

Transparency in cannabis policy

West Virginia is broke. Sin taxes – whether on tobacco, alcohol, gambling or cannabis – help fill potholes. Legislators and citizens must decide whether any potential personal, family and societal harm from legalizing the availability of these substances and activities is worth the cash. Let the debate be transparent and honest.

First, let us dispense with the argument that “legalization” is necessary to solve criminal justice inequities and to allow individuals who wish to try cannabis for medical reasons the opportunity, without threat of criminal penalties. That is solved by simply “decriminalizing” possession, one of the American Medical Association (AMA) recommendations. Likewise, the AMA encourages more research on the possible medical harms and benefits of cannabis by relaxing its federal “Schedule 1” designation.

The drawback of decriminalization versus legalization is that there is no large State regulating and taxing entity created. Picking up a dime bag at the farmers’ market or raising a few plants in the attic does nothing to refresh the supply of cash in State coffers.

The choice is simple. If one wants to create a situation where cannabis can be taxed to fill State coffers and benefit “favored” big businesses - that will grow, supply and sell the products - vote for legalization. Cannabis legalization will create a government and commerce situation similar to those that exist in the alcohol and gambling arenas.

Under no situation should the debate include obfuscation by introducing the concept of “medical cannabis” – a substance that does not exist. As with “medical merlot” or “medical porter”, cannabis is a complex and variable substance which contains certain components which might have medical benefits and harms. Research is being performed to assess the value of isolated and refined substance derived from cannabis as “medicines”. If successful, they should be treated as any other medicines and probably not taxed.

I have written often concerning the possible medical benefits of “medical merlot” to reduce stress and cardiovascular risk (resveratrol). However, one of my favorite stories involves “medical porter”.

If one visits America’s oldest brewery, Yeungling, in Pottsville, Pennsylvania, they learn that during prohibition brewers were still able to make porter for use by nursing women. The result likely was that many children in central Pennsylvanian were not weaned until puberty. If the nursing mothers – as opposed to others in the household – actually drank the porter there possibly were medical benefits.

When available without criminal penalty, if individuals wish to use cannabis, merlot or porter beer because they believe these substances have medical benefit, so be it. I recommend they seek their physician’s advice and their physicians be prepared to educate them on the possible benefits and risks of use. However, physicians should not be involved in “prescribing” these substances. Is it so individuals can avoid the tax on their wine, beer and weed?

Especially if “medical cannabis” would be untaxed, there are no tangible gains for the taxpayers. Doctors and patients would be burdened with more unnecessary hassle and the public with a costly, new regulatory bureaucracy to oversee the medical use of a substance that is no more a medicine in its raw form than beer and wine. Then, why create an advocacy agenda pushing State sanctioned pot based upon a “medical cannabis” rationale?

It's simple. Politicians want the much needed cash without being held accountable for possibly increasing the availability of a substance which likely contributes to medical harm in certain groups, as does booze, tobacco and gambling. That is not being honest or transparent.

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