Marijuana Legalization: Protecting Public Health and Safety in a Volatile Legal Landscape

The Position of the American Society of Addiction Medicine

The now-widespread public perception of cannabis use as a harmless pleasure and even a therapeutic practice has prompted a rapidly growing movement for states to legalize its use for recreational or medicinal purposes. As of early 2018, nine states and Washington, DC, have legalized cannabis for adult recreational use. Twenty-nine other states allow “medical” marijuana use. However, cannabis cultivation, distribution, and consumption remain illegal at the federal level, as marijuana is classified as a Schedule I controlled substance under the Controlled Substances Act (CSA), meaning it has been determined to have no legitimate medical use and a high potential for abuse.

Increasing Public Acceptance of Marijuana

A Gallup poll released in October 2017 showed record high support for legalizing marijuana, with 64% of respondents saying its use should be legalized.

Increasing Federal-State Tension

Despite growing public support for marijuana legalization, on January 4, 2018, Attorney General Jeff Sessions rescinded Obama-administration guidance (known colloquially as the “Cole memo”) that laid out a policy of federal non-interference with state laws that permitted marijuana cultivation, sales, and use. The decision by the Attorney General changes federal policy from a “hands-off” approach to giving US Attorneys the discretion to use federal resources to prosecute cases against marijuana businesses in states where it is legal for recreational use. A federal appropriations policy still prohibits the Department of Justice from using federal resources to interfere with state medical marijuana programs.

Marijuana’s Effect on Health

The evolving and complex legal landscape reflects both the shift in public perception of marijuana as well as continued scientific uncertainty about the extent of its harms and its potential therapeutic effects. Eight of the nine states to legalize recreational use have done so through ballot initiatives, reflecting popular opinion rather than measured policy analysis.

A January 2017 comprehensive review by the National Academies of Sciences, Engineering, and Medicine summarizes the recent evidence regarding health effects of using cannabis and cannabis-derived products. The report found:

1 The term “cannabis” is used to describe the various products and compounds (e.g., marijuana, cannabinoids) derived from different species of the cannabis plant.


Modest improvements in pain symptoms among adults with chronic pain and patient-reported spasticity in adults with multiple sclerosis-related spasticity; inadequate information for the effects of non-pharmaceutical cannabinoid use on other conditions

Early initiation and greater frequency of cannabis use increases the likelihood of developing problem cannabis use

Cannabis use is likely to increase the risk for developing another substance use disorder

Substantial evidence of an increased risk among frequent cannabis users of developing schizophrenia and other psychoses

Substantial evidence of a link between prenatal cannabis exposure and lower birth weight, but an unclear relationship between smoking cannabis during pregnancy and other pregnancy and childhood outcomes

Increased risk of being involved in a motor vehicle crash if cannabis is used prior to driving

Increased risk of unintentional cannabis overdose injuries among children in states where its use is legal

Impaired cognitive performance in learning, memory, and attention with recent use (within 24 hours of evaluation)

A relationship between cannabis use during adolescence and impairments in subsequent academic achievement and education, employment and income, and social relationships

Evidence that suggests smoking cannabis does not increase the risk for certain cancers (i.e., lung, head, and neck) in adults

**What is ASAM’s Position?**

ASAM has no position on the recent action by the Attorney General, as ASAM’s chief focus is the health and welfare of persons with addiction and the prevention of harm related to substance use. While ASAM does not support the legalization of marijuana and does not want to see the history of “Big Tobacco” repeat itself as “Big Marijuana,” ASAM does support decriminalization of marijuana, which would reduce possession and personal use from criminal offenses to civil infractions penalized by fines and linked to contingencies that promote public health (e.g., mandated referral to clinical assessment and educational activities).

Regardless of marijuana’s legal status, all federal and state authorities should prioritize a public health and safety response to its use to minimize potential harms to vulnerable populations.

- Sale of cannabis products to anyone younger than 25 should be prohibited
- Marketing and advertising cannabis products to youth should be prohibited
- Warning labels should be required on all cannabis products available for retail sale
- Cannabis products should be required to be sold in child-proof packaging
- Tax revenue collected from sales of cannabis products should be earmarked for public education, prevention activities, and addiction treatment services
- Cannabis sales should be limited to state-operated outlets to preserve public access while limiting broad commercialization

ASAM urges all policymakers – at both the state and federal level – to focus their efforts on promoting policies that protect public health and safety; promote access to timely, high-quality addiction treatment; and protect the integrity of our pharmaceutical regulatory process, which is grounded in well-designed and executed clinical research.