

The News-Gazette

Guest commentary: Weeding out editorial inaccuracies

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By Steve Shoemaker and Alexander E. Sharp

Your editorial "[Pot Claims Don't Hold Up](#)" of June 29 seeks to discredit the Illinois medical marijuana program by citing the findings of a recent medical article and then drawing hand-waving conclusions the authors never intended to address.

You write that "according to a study by the Journal of the American Medical Association, there is a war on science underway in states all across the country, including Illinois, as it relates to the issue of medical marijuana" and that "the authors characterize claims that marijuana has vast medical benefits as an illusory pretext."

You should have printed what the study actually says. It concludes that "There was moderate-quality evidence to support the use of cannabinoids for the treatment of chronic pain and spasticity." (p. 2468)

The editorial accompanying the article explains that this refers to "the use of marijuana for nausea and vomiting related to chemotherapy, specific pain syndromes, and spasticity from multiple sclerosis." (p. 2431)

In other words, if an individual is suffering from multiple sclerosis, pain from cancer and the side effects of chemotherapy, and other forms of chronic pain, cannabis offers at least "moderate" relief. Who among us would not settle for this, indeed, perhaps find a blessing in such relief?

The article did not say that cannabis is ineffective in relieving pain due to other conditions, such as Crohn's disease, Tourette syndrome, and psychosis; instead it concluded that further study is needed and that there is a lack of research that meets Food and Drug Administration standards.

Of course there is. The federal Drug Enforcement Agency blocks research by continuing to classify cannabis as a Schedule 1 drug "of no medical value," more dangerous than Schedule 2 drugs such as heroin and cocaine. Researchers cannot obtain cannabis to conduct their studies. No wonder those who cite the medical value of cannabis look to patients for personal testimony.

You then state that the authors of the study do not want its findings to be used to support marijuana decriminalization. Why would they? The topics are unrelated.

The purpose of medical marijuana is to alleviate severe, chronic pain of the kind most of us can never imagine. Decriminalization of marijuana addresses the fact that individuals who have made a youthful mistake should not be marked for life. Right now, low-level offenders are often blocked from jobs, housing and education grants. If individuals abuse marijuana, this should be seen as a health — not a criminal justice — problem.

Over 100 home rule cities and towns across Illinois have figured this out over the past 20 years by decriminalizing marijuana in their municipalities. Among other things, they are tired of diverting law enforcement dollars from more important priorities. It is not clear why you are still fighting this battle.

Finally, you mockingly dismiss the possibility that "jack booted thugs" will drag an ailing grandma off to jail for smoking a joint. Have you not heard of police forfeiture laws which encourage police to break into homes and seize property merely on the suspicion that it might be related to a drug crime?

We urge that you stop misrepresenting journal articles concerning medical marijuana and extending false arguments to topics irrelevant to the research you cite.

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