

## Arresting People for Marijuana Use is Bad for Their Health

Aaron D. Fox, MD, MS

*Dr. Fox is assistant professor of medicine at Albert Einstein College of Medicine/Montefiore Medical Center in New York City.*

**M**edical marijuana dispensaries will open in New York City in 2016, creating an opportunity for practitioners to prescribe marijuana after completing a four-hour online course and paying a \$249 fee. My primary care practice in the Bronx includes patients with painful HIV-related neuropathies and other conditions that could benefit from medical marijuana. As an addiction medicine specialist, however, I also worry about the small but significant proportion—approximately 9%—of marijuana users who will develop dependence. I also worry whether changes in societal perceptions about the drug's safety will increase the likelihood of marijuana use by adolescents, whose developing brains are particularly susceptible to the drug's negative effects.

Our incomplete understanding of the safety and efficacy of medical marijuana makes the assessment of risks and benefits for patient care challenging. The many varieties of marijuana that are available make dosing unpredictable because of differences in potency among the different products. Federal law still prohibits marijuana use. Lastly, I as a physician am uncomfortable endorsing a smoked product as healthful. (The New York law only pertains to non-smokable forms of marijuana.) Many have argued that, at a policy level, medical marijuana is just a backdoor way of allowing recreational marijuana use, in which case the medical community should not be involved. However, the legal prohibition of marijuana has had negative health consequences, so perhaps decriminalization is a policy position that physicians should consider.

I remain unconvinced that (smoked) marijuana will be useful as medication, but I am also quite certain that the "War on Drugs" has been a disaster for the health and wellness of my patients and their communities. Years of attacks on the drug's supply chains have done little to suppress demand for marijuana in the United States, which has continued to increase over the past decade. The United States incarcerates more of its citizens than any other country in the world. As violent crime has decreased over the past two decades, drug-related arrests have increased, mostly driven by arrests related to marijuana. (This burden predominately falls upon communities of color.)

The mass incarceration of people of color is not just a political or criminal justice issue—it is also a health issue. As medical providers have increasingly been challenged to contextualize biomedical models of illness with an understanding of the social determinants of health, it has become clear that the collateral consequences of incarceration are far reaching. The violence and chronic stress of incarceration have been theorized to lead to acceleration in the aging process. Exposure to infectious diseases may be more common in correctional facilities than in the community. Security practices, such as solitary confinement, can have deleterious mental health effects, especially for adolescents and individuals with pre-existing mental health conditions. Criminal justice involvement can lead to legal restrictions on housing, public benefits, students loans, voting rights, and access to employment. At our community health center in the South Bronx, more than half

of surveyed patients reported that they or a family member had been arrested in the past, and many respondents believed that this experience directly impacted their health.

As the co-director of the Bronx Transitions Clinic (BTC), which provides a medical home to individuals with criminal justice involvement, I often see patients who have been harmed more by laws regulating marijuana than by the drug itself. In my primary care practice, it is rare for me to see a healthy 22-year-old man for a check-up, but at the BTC we often get referrals to see drug court clients who have been sentenced to drug treatment. I clearly remember a young African-American man who had been working as a commercial driver, was expecting his first child with his domestic partner, and was then arrested for marijuana possession. He was mandated to participate in an outpatient drug treatment program, which he dutifully attended, but because of the time commitment necessary he lost his job. When I assessed him for medical or mental health needs that may not have been met at the drug treatment program, I didn't think he met criteria for cannabis use disorder. He had maintained a job and healthy social relationships. Not surprisingly, when threatened with jail time, he was able to stop using marijuana. Still, I doubt that he required drug treatment. When I asked him if he would start smoking again when his period of criminal justice supervision was over—also not surprisingly—he stated that he would. To me, this "treatment" seemed futile.

In the United States, our urge to punish often becomes irrational. With

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millions of American who actually have substance use disorders lacking access to effective treatment, I question the wisdom in directing limited resources toward non-dependent individuals who use marijuana recreationally. I also question the wisdom in taking away a man's ability to provide for his family in the name of justice. Four states and the District of Columbia have already legalized recreational marijuana use, demonstrating that many believe the harms of marijuana use do not justify prohibition. Possession of small amounts of marijuana has been decriminalized in New York City since 1977, yet thousands continue to be arrested for "possession of marijuana in public view," which often happens when people are stopped and told by officers to empty their pockets. Because these arrests are disproportionately

targeted toward communities of color, the urge to punish seems to be less about the fear of marijuana and more about structural racism, which is also harmful for health.

Medical providers usually avoid debates that appear to be political or outside our realm of expertise. I, however, feel compelled to advocate for the health and wellness of my patients. In Portugal in 2001, all drugs were decriminalized, and a robust system of treatment and social support was targeted to individuals with substance use disorders. This effort was spearheaded by a family physician, João Goulão, and was followed by an overall reduction in substance use. Certainly, Portugal is a much smaller and less diverse country than the United States, and we cannot be certain that their experience with decriminalization can be

replicated here. I believe, however, that the voices of physicians highlighting the health-related harms of the "War on Drugs" and advocating for a system that emphasizes treatment and support over punishment need to be part of the debate.

Ultimately, if well-designed randomized controlled trials demonstrate the safety and efficacy of marijuana for common medical conditions, I am certain that I will learn to prescribe marijuana like any other therapeutic modality. For now, though, it's hard for me to see marijuana as a medication. Like alcohol, it is a substance that is consumed recreationally and probably can be consumed responsibly. But unlike alcohol, its legal status confers health risks that may exceed the actual risks of consumption.

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