Making Sense of Bioethics
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The Smoke over Medical Marijuana

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A comprehensive 2015 scientific review found medical marijuana to be useful only for a small number of medical conditions. Writing in the *Journal of the American Medical Association,* an international team of researchers found scant evidence to support broad claims for the drug's effectiveness. Although clinical trials showed that chronic neuropathic pain and cancer-related pain could often be treated, other forms of pain, such as those related to rheumatoid arthritis, fibromyalgia, HIV and multiple sclerosis did not show statistically significant improvement. Researchers also found inconclusive data for people with insomnia, anxiety disorders, depression, Tourette syndrome, psychosis, and sleep disorders. They registered concerns about medical marijuana's significant side effects as well.

Yale University researchers, commenting on the review, noted how the approval process for medical marijuana in U.S. states and jurisdictions has often been based on "low-quality scientific evidence, anecdotal reports, individual testimonials, legislative initiatives, and public opinion." They raised concerns around the fact that medical marijuana seems to be receiving "special status" and is being "fast-tracked" for legalization, when it should instead be subject to the standard scientific verifications of the FDA approval process to assure its efficacy and safety. The Yale authors offered this corrective:

> "Imagine if other drugs were approved through a similar approach… If the goal is to make marijuana available for medical purposes, then it is unclear why the approval process should be different from that used for other medications."

In his influential exposé *Marijuana Debunked*, Dr. Ed Gogek emphasizes how the idea of medical marijuana "didn't come from doctors, or patient advocacy groups, or public health organizations, or the medical community. The ballot initiatives for medical marijuana laws were sponsored and promoted by pro-legalization groups." These groups have used the medical marijuana trump card to grease the skids for the acceptance of recreational marijuana. This pincer movement has enabled them to control and reap the windfall from an extensive system of dispensaries that supply and distribute addictive substances. Even if recreational marijuana does not ultimately become le-

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galized in a particular jurisdiction, it is well documented that medical marijuana dispensaries often end up supplying the drug not for rare, valid medical uses, but for substance abuse, similar to the situation with opioid pain medications.

Yet the push for marijuana continues unabated. In May 2018, the New York State Comptroller, Scott Stringer, issued a report declaring that legalized marijuana in the Empire State would be a potential $3 billion market, with taxes from its sale generating a potential $436 million annually statewide, and $336 million for New York City. With such sums at play, not only are investors coming out of the woodwork, but towns and municipalities are also issuing ordinances and changing zoning laws to bring in the dispensaries. Indeed, dollar signs beckon, much as they once did for tobacco companies and plantation owners.

Besides being addictive and profitable, tobacco and marijuana have other similarities. Marijuana smoke contains harmful chemicals, with ammonia, benzene, toluene, and naphthalene levels in marijuana exceeding those found in tobacco smoke. These chemical components may contribute to emphysema, bronchial irritation and inflammation. Patients with medical conditions treatable by medical marijuana can avoid these toxic chemicals and other side effects by using more purified preparations containing only the active ingredients.

In 2003, the Institute of Medicine, a nonprofit, nongovernmental organization that evaluates medical issues, acknowledged that components of marijuana may have medicinal uses, and strongly recommended the development of prescription cannabinoid medicines based on those components:

> "If there is any future for marijuana as a medicine, it lies in its isolated components, the cannabinoids and their synthetic derivatives."

Several different cannabinoid medications have been developed in recent years, and these medicines work as well as or better than marijuana, have fewer side effects, and are less likely to be abused. These drugs also tend to be effective in the body for longer periods.

Dr. Gogek notes the irony of the loud public outcry that would ensue if the FDA were to approve "a drug that had no advantage over safer alternatives, went mostly to substance abuse, increased teenage drug use, and killed people on the highways." He concludes, "We should not be sidestepping the FDA approval process that was designed to protect us."

In sum, the reality behind medical marijuana is far from the rosy view painted by advocates. Marijuana is not "just a plant." It is an addictive drug abused in epidemic proportions, inflicting a serious individual and societal toll. Its use as a medicine needs to be carefully regulated through standard scientific oversight and the FDA approval process, not handed over to recreational enthusiasts and opportunistic businessmen. The current practice of encouraging states and municipalities to legalize medical, and then recreational, marijuana, is, in the final analysis, neither reasonable nor ethical.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.