same room as their patients when conducting

an examination for physician certification for the medical use of marijuana; authorizing qualified physicians to conduct such examinations through telehealth. SUPPORT OR OPPOSE

HB 467 | Legalization of Recreational Marijuana
Rep. Hinson

(A refiling of last year's bill by Hinson). This rather long bill (147 pages) is a mixture of bills recommended by the Marijuana Policy Project, Colorado's regulatory framework and Regulate Florida. It collects sales taxes as well and excise taxes on cultivators to go into a trust fund and to be used for research and education measures, allows for cultivation for personal use, and removes cannabis from the Controlled Substances schedule. SUPPORT

SB 470 | Revising Penalties for Nonviolent Offenses
Sen. Powell

This bill revises Penalties for Nonviolent Offenses, authorizing the issuance of civil citations for the possession of 20 grams or less of cannabis and the possession of drug paraphernalia used in connection with the consumption of cannabis, allows civil fines in lieu of incarceration, provides for community service in lieu of civil fines; revising a principle of the Criminal Punishment Code relating to a prisoner's required minimum term of imprisonment. SUPPORT

HB 549/HB 551 | Legalization of Recreational Marijuana /Taxes & Fees | Rep. Omphroy

A 432-page magnum opus of a legalization bill that puts the responsible adult use in the hands of the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation as the Division of Alcoholic Beverages, Marijuana, and Tobacco, and a myriad of regulations, that define offenses and exemptions, establishes social equity programs and others too numerous for this legislature to even consider. This bill has no support from leadership and will most likely never make it to committee, once again proving that Florida is not Chicago or New York. Feel free to read it at your leisure, but don't expect your legislator to do the same.

SUPPORT OR OPPOSE

SB 556 | Medical Marijuana Identification Cards for Service - disabled Veterans | Sen. Cruz

Prohibits the Department of Health from charging a fee for the issuance, replacement, or renewal of an identification card for the medical use of marijuana for a service-disabled veteran or his or her caregiver if a specified form is included with the identification card application, great bill, but should include people who receive SSDI as well as veterans. No House bill yet. SUPPORT

HB 679 | Cannabis Regulation - Reps. Learned / Roach

A VERY RARE bipartisan bill that seeks to clear up numerous rules and update clauses in the original implementation bill of Amendment 2, like telehealth use and restrictions on radio/ television advertising for cannabis docs. In addition, it seeks to register and regulate hemp extracted cannabinoids such as Delta-8, which is currently being sold through a loophole in the 2018 farm bill. This could create greater consumer confidence in Delta 8 products, which could be made currently in someone's basement or a legitimate lab. Presently, only CBD products are subject to testing. It may change during the amendment process to include good or onerous clauses, like a THC cap or free cards for veterans and folks on SSDI. ***Keep your eye on this one.*** SUPPORT (IN ITS CURRENT FORM) OR OPPOSE AS IT MORPHS FORWARD.

SB 740 | Medical Marijuana Patient Protection
Sen. Brandes

By making your medical cannabis non-illicit, it prevents institutions like hospitals and Assisted living facilities from blocking your access to your cannabis medicine while under your care. Also, it prevents you from being removed from organ transplant lists for having a medical card. Along with Sen. Brandes office, this bill was conceived and proposed by Suncoast NORML. SUPPORT

HB 725 | Collateral Consequences and Penalties for Criminal Offenses | Rep. Joseph

Decriminalizes all and scheduled drugs, replacing jail time for fines for procession and use. SUPPORT

SB 744 | Medical Use of Marijuana by Out-of-state Visitors
Sen. Brandes

Allows out-of-state visitors with a valid medical card from their state to purchase up to a 30-day supply of cannabis via electronic registration and payment of a $10 reciprocity fee. (note-the fee is less than most other states charge in sales and ad-valorum tax for adult-use and medical products (for states that charge tax on medical cannabis) Along with Sen. Brandes office, this bill was conceived by myself and Bill Monore and proposed by Suncoast NORML. SUPPORT

SB 768/HB 693 | Department of Health
Sen. Rodriguez / Rep. Drake

The annual revamp of the rules and regulations of the Department of Health, many of which are good and important to the department with a few clauses regarding cannabis tucked inside. In the previous years, it has been the site of surprising cannabis rules. Here are this year's changes - authorizes the department to select samples of marijuana from medical marijuana treatment center facilities for certain testing;

authorizes the department to select samples of marijuana delivery devices from medical marijuana treatment centers to determine whether the device is safe for use; requires medical marijuana treatment centers to recall marijuana and marijuana delivery devices, instead of just edibles; and exempts the department and its employees from criminal provisions if they acquire, possess, test, transport, or lawfully dispose of marijuana and marijuana delivery devices. SUPPORT (IN ITS CURRENT FORM)

SB 776/SB 778 | Availability of Marijuana for Adult Use/ Fees/ Expunction of Certain Criminal History Records (Linked) | Sen. Brandes

A revamp of his Adult-use bill form last year that includes the break-up of the vertical mandate to all horizontal licenses and expungement of previous convictions. A good bill that would be great for the Florida cannabis industry. SUPPORT

HB 2915 | Drug Free America Foundation - Reducing the Use of Marijuana During Pregnancy and Postpartum
Rep. Latvala

Gives Drug-Free America $241k to do a study on the adverse effects of cannabis and the benefit of reduction of use. OPPOSE

HB 6021 | Mandatory Minimum Sentences for Drug Trafficking | Rep. Eskamani

Removes mandatory minimum sentences for specified controlled substance offenses. SUPPORT

SB 7002/HB 7005 | Open Government Sunset Review Act (OGSR)/Information Relating to Medical Marijuana Held by the Department of Health - Senate Health Policy Committee/House Government Operations Subcommittee

Required technical bill that provides an exemption from public records requirements for personal identifying information relating to medical marijuana held by the Department of Health, removing the scheduled repeal of the exemption. The repeal of the scheduled exemption from privacy is October 1,2022. This maintains the current privacy and exceptions SUPPORT

SHOULD BE FILED | The Employee Protection Act
Sen Polsky / Rep. Greico

Protects government employees from being fired or from not being hired just for having a medical card, based on the Americans with Disabilities Act, which demands accommodations for employees with disabling conditions Along with Sen. Polsky's office, this bill was conceived and proposed by Suncoast NORML

SHOULD TO BE FILED | Expansion of Qualifying Diseases
Sen. Brandes

The current medical cannabis program is centered around patients being certified for doctors to recommend cannabis for their debilitating conditions. Eight are specific and two are open to interpretation, which has caused scrutiny by the Board of Medicine (BOM) and Board of Osteopathic Medicine (BOOM). The first general condition is Chronic Non-malignant pain, and the second is "Medical conditions of the same kind or class as or comparable to those enumerated in paragraphs (a)-(j)" This bill expands the number of qualifying debilitating conditions to clarify those non-specific categories. The list is similar to what was written into law by the conservative state of Arkansas. All have research that verifies the efficacy of cannabis as treatment. This list also includes important conditions that were left out of the original statute, such as autism and post-concussion syndrome. This bill was conceived and proposed by Suncoast NORML

SHOULD TO BE FILED – Retention of MMTC Licenses
Sen. Brandes

The licensing process for MTC's has been off the rails for some time. A few entities got in at the start, followed by companies that got their license by lawsuit and by Gubernatorial Executive Order. Many of those in the latter groups have sold their licenses, sometimes several times over, while the patients of Florida wait a real competitive free market. The licenses themselves have become a commodity, as opposed to a product of a fair application process.

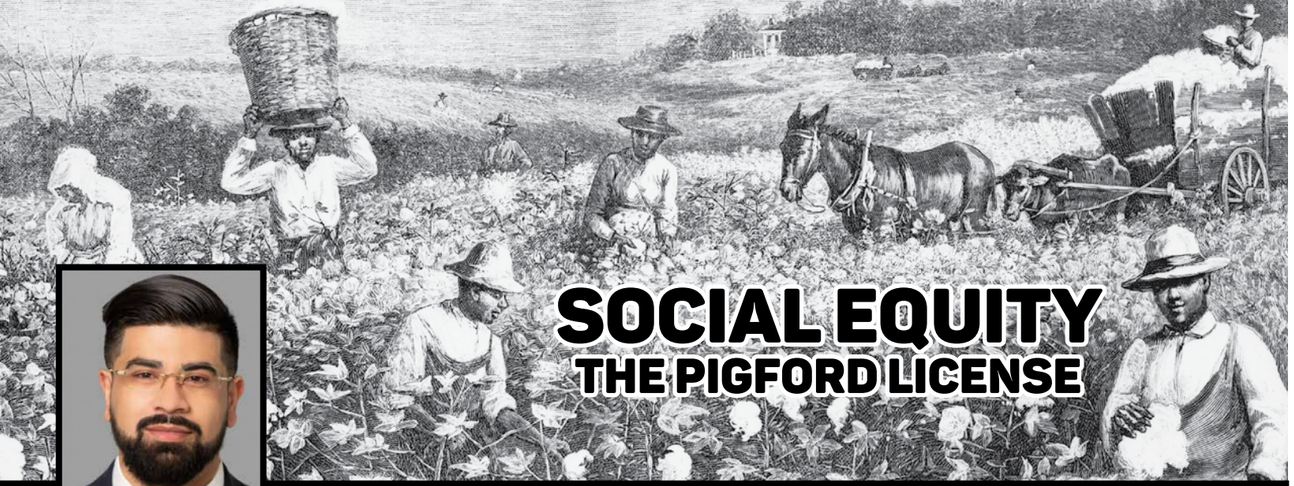
This act amends F.S. 386.986 (8)4 (b) to include the following additional 3 provisions:

1)The MMTC licenses as legal documents, allowing the awardee the ability to operate as an MMTC, are property of the State of Florida, and as such cannot be sold to another party or transferred as a stand-alone document. If the entity that was awarded the license is sold in a cash sale or part of a merger and acquisition, the license is thereby reverted to the state so that it may be available for the application process to be awarded to another entity that has gone through the application process and vetted by the regulatory body as eligible to be an MMTC under the rules and regulations of this statute.

2)Once awarded the company cannot sell the license (if still attached to the company assets) until one year after purchase or awarding though the application process.

3)Once awarded, the entity must be cultivating at scale, i.e. 400,000 viable plants in the vegetive and/or flowering stage, within two years of the award. All entities not meeting that benchmark will have their license revoked, and that license will once again available to the OMMU for awarding though the application process. This bill was conceived and proposed by Suncoast NORML

In Loving Memory of Jenifer Perdomo



SOCIAL EQUITY
THE PIGFORD LICENSE

BY VIJAY CHOKSI | FOX ROTHSCHILD

The commitment to diversity, equity and inclusion continues to be a focal point for many across the country considering the tragic events that have marred American history and recently sparked a wave of activism across minority groups striving for change. While change has many faces, the change facing Florida's marijuana market comes through releasing the Black Farmer License Application. Although many believe Florida doesn't go far enough to move its marijuana market towards equitable ownership, the long-awaited process of issuing a Medical Marijuana Treatment Center License (MMTC) is a small step in the right direction.

On October 14, 2021, the Florida Department of Health's Office of Medical Marijuana Use ("OMMU") released Emergency Rule 64ER21-16, titled, Application for Pigford/BFL MMTC Licensure. The release of this Rule has been over 4 years in the making and paves the way for class members of Pigford v. Glickman, 185 F.R.D. 82 (D.D.C. 1999) and In re Black Farmers Litigation, 856 F. Supp. 2d 1 (D.D.C. 2011) to apply for a coveted Medical Marijuana Treatment Center License, which some regard as one of the country's most sought-after cannabis licenses. The Rule also comes with a 70-page application instruction form and 18-page application-evaluator instructions and manual. Additionally, on December 2, 2021, OMMU also released Emergency Rule 64ER21-10, titled, Application Window for the Pigford/BFL Batching Cycle. The release of this Rule establishes that the batching cycle opens on Monday, March 21, 2022, at 9:00 a.m. and closes on Friday, March 25, 2022, at 5:00 p.m.

Although Florida is heading in the right direction, the impact of injustice the Pigford and In re Black Farmers Litigation class members suffered from by the USDA's failed efforts to investigate and resolve discrimination complaints still lives on today. For example, farms run by African Americans make up less than 2% of all of the nation's farms today, and over the course of the 20th century, black farmers have lost over 20 million acres of farmland in total. That's largely in part due to the decades of racial violence and unfair lending and land ownership policies.

In 1997 and 1998, two class-action lawsuits entitled Pigford v. Glickman ("Pigford") and Brewington v. Glickman ("Brewington"), respectively, were filed on behalf of groups of African American farmers. Those lawsuits asserted that the U.S. Department of Agriculture ("USDA") had systematically discriminated against African American farmers based on race, in violation of the Fifth Amendment to the United States Constitution, the Equal Credit Opportunity Act, Title VI of the Civil Rights Act, and the Administrative Procedure Act.

More than 60,000 people sought to enter Pigford but filed too late and were not permitted into the case.[1] Two statutory provisions made In re Black Farmers possible. First, in 2008 Congress permitted claimants in Pigford who did not receive a determination on the merits to bring a new civil action.[2] This provision, which was part of the 2008 Farm Bill, also provided $100 million of funding for these claims.[3] In 2010, Congress provided an additional $1.15 billion to fund an agreement reached between the plaintiffs and the government earlier that year.[4]

The history of the two class action cases plays a pivotal part in Florida's Medical Marijuana Treatment Center (MMTC) licensure. To submit applications for licensure as an MMTC, applicants must provide documentation establishing that the applicant is a Pigford member or BFL member.

LAWMAKERS SHOULD PUT A STAY IN PLACE AND FIX SOME OF THESE GLARING ISSUES.

The release of these Emergency Rules by OMMU provides a glimpse into how the state will likely handle an upcoming batch of applications, which overall will almost double the number of the state's cannabis operators. However, this process will undoubtedly be stiffened with litigation, so much so that in its most recent preliminary budget request, The Florida Department of Health sought nearly $13 million to more than double OMMU's current 80-person staff to 165 employees to handle what it anticipates will be a dramatic surge in state medical marijuana sales in the coming years and of that $2.15 million would be used for litigation-related expenses.

There is little doubt Florida will issue more licenses; the question remains how soon. For more information on Florida's licensing rollout, contact the author Vijay Choksi at vchoksi@foxrothschild.com

Vijay is an accomplished cannabis law attorney who leverages an insider's understanding of the business to serve the commercial and regulatory needs of clients in the medical and adult-use marijuana industries.Vijay's in-house experience means that in addition to possessing detailed knowledge of state and federal laws and regulations that govern the legal cannabis, health care and CBD sectors, he understands their practical implications for operations. Former General Counsel and Senior Director of Compliance for one of Florida's leading vertically integrated medical marijuana companies, Vijay is also well-versed in corporate matters, and has negotiated contracts governing nearly all aspects of the business, including security, lab testing, business associate relationships and commercial leases.

[1] Settlement Agreement, In re Black Farmers Discrimination Litig. No. 08-MC-0511 (D.C.C. 2011).
[2] Food, Conservation, and Energy Act of 2008, H.R. 2419, 110th Cong. § 14012(b) (2008).
[3] H.R. 2419, § 14012(c).
[4] Claims Resolution Act of 2010, H.R. 4783, 111th Cong. § 201(b) (2010).

ARE YOU KIDDING ME...

OMMU LOOKING TO GROW OFF THE BACKS OF BLACK FARMERS

BY BOB REILLY | HIGHLIFE

SOCIAL EQUITY APPLICATION PRICE TAG $350,000 TO $400,000 JUST TO APPLY!

Why are black farmers paying for OMMU's expansion, as well as, footing the bill for potential litigation. OMMU should be ashamed of themselves.

1) The social equity license was one of the first 5 original licenses and should remain at the price ($60,830) all the other white facing companies were required to pay. The social equity license original intent was to give 20% of market share to minorities. Currently it has been watered down to maybe 4.5%.

2) Additional explanations for the increased application cost from $60,830 to $146,000 is the cost of inflation. Inflation has not gone up 2.40x in the last few years. The dollar has not dimenished 59% in value.

3) GAP (General Accounting Principles) Format. I asked 51 farmers what is the GAP format accounting standard. All 51 of them asked me what is the GAP formatting standards. Most farmers are small businesses. Converting a farmers finacials from what they have to GAP formating is a serious heavy lift for most farmers in general.

Do they not understand the words social equity.

SERIOUS FIXES ARE NEEDED

NEW CANNABINOIDS ON THE BLOCK: ARE THEY LEGAL?

BY AMANDA BARTON | MR CANNABIS LAW

It's been nearly three years since the 2018 Farm Bill modified the definition of marijuana to exclude hemp and derivates of hemp derivates, making hemp products federally legal. This has allowed for an explosion of research into the Cannabis sativa L. plant. Some of the brightest minds across the country have been studying how this plant can benefit our bodies and minds through its interaction with the endocannabinoid system present in our bodies.

Research shows that there are well over 100 different cannabinoids found in the cannabis plant. The most well-known cannabinoids are Delta-9 THC and Cannabidiol ("CBD"). However, Delta-8 THC has stolen the limelight in 2021. Delta-8 THC products have been subject of a recent craze, much like CBD when it first became popular. The popularity and potential psychoactive effects of Delta-8 THC products have concerned lawmakers, regulators, and government officials throughout the country, with many states reacting quickly by issuing statements, regulations, or prohibitions against this cannabinoid. This has made navigating the legal landscape on a national level a daunting endeavor.

The research into this new cannabinoid is still in its preliminary stages. It has been reported that Delta-8 THC delivers mildly psychoactive effects without the same impairment a consumer may get from consuming Delta-9 THC. As explained by ACS Laboratory earlier this year, Delta-8 THC doesn't bind to receptors in the brain and nervous system as strongly as Delta-9 THC, thus the psychoactive effects are less intense. In recent months, other new cannabinoid products have hit the market, including Delta-10 THC, Hexahydrocannabinol ("HHC"), Tetrahydrocannabivarin ("THCv"), THC-O-acetate ("THC-O"), and Delta-9 Tetrahydrocannabiphorol ("THCp"). Each of these cannabinoids are distinct and vary in benefits and psychoactive effects.

In my opinion, to determine the legality of any new cannabinoid product there are three relevant analyses to be made pursuant to federal and state law: (i) whether the product falls within the definition of hemp, (ii) whether the product is considered a "synthetic cannabinoid, and (iii) whether the product meets the definition of a controlled substance analogue. While I prefer to leave the clinical research up to the doctors and scientists, to properly evaluate these new cannabinoids from a legal perspective, it has been imperative to understand the biology of these cannabinoids and chemistry involved in the production of the products on the market.

DOES THE CANNABINOID PRODUCT FALL UNDER THE DEFINITION OF "HEMP"?

Under the 2018 Farm Bill, the definition of hemp was drafted broadly to include "the plant Cannabis sativa L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not with a Delta-9 THC concentration of not more than 0.3 percent on a dry weight basis." (Emphasis added). The state of Florida has adopted a nearly identical definition.

The source of the material from which the cannabinoid product is derived is essential to the analysis. So long as the final product contains cannabinoids derived from hemp (and not from marijuana) and contains 0.3% total Delta-9 THC or less, the product would fall under the definition of hemp.

On September 15, 2021, the federal Drug Enforcement Agency ("DEA") echoed this sentiment in a response issued to the Alabama Board of Pharmacy. Specifically, the DEA addressed whether Delta-8 THC is controlled under the Controlled Substances Act ("CSA"). The DEA explained that while synthetically produced Delta-8 THC from non-cannabis material is controlled under the CSA, "cannabinoids extracted from the cannabis plant that have a Delta 9-THC concentration of not more than 0.3 percent on a dry weight basis meet the definition of 'hemp' and thus are not controlled under the Controlled Substances Act."

The Florida Department of Agriculture, the department which oversee the state hemp program, has adopted a similar position on the Delta-8 THC through a guidance document on its website. Currently, hemp-derived Delta-8 THC remains legal in Florida.

HHC, THC-O, and THCp, and THCv are much newer to the market and I have not found any instance of them being addressed by regulators or lawmakers at a federal or state level. However, in my opinion, the analysis should be the same.

IS THE CANNABINOID PRODUCT CONSIDERED A SYNTHETIC CANNABINOID

On August 21, 2020, the DEA released an interim final rule ("IFR") regarding the regulation of hemp. The IFR made it clear that the 2018 Farm Bill did not exclude synthetic cannabinoids from the definition of controlled substances under the CSA. While the DEA does not define synthetic cannabinoids, it refers to synthetic cannabinoids as not organic, and as chemical compounds created in a laboratory. Furthermore, the DEA describes synthetic cannabinoids as "a mixture of plant material sprayed with synthetic psychoactive chemicals" and are commonly referred to as "K2 or Spice". To create K2 or Spice, a manufacturer takes man-made molecules that are dissolved in a high-proof alcohol or acetone solvent and introduced to its plantlike host material through a soaking or spraying process. Creating K2 or Spice can be differentiated from the extraction or concentration of molecules naturally found in plant material.

There has not been a definitive finding on whether Delta-8 THC, Delta-10 THC, HHC, THCv, THC-O or THCp products are considered to be synthetic cannabinoids. All of the listed cannabinoids exist naturally within the cannabis plant, with the exception of THC-O. THCv must simply be isolated rather than undergoing a process to alter the molecular structure. In my opinion, THCv is the least likely of these cannabinoids to be deemed a synthetic cannabinoid. Delta-8 THC and Delta-10 THC are created through an isomerization process, typically utilizing hemp-derived CBD as the source material. From my understanding, to obtain HHC, the source material must first go through a concentration, isolation, or isomerization process, and then a secondary hydrogenation process. In contrast, THC-O is not naturally occurring in hemp and is only created in a laboratory. For this reason, I believe it is more probable that THC-O could be deemed a synthetic cannabinoid in comparison to the others.

DOES THE CANNABINOID PRODUCT QUALIFY AS A CONTROLLED SUBSTANCE ANALOGUE?

21 U.S.C. § 813(a) ("Federal Analogue Act") establishes federal regulations for controlled substance analogues. 21 U.S.C. § 802(32) defines a "controlled substance analogue" as a substance:

> (i) the chemical structure of which is substantially similar to the chemical structure of a controlled substance in schedule I or II, (ii) which has a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant depressant, or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II; or (iii) with respect to a particular person, which such person represents or intends to have a stimulant, depressant, or hallucinogenic effect on the central nervous system that is substantially similar to or greater than the stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance in schedule I or II.

The Federal Analogue Act states a controlled substance analogue is treated as a schedule I substance. In other words, if one creates a substance that has essentially the same or greater effect on the central nervous system as a schedule I or schedule II controlled substance, then the newly created substance is treated as a schedule I substance. Under Florida Statute § 893.0356, Florida regulates controlled substance analogues similar to the Federal Analogue Act.

It is unclear whether hemp products fall under the regulations of the Federal Analogue Act and comparable state statute. On one hand, the Federal Analogue Act may not apply because hemp and hemp derivatives were explicitly removed from the CSA under the 2018 Farm Bill. However, on the other hand, certain cannabinoids can produce psychoactive effects similar to Delta-9 THC. Regulators are concerned that marketing, manufacturing, and selling psychoactive products could create risks to the public, especially for minors. With Delta-9 THC being the most famous psychoactive cannabinoid in cannabis and its concentration being the entire distinction between hemp and marijuana, the DEA and state regulators will likely want to keep a close eye on products that react substantially similar to a user's central nervous system when compared to Delta-9 THC and those such products will be subject of strict scrutiny.

While research and data are still limited for these new cannabinoids, I think the potency of these cannabinoids as compared to Delta-9 THC will be a key factor in the analysis moving forward.

Not all cannabinoids are created equal, and it is important to evaluate the legality of each one separately. There are many positive benefits to these cannabinoids, so I urge lawmakers and regulators to not rush to ban them without first attempting to understand each from a scientific perspective. The health and safety of consumers is a driving factor and should be central in the evaluation, especially when considering the potency of each cannabinoid product.

While this article is intended to give readers an overview of some of the relevant factors in an evaluation of the legality of a cannabinoid product, please understand this is not a complete analysis of the laws and regulations discussed herein.

Additionally, there are other relevant laws and regulations which have not been discussed here, but which may be relevant to the analysis.

At Mr. Cannabis Law, Ms. Barton assists a wide array of clients in the cannabis and psychedelic industries with their corporate, business, compliance, and regulatory needs. She helps early-stage start-up companies with strategic corporation formation, drafting governing documents, and obtain required licenses and permits, as well as assists established companies with expanding their business through joint ventures and collaborations, mergers and acquisitions, protecting their intellectual property, and raising capital. A large portion of her practice is also dedicated to assisting companies apply for their marijuana or hemp licenses and helping those companies navigate the constantly evolving cannabis and hemp rules and regulations

[1] https://albop.com/oodoardu/2021/10/ALBOP-synthetic-delta8-THC-21-7520-signed.pdf
[2] https://www.fdacs.gov/content/download/94040/file/Delta8.pdf
[3] https://www.dea.gov/sites/default/files/2020-06/K2-spice-2020.pdf
[4] https://www.dea.gov/sites/default/files/2020-06/K2-spice-2020.pdf
[5] https://ritterspencer.com/the-next-risk-inherent-cannabinoid-thc-o-acetate/
[6] Hollister, Leo E. "Structure-Activity Relationships in Man of Cannabis Constituents, and HOMOLOGS and Metabolites of Δ9-Tetrahydrocannabinol." Pharmacology, vol. 11, no. 1, 1974, pp. 3–11., doi:10.1159/000136462

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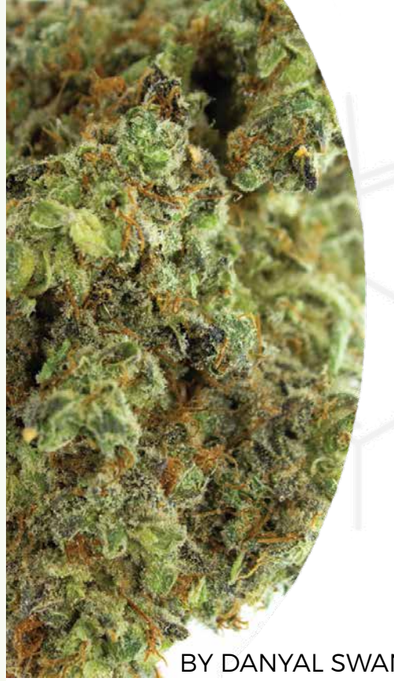

MÜV AND STRAINPRINT:
FURTHERING CANNABIS AS MEDICINE

BY DANYAL SWAN | MÜV

RESEARCH

If there's one thing holding cannabis nonbelievers back from the realm of acceptance, it's the lack of research. In-vivo, observational studies measuring the impact of cannabis. Unfortunately, due to the current label of cannabis as a Schedule 1 Drug by the Drug Enforcement Agency, finding research studies supporting cannabis as medicine is easier said than done.

But the research is out there for those willing to find it.

With the help of Florida patients and Strainprint, MÜV has gained invaluable insights regarding cannabis as medicine – and the use of specific products for specific symptoms.

THE STRAINPRINT APP - BY PATIENTS, FOR PATIENTS

Stephanie Karasick had tried everything to help with her depression and anxiety and, after years of struggling with traditional pharmaceuticals, decided to explore alternative medicine in the form of medical cannabis. A week into this new path, Karasick noticed her uptick in mood - and that strains affected her differently. She took detailed notes of how she felt before and after medicating, how many doses it took of the product to achieve the desired effect, and how long the effects lasted.

After journaling and dialing in her own routine, Karasick had a thought – if I can track every step I take with a smart watch, why isn't there a solution for tracking my medical cannabis sessions?

Karasick took this question and, with the help of passionate data experts, developed Strainprint, the first medical cannabis journaling app created by patients, for patients.

Upon signup of the app, patients indicate the ailment they have and the symptoms tied to that ailment. Tracking a medicating session with cannabis products is as simple as tapping buttons within the app, with the beauty of tracking resulting in efficacies for symptom management.

1. Indicate the symptom(s) they are seeking to ease
2. Indicate the severity of symptom(s) on a scale of 1-10
3. Select the MÜV strain/product being used (populated from "My Products")
4. Record the dosage used (1 puff of vape, 1 dropper of tincture, etc.)
5. After 20 minutes (or more, depending on method of consumption), the app notifies the patient to record their symptom level post-medicating.

The change in the symptom from before and after medicating is calculated as the product's efficacy for that specific symptom. While patients can view their personal efficacies from tracked sessions, an average efficacy is calculated for all symptoms. An average efficacy, too, is calculated for products by averaging the outcomes of all patients that tracked a specific product for a specific symptom.

Strainprint gives patients the power to take control of their symptom management; to identify the products that work best for their individual needs. The app takes these insights a step further, as the anonymized data is shared throughout the platform, guiding patients make informed decisions on the best products to add to their routine.

MÜV & STRAINPRINT REVOLUTIONIZING FLORIDA MEDICAL CANNABIS

MÜV saw the immense value in this platform. The app was added into the robust toolset utilized at the dispensaries in October of 2020. In the past year, **7,300** MÜV Patients enrolled with Strainprint and have recorded **49,000** medical cannabis tracking sessions.

In the past year, 7,300 MÜV Patients enrolled with Strainprint and have recorded 49,000 medical cannabis tracking sessions.

"The partnership with MÜV is one that we at Strainprint highly value," said Andrew Mulnoff, Co-Founder and Chief Executive Officer at Strainprint. "Their commitment to furthering their understanding of strains and products to improve the health and wellness of their patients is palpable, and their patient base interaction with the app is a true testament to this."

These patients are lovingly referred to as Patient Pioneers, Florida medical cannabis patients who are pioneers in self-reported cannabis research. MÜV Patient Pioneers are helping to gather real data about medical cannabis for symptom management through the Strain Assessment Program, and are rewarded with discounts upon completing 5 tracked sessions of an eligible strain or product.

With their help, MÜV has made great strides in recommending products to patients.

MÜV CANNABIS AND MENTAL HEALTH: THE DATA

Anxiety, depression, stress and other mental disorders are arguably pervasive issues in America. In fact, the Anxiety and Depression Association of America reports 40 million adults suffer from anxiety, depression, and stress each year.

Cannabis has shown to be efficacious in quelling several mood disorders, and according to MÜV Patients, several products have been adept at easing symptoms*:

Anxiety (47% average efficacy across all cannabis data)
Cherry Punch Flower: 60% efficacious
Püre Maui Wowie Cartridge: 59% efficacious
Depression (51% average efficacy across all cannabis data)
Püre Maui Wowie Cartridge: 71% efficacious
Durban Dream Flower: 61% efficacious
Stress (55% average efficacy across all cannabis data)
London Pound Mints Flower: 60% efficacious
Slurricane Flower: 68% efficacious
*Patient-reported data as of December 2021

MÜV CANNABIS AND PAIN MANAGEMENT: THE DATA

Chronic pain, too, is highly prevalent in the United States. The CDC puts estimates at 11-40% of the U.S. population, and is often linked to mental health conditions. The current estimates of efficacies of cannabis for pain management are highly promising, particularly due to its minimal side effects when compared to opioids.

*MÜV Patients have confirmed what early research has shown**:

Upper Back Pain (50% average efficacy across all cannabis data)
Püre Canna-Tsu Cartridge: 68% efficacious
Strawberry Cough Flower: 56% efficacious
Joint Pain (49% average efficacy across all cannabis data)
Wana Strawberry Lemonade 1:1 Soft Chews: 65% efficacious
Wana Watermelon Hybrid Soft Chews: 67% efficacious
Headache (54% average efficacy across all cannabis data)
Guru Flower: 71% efficacious
Ice Cream Cake Flower: 65% efficacious
*Patient-reported data as of December 2021

MÜV CANNABIS AND INSOMNIA: THE DATA

Insomnia is a symptom that can be brought about by a host of underlying issues, such as pain, or occur on its own. Short-term insomnia is prevalent in the U.S., reported by approximately 30% of Americans, according to the Sleep Association, and 10% of Americans experiencing chronic insomnia. Thankfully, cannabis has shown to ease the sleep issue. At MÜV, these strains and products include*:

Insomnia (53% average efficacy across all cannabis data)
Püre Blueberry Cartridge: 75% efficacious
THC EnCaps: 73% efficacious
*Patient-reported data as of December 2021

Mood disorders, pain, and insomnia are not all that is tracked within Strainprint. Patients can track up to three symptoms per medicating session, ranging from appetite issues to insomnia, seizures to bladder issues, allowing patients to truly customize their medicating experience. Of course, MÜV is not alone in seeing the value in this app.

STRAINPRINT IN PEER-REVIEWED STUDIES

Strainprint data has been leveraged in several peer-reviewed research studies, a true testament to the app itself. These studies include:

• Short- and Long-term Effects of Cannabis on Headache and Migraine, published in the Journal of Pain. Washington State University researchers examined a total of 19,000 Strainprint self-reported medicating sessions. Researchers found that cannabis reduced headaches and migraines by 50%.

• Short- and Long-term Effects of Cannabis on Symptoms of Post-Traumatic Stress Disorder, published in the Journal of Affective Disorders. Researchers at Washington State University and the University of Pennsylvania Perleman School of Medicine analyzed over 11,500 tracked sessions recorded in the Strainprint app and found patients reported an average of 67% reduction in irritability, 62% reduction in intrusive thoughts, and 57% reduction in anxiety, and 51% reduction in flashbacks.

• Acute Effects of Cannabis on Symptoms of Obsessive-Compulsive Disorder, published in the Journal of Affective Disorders. Researchers at Washington State University examined the effects of cannabis on symptoms of OCD, finding that inhaling cannabis reduced intrusive thoughts by 49% and compulsions by 60%.

This peer-reviewed research confirms what anecdotal evidence has claimed – that cannabis holds therapeutic value. Thanks to the Strainprint app, patients that track, and researchers, the results further support the calls for double-blind, placebo-controlled studies on the plant.

BE THE RESEARCH

The partnership between MÜV and Strainprint has furthered our knowledge of the plant as medicine in Florida, leading to helpful and data-backed recommendations to further well-being. Each day we inch closer to a wide acceptance of cannabis because of apps like Strainprint and the knowledge they bring forth.

This knowledge, however, would truly not be possible without our Patient Pioneers. Thank you for being pioneers in cannabis research, confirming the anecdotal stories, and for helping other patients like you in their own journeys with cannabis.

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[Foodgasm!!!]

WINTER VEGGIE PIE

INGREDIENTS:
2 tbsp cannabis olive oil
2 onions, sliced
1 tbsp flour
10 ounces (about 2 large) carrot, cut into small batons
½ cauliflower, broken into small florets
4 garlic cloves, finely sliced
1 rosemary sprig, leaves finely chopped
14 ounce can of chopped tomato
7 ounces frozen pea
1 cannabis concentrate syringe
30 ounces of potato, cut into chunks
up to 200ml/7fl oz milk

DIRECTIONS:
Heat 1 tbsp of the cannabis oil in a flameproof dish over a medium heat. Add the onions and cook for 10 mins until softened, then stir in the flour and cook for a further 2 mins. Add the carrots, cauliflower, garlic and rosemary, and cook for 5 mins, stirring regularly, until they begin to soften.

Tip the tomatoes into the vegetables along with a can full of water. Cover with a lid and simmer for 10 mins, then remove the lid and cook for 10-15 mins more, until the sauce has thickened and the vegetables are cooked. Season, add cannabis concentrate and stir in the peas; cook for 1 min more.

Meanwhile, boil the potatoes for 10-15 mins until tender. Drain, then place back in the saucepan and mash. Stir through enough milk to reach a fairly soft consistency, then add the remaining olive oil and season.

Heat the grill. Spoon the hot vegetable mix into a pie dish, top with the mash and drag a fork lightly over the surface. Place under the grill for a few mins until the top is crisp golden brown

BY CHEF MARY ADAMS

Facebook: cbdchefmary
Instagram: cbdchef
Website: cbdchefmary.com

WHITE CHICKEN CHILI

INGREDIENTS:
1 pound boneless skinless chicken breasts, cut into 1/2-inch cubes
1 medium onion, chopped
1-1/2 teaspoons garlic powder
1 tablespoon cannabis canola oil
2 cans (15-1/2 ounces each) great northern beans, rinsed and drained
1 can (14-1/2 ounces) chicken broth
2 cans (4 ounces each) chopped green chiles
1 teaspoon salt
1 teaspoon ground cumin
1 teaspoon dried oregano
1/2 teaspoon pepper
1/4 teaspoon cayenne pepper
1 cup sour cream
1 syringe cannabis concentrate
1/2 cup heavy whipping cream

Tortilla chips, optional
Shredded cheddar cheese, optional
Sliced seeded jalapeno pepper, optional

DIRECTIONS:
In a large saucepan, saute the chicken, onion and garlic powder in oil until chicken is no longer pink. Add the beans, broth, chilies and seasonings. Bring to a boil. Reduce heat; simmer, add cannabis concentrate uncovered, for 30 minutes. Remove from the heat; stir in sour cream and cream. If desired, top with tortilla chips, cheese and jalapenos.

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*'**ECS**' FOR SHORT*

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IMMUNE SYSTEM · INFLAMMATION · STRESS
APPETITE · SLEEP · PAIN

CONSISTS OF **2 KEY RECEPTORS**

CB1
Found in the
- GASTROINTESTINAL TRACT
- REPRODUCTIVE ORGANS
- VASCULAR SYSTEM
- MUSCLES
- LUNGS
- BRAIN

CB2
Found in the
- BONES
- BRAIN
- SPLEEN
- SKIN

CB1 & CB2: LIVER · PANCREAS · BONE MARROW · GALLBLADDER · BRAIN STEM

TOXINS · **POOR DIET** · **STRESS** · **NO EXERCISE**

These can cause your pet's body to **underproduce** endocannabinoids making them more prone to illness, disease or generally poor health.

GROW	EXTRACT	INTEGRATE
HEMP IS A TYPE (SPECIES) OF CANNABIS PLANT	CANNABIDIOL (CBD) IS EXTRACTED FROM HEMP	ADD CBD HEMP TO YOUR PET'S DAILY ROUTINE
NANOSOL™ focuses on using only Farm Bill Compliant Hemp for all products.	All NANOSOL™ products are tested to ensure there's 0.000% THC	Regular dosing helps your pet's body from destroying their naturally occurring endocannabinoids.

Learn about CBD Hemp & Dosing at **NANOSOLPET.COM**

Ranked Nationally as a Top Firm for Cannabis Law

– Chambers USA

The first large law firm to form a national legal team in this space, Akerman has extensive experience and knowledge bolstered by long-established relationships with the key federal and state regulatory agencies that are shaping how business is done in the legal cannabis industry.

Akerman's Cannabis Team understands the complex legal and business issues impacting companies and individuals in the adult-use and medical space and we have the depth of experience and national reach necessary to help clients meet their business objectives. Businesses involved in the legal cultivation, processing, and distribution of cannabis, as well as those providing ancillary services, face an array of legal issues that is further complicated by the overlay of cannabis regulations, which affect even the most seemingly simple business decisions.

Our team monitors notable industry trends and legislative developments to provide timely guidance to clients seeking to navigate the maze of often-conflicting federal, state, and local laws and regulations governing cultivation and distribution of cannabis.

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