



Effective Arguments for Medical Cannabis Advocates

Introduction

The key to being a successful medical cannabis advocate is effective communication. Specifically, advocates must be able to: 1) convey the most important arguments in support of medical cannabis laws, and 2) respond to arguments made in opposition to medical cannabis laws. Whether you are engaging in personal discussions, participating in public debates, conducting media interviews, or corresponding with government officials, it is critical that you are prepared.

This document will provide you with the most persuasive talking points and strongest rebuttals to employ when communicating about medical cannabis. We recommend you keep it handy when conducting interviews or engaging in public debates. You are also welcome to convey the information verbatim or simply use it as a general guide when carrying out advocacy activities.

NOTE: Statistics can change rapidly and there are constant developments surrounding the issue. If you would like to confirm whether a given piece of information is current, or if you would like to suggest additions or revisions to this document, please contact the Marijuana Policy Project communications department at media@mpp.org.

Proactive Arguments

These are the key points to convey when given the opportunity to make our case.

- **Medical cannabis is proven to be effective in the treatment of a variety of debilitating medical conditions.** A vast majority of Americans recognize the legitimate medical benefits of cannabis, as well as a large number of medical organizations.
- **Seriously ill people should not be subject to arrest and criminal penalties for using medical cannabis.** If cannabis can provide relief to those suffering from terrible illnesses like cancer and HIV/AIDS, it is unconscionable to criminalize them for using it. People who would benefit from medical cannabis should not have to wait – and in some cases cannot wait – for the right to use it legally.
- **Suffering individuals should not be forced to use far more dangerous and addictive prescription medications.** Cannabis is far less harmful and poses fewer negative side effects than most prescription drugs – especially opiate-based painkillers – and patients often find it to be a more effective treatment. Medical cannabis has been shown to allow patients to decrease or eliminate their use of prescription opiates — which cause more than 16,000 fatal overdoses each year in the U.S.^[1] Cannabis does not cause fatal overdoses. It is cruel and senseless to force patients to use a potentially fatal medication instead of a safer alternative.
- **State medical cannabis laws are needed to ensure patients have legal, safe, and reliable access to medical cannabis.** Patients should not have to resort to the potentially dangerous underground market to access their medicine. By regulating medical cannabis, we can ensure it is free of pesticides, molds, and other impurities, and patients will know exactly what they are getting.

- **Ninety-three percent of U.S. voters think cannabis should be legal for medical use, including 85% of Republicans, more than 95% of Democrats and independents, and more than 92% of each age group.**^[2] Thirty-seven states, the District of Columbia, and five S. territories have adopted laws that allow people with certain medical conditions to use medical cannabis, and similar laws are being considered in states around the country. An additional 12 states have adopted laws that recognize the medical value of at least some preparations of cannabis, but are either unworkable or exceptionally restrictive. Only one state — Idaho — has not approved any form of medical cannabis law.

Reactive Arguments

These are responses to arguments frequently made by opponents.

Cannabis has no medical value.

- **There is a mountain of scientific evidence that demonstrates cannabis is a safe and effective medicine for people suffering from a variety of debilitating medical conditions.** According to a review of more than 10,000 scientific abstracts released by the National Academies of Sciences, Engineering, and Medicine in January 2017, “There is conclusive or substantial evidence that cannabis or cannabinoids are effective” in the treatment of chronic pain in adults, chemotherapy-induced nausea and vomiting, and multiple sclerosis spasticity.^[3] In 1999, the Institute of Medicine (IOM) reported, “Nausea, appetite loss, pain, and anxiety are all afflictions of wasting, and all can be mitigated by marijuana.”^[4]

Seven University of California studies published since July 2015^[5] have found that cannabis relieves neuropathic pain (pain caused by damage to nerves), a symptom commonly associated with multiple sclerosis, HIV/AIDS, diabetes, and a variety of other conditions for which conventional pain drugs are notoriously inadequate — and it did so with only minor side effects^{[6]. [7]. [8]. [9]. [10]. [11]. [12]} Further, a 2015 McGill University study — the “first and largest study of the long term safety of medical cannabis use by patients suffering from chronic pain” — found cannabis to have a “reasonable safety profile”^[13] with no increased risk of serious adverse effects.^[14]

A 2008 article in the journal *Cancer Research* reported that cannabis has profound cancer-fighting abilities, killing malignant cancer cells associated with brain cancer, prostate cancer, breast cancer, lung cancer, pancreatic cancer, skin cancer, and lymphoma.^[15]

A 2011 study published in the *Israel Medical Association Journal* found cannabis to be effective in treating Crohn’s disease, with 45% of patients going into full remission and most of the remaining patients reporting significant improvement.^[16]

- **Some federal agencies have taken actions that demonstrate it recognizes the medical benefits of cannabis.** For example, the U.S. Department of Health and Human Services holds a patent on the use of cannabinoids as neuroprotectants and antioxidants. The U.S. Food and Drug Administration (FDA) recognized the medical benefits of THC, a key component of cannabis, when it approved a synthetic form known as Marinol (or dronabinol in its generic form). Unfortunately, this prescription pill version has proven to be less effective than actual cannabis and has much more pronounced side effects, and many patients need the synergistic effects of many or all of cannabis’ compounds. The FDA also recognized the benefits of CBD, another cannabinoid, when it approved Epidiolex (which has CBD as its sole active

ingredient) for certain intractable seizures.

On September 6, 1988, after hearing two years of testimony, Drug Enforcement Administration (DEA) chief administrative law judge Francis Young, ruled: “Marijuana, in its natural form, is one of the safest therapeutically active substances known to man. By any measure of rational analysis cannabis can be safely used within the supervised routine of medical care ... It would be unreasonable, arbitrary, and capricious for DEA to continue to stand between those sufferers and the benefits of this substance.”^[17]

- **Numerous medical organizations have examined the evidence and concluded that cannabis can be a safe, effective medicine for some patients.** They include the American Public Health Association, the American College of Physicians, the American Nurses Association, and a number of state medical and public health organizations, among others. For example, the American College of Physicians stated, “Evidence not only supports the use of medical cannabis in certain conditions, but also suggests numerous indications for cannabinoids.”^[18] In 2009, the American Medical Association called on the federal government to reconsider cannabis’s classification under federal law, noting clinical trials have shown cannabis’s medical efficacy. (See the following section for a larger list of organizations that support medical cannabis).

Medical cannabis is opposed by the American Medical Association, the American Cancer Society, and other medical organizations.

- **A large and growing number of medical and health organizations have recognized cannabis’s medical value. In 2009, the American Medical Association made a major shift in its position, calling on the federal government to reconsider cannabis’s status as a Schedule I drug, which bars medical use under federal law.**^[19] Some medical organizations — such as the American Cancer Society — do not have a position on allowing medical cannabis, but neutrality shouldn’t be confused with supporting the arrest and imprisonment of patients. As former U.S. Surgeon General Dr. Joycelyn Elders put it in a 2004 newspaper column, “I know of no medical group that believes that jailing sick and dying people is good for them.”^[20]
- **Surveys of physicians show strong support for medical cannabis.** For example, a 2013 national survey of physicians conducted by the *New England Journal of Medicine* found that 76% of doctors supported use of cannabis for medical purposes.^[21]
- **Several prominent organizations have taken favorable positions on medical cannabis, including but not limited to:**^[22]

The American Academy of HIV Medicine, the American Bar Association, the American College of Physicians, the American Nurses Association, the American Public Health Association, the Arthritis Research Campaign, the British Medical Association, the California Society of Addiction Medicine, the Epilepsy Foundation, the Episcopal Church, the Leukemia & Lymphoma Society, the Lymphoma Foundation of America, the Medical Student Section of the American Medical Association, the National Association of People With AIDS, the National Association of Public Health Policy, the Presbyterian Church (USA), the National Multiple Sclerosis Society, the Union of Reform Judaism, the Unitarian Universalist Association, the United Church of Christ, the United Methodist Church, and the U.S. Pain Foundation.

Medicine should be based on science, not politics or public opinion.

- **The science is clear — cannabis is a safe and effective treatment for a variety of debilitating medical conditions.** Countless researchers and organizations have documented the medical benefits of cannabis, including the National Academies of Sciences, Engineering, and Medicine, the American College of Physicians, the American Public Health Association, the American Nurses Association, the Epilepsy Foundation, the National Multiple Sclerosis Society, and the U.S. Pain Foundation. If medicine should be based on science and not politics, our laws should reflect the facts and allow doctors to recommend cannabis to patients if they believe it will be effective. If politicians stand in the way in states with a ballot initiative process, citizens often have no other option than to take the issue to the voters.

Medical cannabis is already available to some people.

- **Thirty-seven states have adopted laws that allow patients with certain conditions to access medical cannabis if their doctors recommend it, but it is still illegal in the other 13 states and under federal law.** A single patient in the United States legally receives cannabis from the federal government. He is enrolled in an experimental program that was closed to all new applicants in 1992. Thousands of Americans used cannabis through experimental state programs in the late 1970s and early 1980s, but none of these programs are presently operating.

The only research studies on whole plant cannabis in the U.S. are a very small number of *short-term*, placebo controlled trials (meaning half of the participants do not get any cannabis) that have exhaustive lists of who cannot participate. In other words, the only way for patients to safely access medical cannabis is through state programs.

Medicine should be prescribed, not recommended.

- **Doctors who recommend medical cannabis must examine patients and review their records, just as they would before prescribing any other medication.** If we can trust doctors to write prescriptions, why not trust them to provide their professional recommendations on their letterhead? The only difference is that a prescription is recognized under federal law. The vast majority of doctors who are willing to write such recommendations do not do so lightly or casually, and state medical boards often investigate and discipline physicians who fail to follow appropriate standards of care.
- **Despite its proven medical benefits, federal law prohibits doctors from “prescribing” cannabis for any reason.** There needs to be a way for state criminal justice systems to determine who has a legitimate medical need for medical cannabis, so they require doctors’ recommendations instead. Doctors recommend many things: exercise, rest, chicken soup, vitamins, cranberry juice for bladder infections, and so on. The right of physicians to recommend cannabis when appropriate for a patient’s condition has been upheld by the federal courts.

There are already drugs available that work better than cannabis.

- **Cannabis is safer than many prescriptions.** More than 16,000 Americans die of overdoses on opioid-based medications each year,^[23] while cannabis does not cause fatal overdoses. State laws should not force patients to use more addictive and deadly medications.
- **Cannabis can be the most effective treatment — or the only effective treatment — for some patients.** For example, existing prescription drugs often fail to relieve neuropathic pain

— pain caused by damage to the nerves — whereas cannabis has been shown to provide effective relief, even in patients for whom the conventional drugs have failed. This type of pain affects millions of Americans with multiple sclerosis, diabetes, HIV/AIDS, and other illnesses.

- **Different people respond differently to different medicines; the most effective drug for one person might not work at all for another, or it might have more pronounced side effects.** There are often a variety of drugs on the market to treat the same ailment, which is why the *Physicians' Desk Reference* comprises 3,000 pages of prescription drugs instead of just one drug per symptom or condition. For example, consider all of the prescription drugs available to treat pain: Oxycontin, Vicodin, Percocet, Codeine, etc. There is a reason why we don't just determine which is "best" and then ban all of the rest. Treatment decisions should be made in doctors' offices, not by politicians, bureaucrats, and law enforcement officials. Doctors must have the freedom to choose what works best for each of their patients.

Cannabis is already available in the form of a prescription pill.

- **The prescription pill can be problematic for many patients.** The prescription pill known as Marinol (with the generic name dronabinol) is not actually cannabis; it is a synthetic version of THC, the psychoactive component responsible for cannabis's "high." It can take an hour or longer to take effect, whereas vaporized or smoked cannabis is effective almost instantaneously. Also, the dose of THC absorbed in the pill form is often too high or too low, and its slow and uneven absorption makes dosing difficult. In 2003, *The Lancet Neurology* reported, "Oral administration is probably the least satisfactory route for cannabis."^[24] In its 2008 position paper on medical cannabis, the American College of Physicians noted, "Oral THC is slow in onset of action but produces more pronounced, and often unfavorable, psychoactive effects than those experienced with smoking."^[25] If the prescription pill were sufficient, why would hundreds of thousands of seriously ill people break the law by using whole cannabis instead?
- **Cannabis contains more than 80 active cannabinoids in addition to THC, and many of them contribute to cannabis's therapeutic effects.**^[26] For example, cannabidiol (CBD) has been shown to have anti-nausea, anti-anxiety, anti-seizure, and anti-inflammatory actions, as well as the ability to protect nerve cells from many kinds of damage.^[27] CBD also moderates the effects of THC, so patients are less likely to get excessively "high." Other cannabinoids naturally contained in cannabis have also shown significant therapeutic promise.
- **Patients suffering from nausea, such as those undergoing chemotherapy, are often unable to keep pills down.** During a meeting of an expert panel convened by the National Institutes of Health in 1997 to review the scientific data on medical cannabis, panel member Mark Kris, M.D. said, "[T]he last thing that [patients] want is a pill when they are already nauseated or are in the act of throwing up."^[28]

If the prescription pill form doesn't work, we should just develop other forms of delivery.

- **The availability of such delivery systems should not be used as an excuse to maintain the prohibition of the use of natural cannabis.** As long as there are patients and doctors who believe whole cannabis is effective, they should not be punished for using or recommending it, regardless of what alternatives are available.
- **A safe and effective delivery system for whole cannabis already exists: vaporization.** Vaporizers are simple devices that give users the fast action of inhaled cannabinoids without most of those unwanted irritants.^[29] ^[30] Essentially, vaporizing entails heating it to the point that it releases the active chemicals in vapor form, so there is no smoke involved. Any delivery system that helps patients should be made available, but their development should not

substitute for the research into cannabis that is necessary for FDA approval of this natural medicine.

There is a cannabis spray that makes the crude plant unnecessary.

- **The liquid extract of whole cannabis proves cannabis is an effective medicine.** Sativex (or nabiximols in its generic form) is a mouth spray that has been approved in Canada and a number of European countries for the treatment of symptoms associated with multiple sclerosis. Its producer, GW Pharmaceuticals, is in the process of getting it approved in the United States, but it is likely to take several years.
- **Cannabis in its natural form has significant advantages over Sativex.** For one thing, Sativex acts much more slowly than cannabis that is vaporized or smoked. Peak blood levels are reached in one and a half to four hours, as opposed to a matter of minutes with inhalation.^[31] Also, patients have found that different strains of cannabis are often more effective for different conditions. Sativex is just one specific preparation of cannabis, so it is unlikely to help every patient who benefits (or could benefit) from whole cannabis or other preparations of extracts. Patients and doctors should be able to choose which form of cannabis presents the best option.

The FDA says that cannabis is not a medicine and medical cannabis laws subvert its drug approval process.

- **We know much more about cannabis's safety and efficacy than most off-label prescriptions.** Half of all current prescriptions have not been declared safe and effective by the FDA. Around 20% of all drug prescriptions in this country are "off-label" — i.e., they are prescribed to treat conditions for which they were not approved.^[32]
- **State medical cannabis laws do not conflict with the FDA drug approval process.** They simply protect medical cannabis patients from arrest and jail under state law. Also, the FDA does not bar Americans from growing, using, and possessing a wide variety of medical herbs that it has not approved as prescription drugs, including echinacea, ginseng, and St. John's Wort.
- **The federal government has blocked most researchers from doing the specific types of studies that would be required for licensing, labeling, and marketing cannabis as a prescription drug.** They've created a perfect Catch-22: Federal officials say "Marijuana isn't a medicine because the FDA hasn't approved it," while making sure that the studies needed for FDA approval never happen.
- **Technically, cannabis should not require FDA approval.** Prior to the agency being created by the 1938 Food, Drug, and Cosmetics Act, about two-dozen preparations of cannabis were on the market, many of which were produced by well-known pharmaceutical companies. Under the terms of the Act, cannabis is not a "new" drug, thus it should not be subject to FDA new drug approval requirements. Many older drugs, such as aspirin and morphine, were "grandfathered in" under this provision without ever being submitted for new-drug approval by the FDA.

Cannabis is too dangerous to be used as a medicine; there are 10,000 studies showing cannabis is dangerous.

- **A large and growing body of scientific evidence demonstrates that the health risks associated with cannabis are actually relatively minor.** The 1999 Institute of Medicine report noted, "[E]xcept for the harms associated with smoking, the adverse effects of marijuana

use are within the range of effects tolerated for other medications.^[33] In 2008, the American College of Physicians agreed, citing cannabis's "relatively low toxicity."^[34] (See the following section for more information about smoking.)

- **Cannabis is non-lethal and does not contribute to or increase the likelihood of death.** In January 2017, the National Academies of Sciences released an exhaustive review of cannabis-related research that found no link between cannabis use and increased mortality or fatal overdoses.^[35] The U.S. Centers for Disease Control and Prevention has never listed cannabis as a cause of death (although it does list alcohol and other drugs). A government-funded study conducted by researchers at the Kaiser Permanente HMO found no association between cannabis use and premature death in otherwise healthy people.^[36] Cannabis is so safe that patients can easily find the proper dose themselves with no danger of overdose. As University of Washington researcher Dr. Gregory Carter and colleagues noted in a recent journal article, "THC (and other cannabinoids) has relatively low toxicity and lethal doses in humans have not been described ... It has been estimated that approximately 628 kilograms of cannabis would have to be smoked in 15 minutes to induce a lethal effect."^[37] Meanwhile, prescription drugs have become one of the leading causes of accidental death in the United States.^[38] Why is it okay for people to use these potentially deadly prescription drugs, but not okay for them to use a drug that has never killed anyone?
- **All medicines can have some negative side effects, but with cannabis they are relatively minimal.** For example, Tylenol (acetaminophen) has been estimated to kill nearly 500 Americans per year by causing acute liver failure,^[39] while no one has ever died from cannabis. But no one would seriously suggest banning Tylenol because it's too dangerous. In contrast, recent medical cannabis studies have found no significant side effects. The question is this: Do the benefits outweigh the risks for an individual patient? Such decisions should be made by doctors and patients, not the criminal justice system.
- **The "10,000 studies" claim is simply not true.** The University of Mississippi Research Institute of Pharmaceutical Sciences maintains a 12,000-citation bibliography on the entire body of cannabis. The institute notes: "Many of the studies cited in the bibliography are clinical, but the total number also includes papers on the chemistry and botany of the Cannabis plant, cultivation, epidemiological surveys, legal aspects, eradication studies, detection, storage, economic aspects and a whole spectrum of others that do not mention positive or negative effects ... However, we have never broken down that figure into positive/negative papers, and I would not even venture a guess as to what that number would be."^[40]

Medicine should not be smoked, and smoking cannabis is more harmful than smoking tobacco.

- **There are many ways to consume cannabis other than smoking, such as vaporizing, edible products, tinctures, and capsules.** Vaporizers are simple devices that give users the fast action of inhaled cannabinoids without most of the unwanted irritants found in smoke. Research on vaporizers has proceeded more slowly than it should have because of federal obstructionism.
- **Extensive research has failed to find a link between cannabis and cancer.** In January 2017, the National Academies of Sciences released a review of more than 10,000 scientific abstracts that concluded there is no link between smoking cannabis and the development of lung, head, or neck cancers.^[41] It also did not find a link between cannabis use and asthma or other respiratory diseases, and the respiratory problems it did link to smoking cannabis, such as bronchitis, appeared to improve after consumers stopped using it. Similarly, in 1999, the

National Academies' Institute of Medicine reported, "There is no conclusive evidence that marijuana causes cancer in humans, including cancers usually related to tobacco use."^[42]

According to research published in the journal *Cancer, Causes, and Control*, cannabis inhalation — unlike tobacco smoking — has not been positively associated with increased incidences of cancers of the lung, mouth, pharynx, larynx, esophagus, breast, colon, skin, or prostate.^[43] It was also reaffirmed in 2006 by the largest case-controlled study ever conducted to investigate the respiratory effects of cannabis smoking and cigarette smoking. The study, led by Dr. Donald Tashkin at the University of California at Los Angeles, found "no association at all" between cannabis smoking and an increased risk of developing lung cancer, even among subjects who reported smoking more than 22,000 joints over their lifetimes.^{[44]. [45]}

Surprisingly, the UCLA researchers found that people who smoked cannabis actually had *lower* incidences of cancer compared to non-users, leading them to the conclusion that cannabis might have a protective effect against lung cancer. Other studies have shown that cannabis can kill cancer cells and inhibit tumor growth.^{[46]. [47]}

- **All medicines have risks and side effects, and part of a physician's job is to evaluate those risks in relation to the potential benefits for the individual patient.** Many prescription drugs have side effects — most of which are far more severe than those of cannabis — but that doesn't mean it should be illegal for seriously ill people to use them.

Smoking cannabis allows near-immediate relief and is one of the most affordable modes of administration. For some patients — including terminal cancer patients and people needing emergency relief from a paralyzing spasm or during a pre-seizure aura — the benefits of smoking cannabis outweigh the risks.

Cannabis is bad for the immune system.

- **Scientific studies have not demonstrated any significant harm to the immune system caused by cannabis.** The Institute of Medicine reported, "Despite the many claims that cannabis suppresses the human immune system, the health effects of cannabis-induced immunomodulation are still unclear."^[48] The IOM also noted, "The short-term immunosuppressive effects [of cannabis] are not well established; if they exist at all, they are probably not great enough to preclude a legitimate medical use."^[49]
- **Extensive research in HIV/AIDS patients — whose immune systems are particularly vulnerable — shows no sign of cannabis-related harm.** University of California at San Francisco researcher Donald Abrams, M.D. has studied cannabis and Marinol in AIDS patients taking anti-HIV combination therapy. Not only was there no sign of immune system damage, but the patients gained T-lymphocytes, the critical immune system cells lost in AIDS, and also gained more weight than those taking a placebo. Patients using cannabis also showed greater reductions in the amount of HIV in their bloodstream.^[50] Long-term studies of HIV/AIDS patients have shown that cannabis use (including social or recreational use) does not worsen the course of their disease. For example, in a six-year study of HIV patients conducted by Harvard University researchers, cannabis users showed no increased risk of developing AIDS-related illness.^[51] In her book *Nutrition and HIV*, internationally known AIDS specialist Mary Romeyn, M.D. noted, "The early, well-publicized studies on marijuana in the 1970s, which purported to show a negative effect on immune status, used amounts far in excess of what recreational smokers, or wasting patients with prescribed medication, would actually use ... Looking at

marijuana medically rather than sociopolitically, this is a good drug for people with HIV.”^[52]

Cannabis contains over 400 chemicals, including most of the harmful compounds found in tobacco smoke.

- **The number of chemical compounds in a substance is irrelevant.** Coffee, mother’s milk, broccoli, and most foods also contain hundreds of different chemical compounds. Cannabis is a relatively safe medicine, regardless of the number of chemical compounds found therein. The fact that cannabis has more than 80 cannabinoids is actually another reason that whole plant cannabis is such an important option for patients — and why prescriptions with a single extracted cannabinoid often fail to provide the same relief. As CNN Chief Medical Correspondent Dr. Sanjay Gupta explained, “While science has not yet shown the exact role or mechanism for all these various compounds, evidence is mounting that these compounds work better together than in isolation: That is the ‘entourage effect.’”

Cannabis use can increase the risk of mental illness, including schizophrenia.

- **There is no compelling evidence demonstrating cannabis causes psychosis in otherwise healthy individuals.** Overall, the evidence suggests that cannabis can precipitate schizophrenia in vulnerable individuals but is unlikely to cause the illness in otherwise normal persons.^[53] A recent study implied the reverse, finding that those predisposed to schizophrenia may be more likely to use cannabis.^[54] Epidemiological data show no correlation between rates of cannabis use and rates of psychosis or schizophrenia. Countries with high rates of cannabis use don’t have higher rates of these illnesses than countries where cannabis use is more rare, and research has consistently failed to find a connection between increases in cannabis use and increased rates of psychosis.^{[55].[56].[57]} As with all medications, the physician needs to consider what is an appropriate medication in light of the individual patient’s situation and may well suggest avoiding cannabis or cannabinoids in patients with a family or personal history of psychosis. This is the sort of risk/benefit assessment that physicians are trained to make.

Medical cannabis laws send the wrong message to teens.

- **There does not appear to be a link between the passage of medical cannabis laws and increases in teen cannabis use, and in some cases it appears to be associated with decreases in teen use.** A national study covering 24 years of data published in *The Lancet Psychiatry* in 2015 found that medical cannabis laws do not lead to an increase in teen cannabis. According to the lead researcher, the findings “provide the strongest evidence to date that marijuana use by teenagers does not increase after a state legalizes medical marijuana.”^[58] Similarly, as an exhaustive 2019 study published in *JAMA Pediatrics* concluded, “Consistent with the results of previous researchers, there was no evidence that the legalization of medical marijuana encourages marijuana use among youth.”^[59] In a 2021 follow-up study, the researchers found, “In the fully adjusted models, [medical marijuana law] adoption also was not associated with current marijuana use or frequent marijuana use.”^[60]
- **Laws that are not based on science send the wrong message to young people — especially those that needlessly criminalize seriously ill people for using a substance with proven medical benefits.** Children should be taught the facts about all drugs and the difference between medical use and abuse. We allow doctors to prescribe cocaine, morphine, and methamphetamine, and we teach young people that these drugs are used for medical

purposes. We can do the same thing with cannabis.

We can't allow patients to grow cannabis, especially in homes with children.

- **Patients should be able to grow their own medical cannabis if it is the best way for them to access it, and sometimes it's the only way to access — or afford —** Some patients are not able to access a medical cannabis dispensary because there isn't one nearby or they do not have a means of transportation. Because it is federally illegal, medical cannabis isn't covered by insurance, so many patients are only able to afford cannabis if they cultivate it themselves.
- **We allow people to possess all sorts of prescription drugs, most of which are far more dangerous than a few cannabis plants being grown in a patient's basement or closet.** All medicines need to be handled with appropriate care and kept out of easy reach of children. There are already laws against selling cannabis to non-patients, and child protective services agencies already have the power to protect children whose parents are engaged in criminal activity. A medical cannabis law that allows patients to grow limited amounts of cannabis will not change any of this.
- **Criminals break into homes every day to steal valuable items — jewelry, high-end electronics, and even prescription drugs.** We don't ban possession of these items because the owners might be victims of a crime. By this logic, parents shouldn't be allowed to drive Chevrolet pickup trucks (the most-stolen vehicle in 2021, according to the National Insurance Crime Bureau). If medical cannabis is legal, it should be treated like any other legal product.

Medical cannabis laws are full of loopholes.

- **With 37 states having enacted medical cannabis laws, the laws are as varied as the states themselves. Some early laws did not include regulations, while some newer ones are so restrictive and onerous that they leave behind most patients or force them to make lengthy drives to get their medicine.** There are also plenty of examples of states that have taken a more reasonable middle ground, imposing reasonable regulations without steering pain patients away from medical cannabis and toward opiates. Arkansas, Mississippi, Ohio, and Utah are some of the many states that fall into that category. States considering medical cannabis legislation have a variety of examples to learn from, which allows them to craft a well-regulated program that serves both patients and communities.
- **No law will ever be considered entirely perfect by everyone. The goal is to produce the best possible law that is supported by the most voters.** Ultimately, medical cannabis advocates have nothing to gain and everything to lose by wording initiatives poorly.

Medical cannabis laws basically legalize cannabis for everyone.

- **These laws typically only allow people to use cannabis if they have a qualifying medical condition and receive a recommendation from a licensed physician who believes it will benefit them.** In most states — especially states where legislatures enacted the medical cannabis law — patients only qualify if they have a medical condition that is listed in the bill.
- **Government data shows that an average of 1.5% of medical cannabis states' populations are enrolled in most medical cannabis**^[61] In comparison, one-third of Americans were prescribed painkilling opioids in the past two years, and 16% use cannabis each year.^[62]

Medical cannabis laws confuse law enforcement officials.

- **What's so confusing? If a person has documentation showing they are a legal medical cannabis patient or caregiver, they shouldn't be arrested or prosecuted.** It is no more confusing than determining whether someone is a licensed driver, the legal owner of a piece of property, or whether they are drinking alcohol underage.
- **It is not uncommon for law enforcement to initially be wary of or opposed to proposed medical cannabis laws; but post-enactment, law enforcement officials often recognize that the laws have not caused problems.** For example, Minnesota Police and Peace Officers Association Executive Director Dennis Flaherty had strenuously opposed allowing medical cannabis. However, a year after enactment, he did not oppose adding intractable pain to the program. As a local paper reported, Flaherty "said police are unaware of any problems with the current cannabis program and do not expect any now that pain will be included."

Medical cannabis dispensaries are out of control or magnets for crime.

- **State-regulated medical cannabis dispensaries are tightly controlled and have not been linked to any significant problems.** In most states, medical cannabis dispensaries are among the most tightly regulated businesses, and they are under an exceptional amount of scrutiny. As a result, they do everything they can to follow the rules and keep things under control.
- **There is no evidence that medical cannabis businesses contribute to an increase in crime, and there is some evidence that they might reduce it.** In February 2017, researchers published an analysis of FBI crime data from 1988-2013 that found "no causal effects of medical marijuana laws on violent or property crime" at the national level or in individual states.^[63] The one exception it highlighted was California, where the medical cannabis law appears to have contributed to a 20% drop in such crimes.

Medical cannabis is just a Trojan horse for broader legalization.

- **Medical cannabis laws are being passed to help people, not to further broader legalization efforts.** Criminalizing seriously ill people for using medical cannabis is the most egregious element of cannabis prohibition, so it's not surprising that voters and lawmakers are addressing it before moving on to the broader legalization debate. Supporters of medical cannabis include some of the most respected medical and public health organizations in the country, including the American College of Physicians, the American Public Health Association, the American Nurses Association, the Academy of HIV Medicine, the Epilepsy Foundation, and the National Multiple Sclerosis Society. Surely these organizations are not part of a conspiracy to legalize cannabis and other drugs.
- **Every law should be judged on its own merits.** If voters or lawmakers believe seriously ill people should be allowed to use medical cannabis, they will support a law that allows it. If a broader reform measure comes up, they can decide then whether they want to support or oppose it. There is no reason why we can't pass a medical cannabis law now just because some people are worried there will be support for other laws later.

The government is making it easier to do medical cannabis research.

- **The federal government remains intensely hostile to medical cannabis.** As a Schedule I drug, cannabis can be researched as a medicine only with federal approval. Some studies have

been completed, and they have all shown medical cannabis to be safe and effective, but they have not been large enough to bring about FDA approval of cannabis as a prescription drug. More research is always desirable, but we know enough right now to know that there is no justification for arresting patients using medical cannabis under their doctors' care.

State medical cannabis laws violate federal law.

- **Since late 2014, Congressional appropriations bills have prohibited the Department of Justice (including the DEA) from using funds to interfere in the implementation of laws that allow the cultivation, distribution, and use of cannabis for medical purposes.**^[64] A federal court of appeals ruling found that this provision was applicable not only to state government programs, but to individuals and groups that are acting in compliance with state laws.^[65]
- **States are not required to enforce federal laws against cannabis possession or cultivation.** The Controlled Substances Act (CSA) specifically allows states to enact their own laws related to controlled substances, and states are free to determine their own penalties — or lack thereof — for drug offenses.
- **State government employees have never faced punishments for carrying out state medical cannabis laws — even in situations when law enforcement officials have returned seized cannabis to the owners.** Following the passage of a medical cannabis law in Arizona, Gov. Jan Brewer filed a lawsuit claiming the state could not implement the law because state employees would face prosecution. In a reply brief, the Department of Justice basically said the fears were unfounded.

The courts have ruled cannabis is not medicine and states cannot legalize medical cannabis.

- **No court has ruled that states cannot adopt and implement medical cannabis** There would not be 37 functioning state medical cannabis laws if that were the case. The Supreme Court's June 2005 decision in *Gonzales v. Raich* simply preserved the status quo — states can stop criminalizing medical cannabis under state law, but these laws don't create immunity from federal prosecution.

Since late 2014, however, Congressional appropriations bills have prohibited federal law enforcement from interfering with state medical cannabis laws. Why would states tie their own hands in the name of a federal law that isn't enforced?

- **The U.S. Department of Justice has never tried to challenge the rights of states to enact medical cannabis**
- **If the federal government tried to force states to ban medical cannabis, it would be unconstitutional “commandeering” — a violation of the Tenth Amendment.** In 2018, the U.S. Supreme Court ruled against Congress' attempt to prohibit states from legalizing sports gambling, finding, "It is as if federal officers were installed in state legislative chambers and were armed with the authority to stop legislators from voting on any offending proposals. A more direct affront to state sovereignty is not easy to imagine."^[66] The same rationale would apply to any federal attempt to prohibit states from enacting their own medical cannabis laws. But of course, Congress has done the opposite since 2014 — it has prohibited the enforcement of *federal* laws in a way that interferes with state medical cannabis laws.

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