



PA citizens are safe from going to pot, for now | Opinion

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The good news is the clock ran out on our [General Assembly's session](#) (30 June) that de facto averted passage of legalizing recreational marijuana in Pennsylvania. The bad news is legislators in both houses, including more and more Republicans over time, have become enamored with the prospect of an easy tax windfall from pot sales in the state.

Also Gov. Shapiro is now enthusiastic about legalizing a cannabis cottage industry, despite voicing some concerns about the drug before he took office.

Democratic legislators will be in lock step to legalize pot soon, ostensibly to keep up with the Jones's, given New Jersey, Delaware, and New York are all in, to gain another stream of taxes for spending, and feeling it is uncool to be against pot today.

State Rep. Dan Frankel of Allegheny, who chairs the House Health Committee, says, "[The toothpaste is out of the tube.](#)" Let's hope that others on legislative committees charged with considering health enhancing bills don't see how we are

better off with ingesting a mood-altering drug, whose [benefits and safety are still elusive](#).

Opinion surveys continue to show that while the public is ready for medical marijuana, and to a lesser degree legalizing pot, nobody is surveying the public on what they know about its short term and long-term health effects, [for which there are many](#).

For example, I took a close read of 33 states' official documents (acts, constitutional amendments, voter initiatives) before the 2020 election to learn how states explicate quality patient care. Turns out the rationale statements for passing such laws meet only one of the standards for quality patient care in a significant way, i.e. its use is "patient centered."

That standard is realized in use of cannabis as compassionate, palliative care, but not having medicinal value. It is uncanny to have state legislatures since 1996 passing either medical marijuana laws or legalizing marijuana use at some level when no medical body has endorsed its widespread use and the federal agencies charged with drug control have not lifted their concerns for the dangers of this substance.

Legislators who want to legalize recreational pot will find little opposition from health groups, which is quite peculiar at a time when we have several public health crises for which we should "follow the science" in creating public policy. However, there are enough pro pot advocacy groups giddy for finally beating the Puritanesque rationale for not having states go to pot. Changing sociocultural attitudes toward marijuana does not obviate the need to see credible scientific evidence that normalizing pot will be a major public health threat.

The pro cannabis organizations have expanded their coalition by co-opting minority leaders to get on board, in exchange for guarantees of minority owned businesses involved in cannabis retail shops.

If passed, the government agencies at the state and local level, such as police, legal, judicial, school, and the healthcare and business organizations will be strained to monitor, and enforce the many rules and regulations needed to manage an adjunct drug-dispensing enterprise. 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.

As normalization of marijuana for both expanding medicinal use to outright recreational use continues to accelerate across the country, it is reasonable to question why robust public health and healthcare communication campaigns to stop the spread are not evident.

Hanging in the balance is the potential for the next major public health problem in the United States.