

## “Medical” marijuana or marketing plan?

- For the marijuana industry, medical legalization is the surest way to achieve full legalization.
- The former director of NORML, [Richard Cowan said](#), “... once there’s medical access, if we continue to do what we have to do... then we’ll get full legalization.”
- Many licensed marijuana companies in medical states are also licensed to sell recreational marijuana in states where it is fully “legal,” giving these companies a hand in both markets.



## Science raises questions about the efficacy of marijuana as medicine.

- The commercial medical marijuana market races ahead of science available on its efficacy in treating a number of ailments.
- Pain is one of the most commonly reported qualifying conditions in “legal” states, in spite of evidence suggesting marijuana fails to mitigate pain (CDPHE, 2019; Tampa Bay Times, 2019; Politico, 2020).
- [83% of “medical” marijuana dispensaries](#) in Colorado recommended THC products to pregnant women. Consuming marijuana during pregnancy is dangerous and can inhibit fetal development.

**THE SCIENCE IS CLEAR**

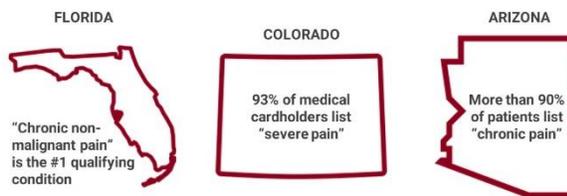
A “vast majority of products... including medical-only programs, contained THC designed for recreational use (i.e. >15%).”  
(Cash et al., 2020)

Adults with pain are “increasingly vulnerable to adverse cannabis use outcomes,” and more often reported Cannabis Use Disorder (CUD).  
(Hasin et al., 2020)

There is “scarce evidence” that marijuana can improve depressive disorders; anxiety disorders; ADHD; Tourette syndrome; PTSD; or psychosis.  
(Black et al., 2019)

“Evidence for effectiveness of cannabinoids in CNCP (Chronic Non-Cancer Pain) is limited... It seems unlikely that cannabinoids are highly effective medicines for CNCP.”  
(Stockings et al., 2018)

“[P]RESCRIPTION OPIOIDS WERE SEEN AS A WONDER DRUG, ESPECIALLY FOR PAIN MANAGEMENT.”  
“WE SHOULD NOT REPEAT HISTORY WITH YET ANOTHER WONDER DRUG INSTALLED BEFORE PROPER EVIDENCE.”  
- ADDICTION, 2018<sup>9</sup>



In 2019, [Shover et al.](#), debunked a study shared widely by the marijuana industry that suggested MML was associated with fewer opioid deaths.



## “Medical” pot brings many of the same consequences as recreational legalization.

- Living near a medical marijuana dispensary is associated with an increase in use and more positive association, as well as [greater experimentation](#), among [youth](#) and [young adults](#).
- Poison control center calls for youth exposures [increased 140%](#) after MML in Massachusetts.
- While industry proponents suggest that legalization will reverse the opioid epidemic, some studies have found a correlation between MML and an increase in [opioid-related deaths](#).

## Businesses face risks from MML.

- Many states—[such as Nevada](#)—now prohibit employers from testing employees or requiring job applicants to be tested for marijuana. Many employers are also prohibited from firing medical marijuana users.
- In New Mexico, courts decided that companies were required to [reimburse employees](#) for medical marijuana use (Vialpando v. Ben’s Automotive, 2014; Maez v. Riley Industrial, 2015; Lewis v. American General Media, 2015).

