

Gov. Shapiro’s Push to Legalize Marijuana is a Bad Idea



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It’s surprising following a global public health crisis that calls policymakers to “follow the science” that PA Gov. Josh Shapiro proposes legalizing marijuana in our state. The Federal regulatory stance still [classifies marijuana](#) as having high potential for abuse with no medicinal value and lack of acceptable safety. Any user senses that its use is “mind altering,” yet the public knows little about its short term or long-term harmful effects.

It is true that state and national surveys show increasing approval for legalizing medical marijuana or “normalizing” its use—the former more so. However, few surveys test the public’s understanding of the nature and extent of its health risks or any benefits.

The [behavioral effects of marijuana](#) vary among individuals. A common understanding is the “merry” and “relaxing” high users experience. However, there are a litany of reactions to its use, such as a sickening malaise, psychomotor impairments, sensory impairments, and psychosis.

The health effects of marijuana use have been studied for decades. Admittedly there are individual researchers and published studies that allude to its positive mood-altering effects, creating optimism to move the debate beyond a socio-cultural issue. However, these are not enough to trump a list of credible health organizations and agencies that have found use of marijuana problematic, such as National Academies of Science, Engineering, and Medicine (2017), former US Surgeon General, Dr. Jerome Adams (2019), National Institute of Health (2019), and National Institute on Drug Abuse (2020).

The medical marijuana movement catapulted advocates to push for “normalizing” marijuana use. Looking closely at these states’ official reasons for passing such laws was not based on best practice evidence-based medicine. These laws are based on compassion, with some titled “Compassionate Care Acts.” Finding ways to placate serious conditions or diseases is compassionate, but making a leap that its use passes the hallmarks of quality patient care and can be used for “recreation” is irresponsible.

An operative word regardless of where one is on legalizing marijuana use is agreement that it is a “controlled” substance. Therefore, needing to “control” its use, especially among our youth, should signal concern. A review of all states’ marijuana marketing rules and regulations on the surface looks responsible. Expecting this nascent industry to act responsibly to “control” minors use is naïve. We have had decades of experience with youth onset to forbidden fruits (tobacco, alcohol, vaping), and we know that the public health and school systems are no match for these illness industries’ marketing tactics.

The oversight, enforcement, and due process needed to control its use and keep pot smokers and others safe will tax our police, legal, judicial, healthcare, school, and business agencies and organizations. For example, those who choose to drive and come to work dazed and confused will find a cottage industry of lawyers ready to challenge the validity and reliability of tools used to cite those driving or working with an altered mood. Another easy defense is to scream “profiling” of those charged, which will add to the chilling effect on the street level police officer whose primary duty, as is all of government, is to protect our person and our property.

Hopefully, Pennsylvania legislators will see the folly in Gov. Shapiro’s plan to make marijuana use legal. Unfortunately, the competition to see what legislator can be the most “progressive,” and the millions of dollars in taxes and fees that go to the state may bring legislators to acquiesce to the decades-long movement to make marijuana legal.

Changing sociocultural attitudes toward marijuana does not obviate the need to see credible scientific evidence that normalizing pot will be a major public health problem.



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