Policy Education Talking Points about “Medical “ and Recreational Marijuana in Georgia.

"We [NORML*] are trying to get marijuana reclassified medically. If we do that (we'll do it in at least 20 states this year for chemotherapy patients) [we] will be using the issue as a red herring to give marijuana a good name. That's our way of getting to them . . .

Quote from Kenneth Stroup, pictured below, founder of NORML (National Organization for the Reform of Marijuana Laws) from an interview with him which appeared in the Emory Wheel student newspaper on Feb. 6, 1979 (pp. 18-19). Georgia passed its first marijuana law in 1980.

The following talking points are issued in the context of never wanting to deprive Georgia's children or adults of the medicine they truly need.

1. While there are very vital and helpful medical ingredients in marijuana, there is no such thing as “medical” marijuana.

2. There is nowhere in the U.S., even in Colorado or Washington, where marijuana can be prescribed by a doctor. They can recommend it, but not prescribe it.

3. “Cannabis,” for all practical purposes, means the same thing as marijuana. “Cannabis sativa” is the Latin name for the marijuana plant. It simply sounds better and more “medical” if you call marijuana “cannabis.”

4. There are two very different motives behind pending marijuana legislation in Georgia, one positive, the other negative:

   (1) Compassion for the children who suffer from epileptic seizures and pain and suffering caused by other conditions which, to date, have not responded to the use of medications already approved by the FDA (Food and Drug Administration).

   (2) Greed – The Marijuana Industry is already a $3 billion dollar per year industry in the US. It could become a $35 billion industry by 2018. By comparison coffee and tea is an $11 billion industry. Marijuana marketing is already targeting youth under 21 via candy, cookies and soda.

5. What began as a narrow “medical” marijuana bill for 1 or 2 medical conditions became a much “broader” marijuana bill for 8 “medical” diseases and conditions. We went from CBD oil with a maximum of 0.3% THC in 2014 to “low” THC oil with a maximum of 5% THC in 2015. (THC content of marijuana in the 80s averaged 4%).

That is an increase of over 1,600%!
6. There will be efforts to go further broaden Georgia’s marijuana law to begin in-state cultivation and dispensaries, and no doubt additional medical conditions. The broadening of a medical marijuana law has become known in Georgia and elsewhere as the “slippery slope.”

7. A broad medical bill can be the same thing as “de facto” legalization of recreational marijuana (as if recreational marijuana had already been legalized). This is what occurred in Colorado and is occurring in California.

10. For every dollar raised in tax revenue from alcohol and tobacco sales, there are $10 of social and health costs, many of which are borne by the taxpayer. Given initial evidence of the negative effects of marijuana in Colorado, there is no reason to think marijuana will be different.

11. The big three killers in the alcohol and drug world are all legal: tobacco (450,000 lives per year), alcohol (80,000 lives per year) and prescription drugs (21,000 lives per year). Why would marijuana be any different?

12. Research has shown a strong association between the perceived risk (risk of physical harm, parental disapproval, peer disapproval and fear of arrest) of using marijuana and daily use. As perceived risk goes down, daily use goes up. See the US chart below for data from 1975 to 2013 and the Georgia chart for data from 2008 to 2014.