

# Georgia Association of Chiefs of Police



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*Accenting Professional Law Enforcement Management Through Training*

February 2, 2015

The Honorable Nathan Deal,  
Governor, State of Georgia

The Honorable Casey Cagle,  
Lieutenant Governor, State of Georgia

The Honorable David Ralston,  
Speaker, House of Representatives  
State of Georgia

Dear Governor Deal, Lt. Governor Cagle, and Speaker Ralston:

I write to you on behalf of the Georgia Association of Chiefs of Police (GACP) to express the unanimous opposition to HB 1 (LC 37-1877S) voiced by the GACP's Board of Directors, led by our esteemed President, M. Keith Glass, the Police Chief for the City of Monroe, Georgia, and the majority of its more than 1,200 members, most of whom are chief executives of law enforcement agencies throughout the State.

While we are sympathetic to the concerns and admire the compassion expressed both by you and by the Bill's chief sponsor, Rep. Alen Peake, we believe that adoption of this legislation is bad public policy, would be contrary to the views of the vast majority of the scientific and medical communities, violative of federal laws, and because it undermines public confidence in the law in general.

The **Food and Drug Administration** has classified marijuana and all of its products, including cannabinoid oil as a Class I controlled substances. Drugs included in this classification are those that the FDA has determined to be inherently dangerous, have no currently accepted medical efficacy, lack accepted safety under medical supervision, and have high potential for abuse. To date there have been no scientifically-validated studies indicating that the use of such substances provides improvement in any medical condition that is sufficient to justify the known risks which include psychosis. The FDA and the medical-scientific establishment continue to recognize all forms of marijuana as inherently dangerous substances.

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The suggestion that the Department of Justice's so-called "Cole Memorandum" indicates that the federal government has approved the use of medical marijuana is false and extraordinarily misleading. First of all, the Department of Justice has no authority to "legalize" that which statutes passed by the Congress of the United States and signed into law by the Chief Executive have prohibited. Secondly, the "Cole Memorandum" does not purport to "legalize" or even to "turn a blind eye" to the enforcement of federal drug statutes applicable to marijuana. Rather, that memorandum only defined to Department of Justice's determinations of its own prosecutorial priorities that left the enforcement of the prohibitions against the use of "medical marijuana" to the states. It grants no immunity to any person possessing, selling, distributing, transporting, or cultivating marijuana for any purpose. Moreover, the Department of Justice's enforcement priorities are likely to change with the confirmation of a new Attorney General. The leading candidate, Ms. Lynch, has testified: [I]t would be my policy . . . to continue enforcing the marijuana laws. . . as I have noted in cases in my own district brings with it, not only organized crime activity, but great levels of violence." Hence reliance upon the "Cole Memorandum" is likely to lead to confrontations with federal drug enforcement officials in the future.

When the popularly-named "Haleigh's Hope" bill first was introduced into the legislature, it applied to a very limited and narrow set of medical conditions. HB 1 now has metastasized from its initial draft--that was narrow in scope-- to cover a far broader expanse of medical conditions for which there is no scientific basis to suggest that cannabinoids may be efficacious treatments. In this respect the arc of Georgia's legislation is following the well-worn legislative path traveled by the other states leading inexorably to the wholesale legalization of all uses of marijuana in Washington, Colorado, California and Oregon.

HB1 represents a long step backwards in public health policy. Never before has the State of Georgia based its public health decisions on popular emotions driving political considerations. Unlike other states, our legislators have not allowed themselves to become manipulated or influenced by groups financed and supported by marijuana industry interests from outside of Georgia in pursuit of a national agenda to legalize all use of marijuana, by first inoculating public sentiment to opposition of the so-called "medicinal" use of marijuana. This is but the camel's nose in the tent. In every state where recreational marijuana has been approved by legislative enactments, such self-destructive decisions were preceded by emotional appeals resulting in approval of "medical" use of marijuana. Indeed, after living under its recently enacted laws, Colorado's Governor, John Hickenlooper (D. Colo.), called Colorado's enactment of its marijuana statutes "reckless."

Every reputable national medical association, including the **American Medical Association, the American Academy of Pediatrics, the National Multiple Sclerosis Society, the American Psychological Association, the American**

**Psychiatric Association**, and the **American Society for Addiction Medicine** all have gone on record as opposing the “medicinal” use of marijuana. The **Multiple Sclerosis Society** says, “Studies completed thus far have not provided convincing evidence that marijuana or its derivatives provides substantiated benefits for the symptoms of MS.” The **American Medical Association** said that “the number of significant side effects generated by the long term oral use of marijuana . . . make marijuana a poor choice in the treatment of glaucoma, a chronic disease requiring proven and effective treatment.” The **American Academy of Pediatrics** likewise opposes the legalization of medical marijuana, saying: “We oppose the use of marijuana for medical purposes, except for drugs that are approved by the FDA.” They continue, “Studies have found that marijuana use in adolescents is linked with lower graduation rates in high school.” They also have noted that its use is linked with permanently lower IQ levels. The **Medical Associations of Georgia and Florida** likewise have announced their unequivocal opposition to the legalization of marijuana use in medicine. The **American Psychiatric Association** has noted, “There is no current scientific evidence that marijuana is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at a minimum, a strong association of cannabis use with the onset of psychiatric disorders. Adolescents are particularly vulnerable to harm, given the effects of cannabis on neurological development.” They further have cautioned, “The buyer of marijuana has no way of knowing the strength or purity of the product, as cannabis lacks the quality controls of FDA approved medicines. The content and potency of various cannabinoids contained in [marijuana products] can also vary, making dosage standardization a challenging task.”

It is easy to appreciate and even admire the compassion that is elicited in proponents of HB1 by the sight of children afflicted with various neurological conditions causing uncontrollable seizures. These sights naturally trigger sympathetic emotions in any observer. However, emotion is no substitute for leadership. Nor is emotion or good intentions excuses for decisions that ignore reputable medical scientific research and the costly experiences in the erosion of the social fabrics of other states. “Legalization” of marijuana is not the panacea its supporters would have the public believe. It has not resulted in a decrease of criminal activity in those states. Nor have the tax windfalls from legalization that were predicted been sufficient to offset the costs of the social decay that widespread marijuana use is bringing in those states.

Finally, “legalizing” the use of marijuana in any form sends a dangerous and duplicitous message to the citizens of Georgia which is, that they may pick and choose laws that they will observe or violate without adverse consequence. This invites disrespect for all laws and eventually results in chaos.

In conclusion, the GACP agrees with the views of the **American Psychiatric Association** that “medical treatment should be evidence-based, and determined

by professional standards of care; it should not be authorized by ballot initiatives." If the legislature adopts any position on this law, let them fund a comprehensive study that incorporates scientifically valid research regarding medicinal marijuana and that is mindful of the societal consequences of such legislation.

This correspondence is being submitted under my binding duty to GACP's President M. Keith Glass, all of the other members of the GACP Executive Board, as well as the majority of the over 1,200 honorable men and women who serve our State proudly and treasure our country's principles.

Respectfully,

A handwritten signature in black ink, consisting of a large, fluid, cursive loop that starts on the left, goes up and over, then down and under, ending on the right.

Frank Vincent Rotondo, Executive Director  
Georgia Association of Chiefs of Police, Inc.

cc: The Honorable Rich Golick  
The Honorable Allen Peake