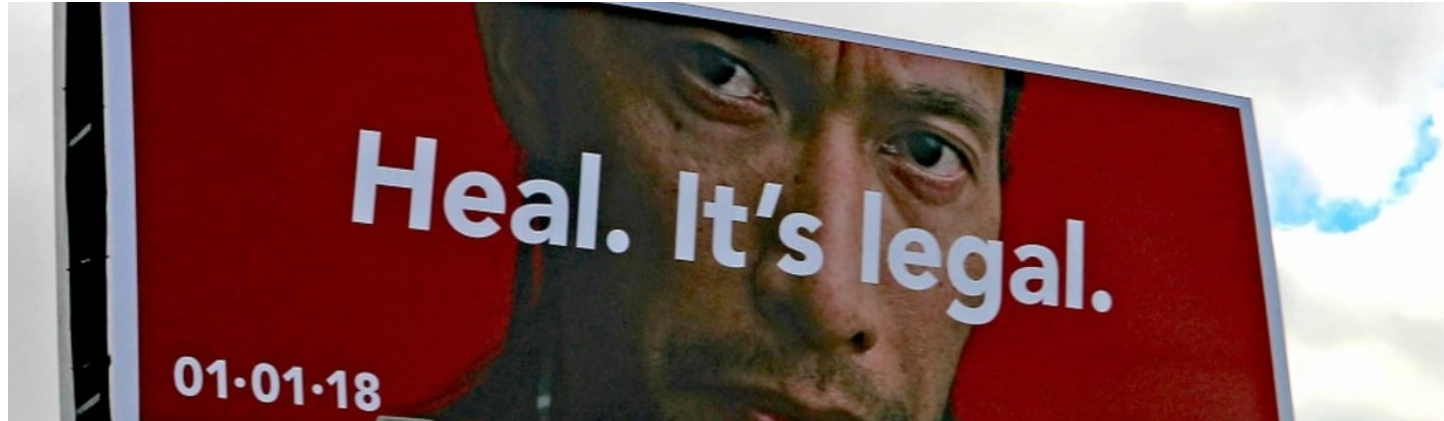


“Medical” Marijuana

The marijuana industry frames legalization as healthcare. The peer-reviewed record disagrees: a **December 2025 JAMA review of 2,500 papers** found “*limited or insufficient*” evidence for most medical uses, roughly **one in three medical users** meets criteria for cannabis use disorder, and “*medical*” markets bring the **same youth-use, opioid, and pregnancy harms** as recreational legalization.

INDUSTRY'S MARKETING PLAYBOOK · CO-OPTED MEDICAL IMAGERY



MedMen billboard, Sepulveda & 96th near LAX, January 2018 — pharmaceutical language (“Heal”) sold from the highway.¹ No FDA-approved indication permits a marijuana product to be advertised as treating any condition.

JAMA · DECEMBER 2025 REVIEW OF 2,500 PAPERS²

~30%

Of medical-marijuana users meet criteria for cannabis use disorder

A UCLA-led JAMA review found **limited or insufficient evidence** for most medical uses — including pain, sleep, anxiety, and PTSD — while documenting growing addiction risk among the medical-user population.^{2,3}

MASSACHUSETTS · AFTER MEDICAL-MARIJUANA LEGALIZATION⁷

+140%

Poison-control calls for marijuana exposures among youth

Living near a medical-marijuana dispensary is independently associated with **greater experimentation** and more positive attitudes about marijuana among youth and young adults.^{7,8}

COLORADO · MEDICAL-MARIJUANA QUALIFYING CONDITIONS⁴

The pain “qualification” doesn't match the pain-trial evidence



90% of Colorado cardholders cite **severe pain**; a 4-year *Lancet Public Health* prospective study and a 2022 *JAMA Network Open* meta-analysis found no effect on pain or opioid use.^{5,6}

COLORADO DISPENSARIES · PREGNANT-PATIENT INQUIRY⁹

83%

Of dispensaries recommended THC products to pregnant women

No FDA-approved use exists. The U.S. Surgeon General has explicitly advised against marijuana use during pregnancy — it is linked to **fetal growth restriction, premature birth, stillbirth**, and impaired neonatal brain development.^{9,10}

“MEDICAL” IS THE INDUSTRY'S PIPELINE TO FULL LEGALIZATION — NOT A CLINICAL PROGRAM^{11,12}

2,500

peer-reviewed papers in the **2025 JAMA review** — insufficient evidence for most medical claims.²

+23%

opioid-related deaths in MMJ states after 2010 — reversing earlier “reduction” claims.¹¹

×

employer drug-testing rights **preempted** in multiple MMJ states; employers can be ordered to **reimburse** employee marijuana use.¹²

Endnotes

All statistics in this brief are drawn from peer-reviewed publications (JAMA, JAMA Network Open, *The Lancet Public Health*), federal sources (CDC, U.S. Surgeon General), the Colorado Department of Public Safety, Massachusetts Poison Control / public-health surveillance, and SAM's *Lessons Learned from State Marijuana Legalization – Impact Report 2026–2027*.

1. MedMen Enterprises Inc. (December 2017–January 2018). “**Forget Stoner. It’s a New Day**” campaign — outdoor billboards including “*Heal. It’s legal.*” placed near Los Angeles International Airport at Sepulveda Blvd. & 96th St., coinciding with the launch of California recreational sales on Jan. 1, 2018. Documented in the *Los Angeles Times*, Adweek, and Cohn, A. M., et al. (2023), **Outdoor medical cannabis advertising in Oklahoma: Examining regulatory compliance and social meanings in billboard content**, *Substance Use & Misuse*, 58(11), 1425–1437 — which catalogs the broader industry pattern of co-opted pharmaceutical imagery (green crosses, “dispensary” language, white-coat motifs).
<https://doi.org/10.1080/10826084.2023.2223299>
2. Hsu, M., et al. (December 2025). **Cannabis and Cannabinoids for Medical Conditions: A Comprehensive Review**. *JAMA*. UCLA-led analysis of more than 2,500 clinical trials, reviews, and medical guidelines from the past 15 years — concluded evidence supporting most medical-cannabis uses is “limited or insufficient”; documented elevated cannabis use disorder risk among medical users.
<https://jamanetwork.com/journals/jama>
3. Substance Abuse and Mental Health Services Administration. (2023). **2023 National Survey on Drug Use and Health (NSDUH): Detailed Tables**. 19.2 million Americans had Cannabis Use Disorder in 2023, up from 14.2 million in 2020. Among medical-cannabis users specifically, recent analyses cited in the JAMA review estimate 29–34% meet CUD criteria.
<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases/2023>
4. Colorado Department of Public Safety, Division of Criminal Justice (2021). **Impacts of Marijuana Legalization in Colorado — Report Pursuant to Senate Bill 13-283**. 90% of registered medical-marijuana cardholders cite severe pain as their qualifying condition.
<https://dcj.colorado.gov/dcj-offices/ors/doc-rpt>
5. Campbell, G., et al. (2018). **Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study**. *The Lancet Public Health*, 3(7), e341–e350. No evidence marijuana mitigated pain severity, pain interference, or rates of opioid prescribing.
[https://doi.org/10.1016/S2468-2667\(18\)30110-5](https://doi.org/10.1016/S2468-2667(18)30110-5)
6. Gedin, F., et al. (2022). **Placebo response and effectiveness of cannabinoids for chronic pain: A systematic review and meta-analysis of randomized clinical trials**. *JAMA Network Open*, 5(11), e2243848. Cannabinoids no better than placebo at relieving chronic pain.
<https://doi.org/10.1001/jamanetworkopen.2022.43848>
7. Massachusetts Poison Control Center / Department of Public Health surveillance, as compiled in SAM (2026). **Lessons Learned from State Marijuana Legalization — Impact Report 2026–2027**, §Youth and accidental exposures. 140% increase in calls for youth marijuana exposures following the implementation of medical-marijuana legalization in Massachusetts.
<https://learnaboutsam.org/>
8. Shih, R. A., et al. (2019). **Associations between perceived parental marijuana attitudes, descriptive and injunctive peer norms, and marijuana use frequency among 8th and 10th graders in marijuana-legal states**. *Drug and Alcohol Dependence*; D’Amico, E. J., et al. (2018). **Effects of cannabis advertisement exposure on adolescent cannabis use, attitudes, and intentions to use**. Both find that medical-marijuana dispensary density and outdoor advertising exposure are linked to increased youth use and lower harm perceptions.
<https://pubmed.ncbi.nlm.nih.gov/30852380/>
9. Dickson, B., et al. (2018). **Recommendations from cannabis dispensaries about first-trimester cannabis use: Obstetrics & Gynecology**, 131(6), 1031–1038. 83% of 400 contacted Colorado dispensaries recommended cannabis products to first-trimester pregnant patients for nausea.
<https://doi.org/10.1097/AOG.0000000000002619>
10. U.S. Surgeon General. (2019). **Surgeon General’s Advisory: Marijuana Use and the Developing Brain**. Office of the Surgeon General. Marijuana use during pregnancy is linked to fetal growth restriction, premature birth, stillbirth, and problems with brain development.
<https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/advisory-on-marijuana-use-and-developing-brain/>
11. Shover, C. L., Davis, C. S., Gordon, S. C., & Humphreys, K. (2019). **Association between medical cannabis laws and opioid overdose mortality has reversed over time**. *PNAS*, 116(26), 12624–12626. The earlier Bachhuber et al. (2014, *JAMA Internal Medicine*) finding of reduced opioid deaths in MMJ states reversed to a 23% increase when extended past 2010.
<https://doi.org/10.1073/pnas.1903434116>
12. Workplace decisions, as compiled in SAM (2026). **Lessons Learned from State Marijuana Legalization — Impact Report 2026–2027**: Nevada and several other states prohibit employer marijuana testing; *Vialpando v. Ben’s Automotive* (NM 2014), *Maez v. Riley Industrial* (NM 2015), and *Lewis v. American General Media* (NM 2015) required employer reimbursement of medical-marijuana use.
<https://learnaboutsam.org/>