

MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 594 Cannabis Advertising Alterations UNFAVORABLE

Senate Finance Committee (Feb. 26, 2026)

SB 594 substantially narrows 5 key public health protections in current Maryland law that prohibit advertising to minors (those under 21 years of age). These changes weaken existing public health safeguards, thereby increasing the risk that cannabis marketing will reach and influence Maryland's adolescents and youth. Maryland's legal cannabis market is flourishing under existing law, so there is no financial justification for relaxing these public health safeguards. Total cannabis sales in Maryland topped \$1 billion in both FY 2024 and FY 2025¹. Adult-use sales increased almost five-fold from July to December 2025.

- SB594 removes the current ban on advertising that “indirectly target[s]” or “is attractive to” minors. Public health evidence demonstrates that marketing does not need to be explicitly targeted or attractive to adolescents and youth to influence their behavior. Exposure to cannabis advertising is associated with greater intention to use cannabis, increased cannabis use, and higher risk of developing cannabis use disorder.^{2,3} This is why many states that regulate cannabis advertising directed at minors include indirect targeting, as well as direct targeting, within their regulatory framework. The Master Settlement Agreement between the tobacco industry and state attorneys general (including Maryland) prohibits both “direct and indirect” targeting of underage individuals by advertising⁴.
- SB 594 prohibits making a “therapeutic or medical claim” for a cannabis product only if “a claim ... explicitly states a product can diagnose, treat, mitigate, cure, or prevent a disease or condition.” This narrow definition weakens the current ban in two ways:
 - 1) It allows implied or suggestive health claims, which can also influence consumer perception.
 - 2) It narrows the definition of a “therapeutic or medical claim” to mirror the US Food and Drug Administration (FDA) definition of a “drug.” This would allow vaguer health claims. The Federal Trade Commission (FTC), which regulates consumer advertising, requires both explicit and implied health claims to be substantiated.
- SB 594 allows additional exterior signage on cannabis dispensaries beyond what is permitted by current law. This additional signage can only contain administrative and safety information, but any signage increases the environmental prominence of the dispensary. Exposure to dispensaries is associated with increased interest in and actual use of cannabis by adolescents.⁵ The information allowed on this additional exterior signage confers little or no consumer or public health benefit.
- SB 594 changes the method for establishing that the expected advertising audience age composition is at least 85% adult. Current law allows the Maryland Cannabis Commission (MCA) to make this evaluation. SB 594 requires the MCA to accept the most recent audience composition data from advertising entities. This gives less weight to independent measures of audience composition, e.g., Nielsen ratings for broadcast audiences.

- SB 594 creates a potentially large loophole in the current advertising ban by excluding from the definition of advertising mention of a cannabis dispensary's branding and business information in the context of news articles, interviews, and editorial content. Nothing would preclude a cannabis representative from promoting a dispensary on a new media, social media or podcast interview.

The Maryland-DC Society of Addiction Medicine respectfully urges the Committee to issue an unfavorable report on SB 594.

Respectfully submitted,

David A. Gorelick, MD, PhD, DLFAPA, FASAM
Clinical Professor of Psychiatry
University of Maryland School of Medicine

1. Maryland Cannabis Administration. (n.d.). MCA Medical and Adult-Use Cannabis Data Dashboard. Maryland Cannabis Administration. Retrieved February 17, 2026, from <https://cannabis.maryland.gov/pages/data-dashboard.aspx>
2. Cannabis Marketing and Problematic Cannabis Use Among Adolescents, Pamela J. Trangenstein, et. al., *Journal of Studies on Alcohol and Drugs*, 82(2), 288-296 (2021).
3. Planting the Seed for Marijuana Use: Changes in Exposure to Medical Marijuana Advertising and Subsequent Adolescent Marijuana Use, Cognitions, and Consequences Over Seven Years, Elizabeth J. D'Amico, et al., *Drug and Alcohol Dependence*, Volume 188, 385-391 (2018).
4. National Association of Attorneys General. (2019). Master Settlement Agreement and exhibits. <https://www.naag.org/wp-content/uploads/2020/09/2019-01-MSA-and-Exhibits-Final.pdf>
5. Moran MB, Tharmarajah S, Czaplicki L., et al. A Narrative Review of Research on Cannabis Advertising in the United States. *Current Addiction Reports*. 2025;12(1):92. doi: 10.1007/s40429-025-00703-1.