

Opinion

Reclassifying marijuana will create another scourge like Big Tobacco

Raw marijuana has no established medical value and carries a high risk of abuse.

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By William Barr and Kevin Sabet

William Barr, an attorney with Torridon Law, served as U.S. attorney general from 1991 to 1993 and 2019 to 2020. Kevin Sabet, CEO of Smart Approaches to Marijuana, was a drug policy adviser in the Clinton, George W. Bush and Obama administrations.

On July 15, the Drug Enforcement Administration wrapped up an 11-day hearing on whether marijuana should be rescheduled, or reclassified, as a less dangerous substance under federal law — a process that requires showing that the drug has an accepted medical use and a lower risk of abuse than drugs subject to greater controls.

The evidence presented at the hearing utterly failed to support rescheduling marijuana. Rather, it confirmed what decades of data have shown: Raw marijuana has no scientifically established medical value and carries a high risk of abuse. (William Barr's law firm represented Kevin Sabet's anti-marijuana organization in the hearing.)

The administrative law judge who presided will soon make a final recommendation — and the stakes couldn't be higher. Rescheduling marijuana would create the false impression that it is safe, would reduce penalties for peddling the drug illegally and would give those who purvey it legally a huge tax windfall. That would be a disaster.

Today's marijuana is more dangerous than ever before. The average potency of raw marijuana is 10 times higher than in the 1970s. Some marijuana products are supercharged to nearly 99 percent potency, 30 times that of several decades ago. Other products, such as candies, gummies and ice creams, also have high potency and are designed to appeal to young people.

The evidence continues to mount that marijuana poses horrific health risks. Young users are over 11 times more likely to develop psychotic disorders. Eighty-two percent of young people hospitalized for psychotic disorders say they have used marijuana. Its use is also more closely tied to schizophrenia, a lifelong psychotic illness that affects millions of Americans, than the use of any other substance. Up to 30 percent of recent cases of schizophrenia in young men could have been prevented had they not used this drug.

Marijuana is also addictive. The Centers for Disease Control and Prevention says as much: “It is estimated that people who use cannabis have about a 30% likelihood of becoming addicted.” A similar share of marijuana users — 28 percent — use it daily, compared with only 4 percent of drinkers who imbibe daily.

The dangers aren’t only psychiatric. Published data links marijuana to heart attacks and other major cardiac issues, with BMJ Heart finding a doubled risk of cardiovascular death associated with use of the drug. These health consequences are the predictable result of a highly potent, addictive drug being normalized, commercialized and marketed as medicine.

It would be one thing if marijuana had medical value. But there is no credible evidence that marijuana is effective treatment for *any* medical condition, notwithstanding the millions of dollars spent trying to prove otherwise. As the Food and Drug Administration website confirms, it “has not determined that cannabis is safe and effective for any particular disease or condition.”

That truth is confirmed by a steady drumbeat of recent high-quality studies. Consider a systematic review in The Lancet Psychiatry. It found that “there were no significant effects on outcomes associated with anxiety, anorexia nervosa, psychotic disorders, post-traumatic stress disorder, and opioid use disorder.” And the renowned Cochrane Library found in January that there is “no clear evidence” of marijuana’s effectiveness in achieving meaningful pain relief, although chronic pain is the condition for which “medical” marijuana is most often recommended.

Finally, rescheduling would unlock enormous revenue for the corporate marijuana industry by putting the drug into a category not covered by a long-standing restriction on federal tax deductions. That would, in turn, allow the industry to spend even more on advertising and marketing to young people. The large corporate interests that are peddling marijuana don’t make their profits from occasional users but by building a large base of frequent users. The industry considers 54 percent of users to be “high frequency” users, responsible for most weed consumption.

Even potentially lifesaving cancer drugs are withheld from the market until their effects have been studied. But those rushing to make recreational marijuana easily available do so without FDA approval, without adequate control and in the face of mounting evidence of the drug’s dangerous health and social effects. Those who would loose this dragon on society are laying the groundwork for another Big Tobacco. They should think of the generations of future victims who will follow.
