Don’t Let Medicine in Missouri Go to Pot: Oppose Sham Medical Marijuana Referenda on November 2018 Ballot

by John C. Hagan, III, MD

Learn more about the ballot issues at www.msma.org/medical-marijuana

Docs, listen up. Keep Missouri voters from passing legal but ‘sham’ non-needed, medical marijuana laws. Vigorously oppose all three referenda on the Missouri November general election ballot that would legalize medical marijuana (‘pot, weed, cannabis’) in the Show Me state.

We don’t need more social/medical nightmares like tobacco and opioids, both of which physicians initially aided and abetted. (Figure 1) Physician colleagues and medical professionals, “Show Me’ some responsibility this time! Commit to educating your patients, contributing your time, your money, and your vote to defeating sham medical pot. Every state, notably well documented in Colorado, that has enacted medical cannabis has created a tsunami of medical, social, educational, judicial, law enforcement, and business crises. Medical marijuana cards are available to practically anyone and diversion to recreational use and under-aged youth is the inevitable default setting. We don’t need these problems in Missouri.

“Big Weed” is the termed coined for the coalition of businesses, corporations, individuals that is profiting enormously from state by state passing ‘medical’ and/or ‘recreational’ marijuana into law by referenda. Millions of Big Weed dollars are flowing into Missouri to open a new market of cannabis dependent customers, much the same as Big Tobacco abetted habituating millions to their nicotine laced, health destroying products. Big Weed is contemptuously, but effectively, emulating the marketing plan of “Big Tobacco.”

Big Weed’s resources far surpass the responsible ‘weeds-killing’ opposition. Big Weed’s high-power advocates have cleverly ‘sweetened’ their noxious products by allocating a tiny 2-15% tax to be used for the likes of military veterans, cancer research, childhood education, and drug addiction. What, not widows, orphans, and homeless animals? Clever? Yes. But this is the equivalent of ‘hiding behind hostages.’ There are no limits on the greed, duplicity and ‘total war’ tactics of Big Tobacco, Big Opioids and now Big Weed, the latest member of the Health Apocalypse Henchmen.

In Canada, which has virtually anything goes cannabis, several large brewing companies are spooling up to sell cannabis infused drinks to offset the fall in beer sales. Idiottiwise, their industry refers to this as “the logical fourth leg” of commercialization: beer, wine, liquor and cannabis. Obviously, they imbibe a lot of their own products. I have unsolicited received about a half dozen offers to invest in limited partnerships that will profit from distributing sham medical marijuana of unknown composition. Medical weed is not even remotely a proper medicine of known composition, known quantity, and approved by FDA testing/approval process. Substantial monies are promised to investors and a growing, eventually nation-wide pot market. Medical marijuana laws are Big Weed’s Trojan Horse to create astronomical profit from dependent non-medical customers and pave the way for eventual recreational ‘anything goes’ cannabis.

Much to their regret and shame, Colorado physicians and medical groups did not actively oppose medical and later recreational cannabis. The Colorado Medical Society is urging other state medical organizations not to make the same mistake: “Other states facing legislative efforts to legalize marijuana should consider Colorado’s experience as a cautionary tale. Approving medical treatments by ballot initiatives sets a dangerous precedent for public health. This will be one of the great social experiments of the century.” (emphasis added)

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Responsible Missouri physician organizations are officially on board opposing the three sham medical marijuana referenda include: Missouri State Medical Association, AMA, Kansas City Medical Society, Greene County Medical Society, St. Louis Metropolitan Medical Society, Missouri Society of Eye Physicians & Surgeons (we ophthalmologists don’t need marijuana to treat glaucoma, makes treatment worse). Many of these cannabis articles are from a writing group from Colorado coordinated by Ken P. Finn, MD, a widely known and respected pain-management specialist. This issue of Missouri Medicine presents other vital information for physicians beginning on the next page.

Many patients, and some physicians, believe that legitimate FDA approved medical research is not being done and would be facilitated by passing these sham medical marijuana referenda. Not so! The FDA has approved cannabis-based medicines via legitimate pure drug pathway: canabidiol (Epidolex) for the treatment for certain rare seizure disorders but with potential to help other more common types of childhood seizures; dronabinol (Marinol) for nausea and vomiting of chemotherapy and weight loss/poor appetite in HIV patients; and nabilone (Cesamet) for nausea and vomiting of chemotherapy when other drugs fail. Some restrictions on legitimate research on pure cannabis chemicals as real drugs might certainly be considered at the FDA level. Nor should we confuse this vote with the issue of decriminalization of small amounts of pot for personal use. Twenty-four states and over 50 large municipalities have passed decriminalization law more are in the process. This is not the issue we are voting on, nor is alcohol caused social/medical/judicial problems. Conflating tobacco, alcohol, and opioid problems to make cannabis appear a minor vice is a debating trope used by Big Weed to misdirect and misinform voters. This issue is sham medical marijuana.

It is worth stating again that all state legalization of cannabis for sham medical and recreational use is in violation of Federal Law, a fact all Presidents to date have chosen not to enforce and whom two, Clinton and Obama, have admitted to recreational pot use.

Most physicians look back with incredulity and disgust on some of our forebears: physicians, dentists, nurses in the 1940s and 50s who recommended and were used in commercial advertisements (Figure 1) for tobacco products; late 1990s to mid 2000s opioid industry compensated physicians like Russell Portenoy, MD, and the Kansas City Center for Practical Bioethics/Myra Christopher, RN, who shilled for the pain pill industry. We must not make the same mistakes. We physicians, and hopefully a broad coalition of healthcare professionals, institutions, educators, law enforcement, children and public welfare advocates and all informed citizens must band together and defeat the three harmful sham medical marijuana referenda on the Missouri November General Election Ballot (Figure 2).

Don’t let Medicine in Missouri go to pot!

References
1. https://www.sos.mo.gov/default.aspx/PageID=9456
2. https://drive.google.com/file/d/0B0tmPQ67kINNVQ0DnYVzZGVndFk/view

Figure 1. Physicians, dentists and nurses were used to promote and sell cigarettes. Many prescribed smoking for throat irritation, nervousness and anxiety. Physician and medical professionals must avoid these mistakes and oppose sham medical marijuana in Missouri.

Figure 2. Medical marijuana quickly degenerates to anyone/any indication as long as they have cash to purchase. Diversion to recreational use is routine. Under the influence of cannabis in Colorado schools increased 44%. Source: https://www.flickr.com/photos/adam_jones/6933957739 courtesy Adam Jones