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Medical and Recreational Cannabis Laws are being passed even though we do not know much about its effects

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Blog 17. R. Lorraine Collins: Medical and Recreational Cannabis Laws are being passed even though we do not know much about its effects

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Introduction: On March 31, 2021, Governor Andrew Cuomo signed the New York Marijuana Regulation and Taxation Act into law. The new law is designed to establish a framework for regulating the cannabis industry in New York and to providing adult access to recreational cannabis. The retail market likely will be launched in 2023, following the establishment of the Office of Cannabis Management and other necessary entities.

Medical and Recreational Cannabis Laws are Being Passed Even Though We Do Not Know Much about Its Effects

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On March 31, 2021, Governor Andrew Cuomo signed the New York Marijuana Regulation and Taxation Act into law. The new law is designed to establish a framework for regulating the cannabis industry in New York and to providing adult access to recreational cannabis. The retail market likely will be launched in 2023, following the establishment of the Office of Cannabis Management and other necessary entities.

This law builds on New York's previous passage of a Medical Marijuana statute in July 2014. In passing laws to regulate medical and recreational cannabis, New York joined a number of states that previously had approved access to cannabis. Currently, a total of 37 states have approved the use of cannabis for a range of medical conditions and 18 states plus Washington DC now allow access to recreational cannabis. The laws were passed using rationales that ranged from the need to undermine access to illegal cannabis, which can result in unsafe products, to the tax benefits that result from the legal retail sale of cannabis products.

While some of these arguments have merit, it is important to highlight that there **is little or no research to support the use of cannabis for certain medical conditions**. There also are many myths about the benefits and lack of harms of recreational cannabis.

In the US, the road to broadening access to cannabis began in 1996 when California advocates for cannabis use narrowly passed Proposition 215, which allowed for medical use of cannabis. Based on their success in California, cannabis advocates in 13 of the 18 states that have passed recreational cannabis laws have done so based on majority votes for "citizen initiatives". A few states, including New York, have legalized recreational cannabis through legislative action. Meanwhile, since 1970, the federal Drug Enforcement Agency (DEA) has designated cannabis as a Schedule I substance. This designation was based on the DEA's determination that cannabis had: **1) a high potential for abuse; 2) no currently accepted medical uses; and 3) was not safe**. To put this into context, heroin, LSD, and mescaline also are Schedule 1 drugs. The DEA Schedule 1 designation of cannabis means that it remains illegal based on federal law.

Currently, the US consists of a **patchwork of cannabis regulations** covering everything from the number of plants an individual can grow at home, to tax rates, and the marketing of cannabis products. For the most part, the regulation of medical and recreational cannabis is not based on research, but rather on advocacy and case studies. In New York State's Department of Health medical cannabis program, conditions for which cannabis can be used include Cancer, Epilepsy, HIV/AIDS, ALS, PTSD, Parkinson's disease, MS, Chronic pain, Spinal cord injury with spasticity, and Opioid Use Disorder. As reviewed by the National Academies of Sciences, Engineering and Medicine, in 2017, there is little or no evidence as to the effectiveness of cannabis for treating many of these conditions. The lack of evidence does not seem to matter. In New York and numerous other states, medical conditions are added to the list based on advocacy, including by affected individuals, special interests, and case studies. Neither of these is an informed or credible basis for advocating for medical use of a drug.

Our society has accepted the use of alcohol and tobacco, each of which has been documented to produce harms to health (e.g., cancer) and other negative outcomes. However, neither alcohol nor tobacco is being promoted as having medical benefits. Those substances also are complex but are easier to study in humans because we have science-based definitions as to dose and mode

of use. They do not face the barriers of the DEA's Schedule 1 designation. To better understand cannabis and its effects, including its benefits and harms, **we need to remove the Schedule 1 designation** to begin to answer the many complex questions about this increasingly popular drug.

The public needs to understand that cannabis is a very complex substance. The plant consists of more than 500 phytochemicals and 104 cannabinoids. The most commonly studied of the cannabinoids are Δ^9tetrahydrocannabinol (THC, which has psychoactive effects) and Cannabidiol (CBD, which is not psychoactive). We need to learn more; however, **the Schedule 1 designation is a major barrier to studying the components and effects of cannabis**. Researchers need to be approved by the DEA and the Food and Drug Administration (FDA), and must source their cannabis from the National Institute on Drug Abuse. In some cases, this approval process can take years. We have approved the medical and recreational use of cannabis, but still **have not begun to answer many basic questions as to dose**, potency, and ratio of THC to CBD for treating medical conditions and lessening cannabis harms.

Citation

National Academies of Sciences, Engineering and Medicine, Contributor/author. (2017). *The health effects of cannabis and cannabinoids: The current state of evidence and recommendations for research.* Washington, DC: National Academies Press. doi: 10.17226/24625