

Guest Column: For the *Pittsburgh Post-Gazette*



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Stephen F. Gambescia: Following the science means saying no to marijuana

Stephen F. Gambescia Special to the [Pittsburgh} Post-Gazette
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The White House's move to pressure the U.S. Drug Enforcement Agency (DEA) to reclassify marijuana from a highly controlled Schedule I drug (like heroin and LSD) to a lesser controlled and regulated Schedule III drug flies in the face of our federal leaders' mantra to "follow the science."

For example, they are having the heads of the Department of Justice and Health and Human Services speak out in favor of this, even though some DEA members and outside biomedical and psychosocial professionals and groups believe this is a dangerous public policy change.

While the public, medical professions, and policy makers in the United States have had a range of attitudes toward the use of marijuana over the decades, concerns about its use (medicinal or recreational) are real. Evidence of benefits remains elusive, leading many to conjecture.

An uninformed public

Advocates in this administration to liberate pot base their rationale on the fact that surveys show that the public favor normalizing marijuana use. True, but no major

survey has dared to ask the public what they know about the harmful effects of using marijuana, which are real and significant.

The DOJ and DEA's recent "Drug Fact Sheet on Marijuana/Cannabis" state a litany of reactions to its use, such as a sickening malaise, psychomotor impairments, sensory impairments, and psychosis.

The public is not getting relevant, robust, and timely information about the known or suspected health hazards or even what benefits may materialize.

Another argument is claiming that since 24 states, and counting, have legalized small amounts of cannabis for recreational use and about 75% of the states approve, at some level, use of marijuana for medicinal purposes, the country needs to lighten up on controlling "the evil weed."

No rationale for the laws

I conducted a study of the rationale given by 33 states' official acts for passing medical marijuana laws and matched these against the highly-recognized five domains of quality patient care to see if the language in these acts comports or does not comport with quality patient care standards.

The five domains are that a practice is a) safe; b) effective; c) evidence-based; d) standard practice; and e) patient centered. Turns out the rationales for these laws make no strong, or even mild, statements that medical marijuana meets the standards of quality patient care.

Early reports show that at least some members of the DEA are not convinced it is time to loosen oversight of marijuana. In fact, as more attention is given to its use by biomedical researchers and consumer behavior, concerns are growing.

The oversight, enforcement, and due process needed to control its use and keep pot smokers and others safe are already taxing our police, legal, judicial, healthcare, school, and business agencies and organizations. Workplaces will need to add a tome of policies and procedures and more drug testing to ensure that employees are not toking on the job.

Police officers need to retool how to determine who is under the influence to keep traveling on our roads safe. This adds another "profiling charge" opportunity for lawyers when police need to stop, search, and seize users driving under the influence.

Furthermore, the oversight and control of the drug's use will drain resources for state departments of health.

A public health problem

Looking down the road, normalizing marijuana looks to be yet another public health problem.

When the history of liberalizing pot is written, healthcare and public health officials cannot blame the greedy corporations for the ill health that inevitably follows. The blame goes to legislators and candidates vying to see who can be the most liberal and the ring of the tax cash register for government coffers.

Advocates to free marijuana are giddy about beating the Puritanesque moniker for pot. Add to this the Biden administration's push to gain votes and we could have yet another long-term drug crisis.

Unless federal officials practice what they preach and follow the science.

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