Marijuana and the Christian Pharmacist by Frank J. Nice

Background 1-7
Marijuana is made from the hemp plant, Cannabis sativa. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC. A myriad of deleterious health effects of marijuana include decreased sensory perception and euphoria followed by drowsiness and relaxation, slowed reaction times, problems with balance and coordination, increased heart rate and appetite, problems with learning and memory, hallucinations, anxiety, panic attacks, psychosis, mental health problems, chronic cough, and frequent respiratory infections. Combination with alcohol results in increased heart rate, hypertension, and further slowing of mental processes and reaction time. When one reads these negative health effects, one can see why marijuana is classified as a Schedule I substance of abuse. Many of these effects have been determined with a high level of confidence. Addiction to marijuana is real, as approximately 9% of those who experiment with marijuana become addicted, which increases to 17% of adolescents. One-half of those who smoke daily become addicted. This is shown by a cannabis withdrawal syndrome that includes irritability, insomnia, dysphoria (state of unease or generalized dissatisfaction with life), and anxiety. Societal implications go beyond these clinical implications, such as poor school performance, dropping out of school, lower intelligence scores, unemployment, criminal behavior, lower income, reduced satisfaction with life, increased motor vehicle accidents, and increased risk of using other illicit drugs.

The author has counseled, advised, and presented on the use of medications, alternative medicines, and recreational drug substances during pregnancy and breastfeeding for almost 40 years. Apparent negative health results for marijuana use during pregnancy include babies born with attention problems, memory problems, and problem solving issues. Several studies have shown no increased risk for miscarriage rates, types of presentation at birth, Apgar status, neonatal complications, or major physical abnormalities; although heavy users reported true ocular hypertelorism (increased distance between the eyes) and severe epicanthus (a vertical fold of skin on either side of the nose). The reality is that the small number of studies have failed to identify major birth defects; while at the same time, it is a fact that marijuana does cross the placental barrier. As for breastfeeding babies, any kind of smoke is a health risk. THC passes from the mother’s plasma into breast milk. Breastfed babies can have problems with feeding and development, both mentally and physically. Knowing the numerous potential health problems induced by marijuana in adults, it is hard to conclude that unborn and breastfeeding children would be innocuous to them.

Federal Law 8-11
Federal law classifies and regulates marijuana as a Schedule I substance of abuse under the Controlled Substances Act. Schedule I drug substances including marijuana, are classified as such because they have a high potential for abuse, have no currently accepted medical use in treatment in the United States under federal law and regulations, and have a lack of accepted safety for use under medical supervision.

In fact, a federal court judge recently ruled that marijuana was properly placed in Schedule I. Despite these facts, the current federal government has chosen not to enforce the Drug Substances Act for marijuana and not to prosecute users in states that have chosen to ignore the Act’s provisions. The ethical and legal implications of marijuana use have resulted in complicated dilemmas. Sales of marijuana are taxed at the state level and have exceeded $20 million dollars. In one month in 2014, Colorado collected over $2 million in tax revenue from the sale of marijuana. Washington taxes marijuana at a rate of approximately 30-40%. The “legalization” of marijuana and the subsequent collection of millions of dollars from marijuana sales taxes will be used to fund schools (similar to the concept of the lottery and donations to education) and to remediate the problems that marijuana causes.

Consequences of Marijuana Use 1-7
The following are known scientific and nonreligious consequences of marijuana use:

Mothers using marijuana are potentially abusing other drug substances
• Exposure to marijuana smoke is potentially hazardous and is at least as toxic as cigarette smoke
• Current evidence indicates that marijuana use during both pregnancy and lactation may adversely affect neurodevelopment, especially critical brain growth after birth and during adolescent maturation
• Marijuana impacts neuropsychiatric, behavioral, and executive functioning, which may affect future adult productivity and lifetime outcomes (e.g., delinquency, depression, and substance abuse)
• Laws passed in some states which make recreational use of marijuana legal render toxicology interpretation complex (e.g., is mother using recreational and/or medical marijuana “legally” or illicitly and thus exposing her breastfed baby to “legal” or illicit marijuana?)
• There is a great need for more empirical data based on scientific studies and labeling, which all current Rx and OTC drugs must undergo before legal and medical use by patients; thus its use is controversial at best
• From both philosophical and scientific viewpoints, marijuana should be contraindicated during pregnancy and breastfeeding as it is hazardous, not only to the unborn baby and nursling, but to the mother as well

For Christian pharmacists, what does the Bible say about the consequences of marijuana use in today’s society and as part of our pharmacy profession and practice? Below are two scenarios for Christian pharmacists to consider in deciding whether marijuana use is consistent with biblical principles.

The Bible and Marijuana: Interpretation #1 12,13
Genesis 1:29. And God said, Behold, I have given you every herb bearing seed, which is upon the face of all the earth, and every tree, in the which is the fruit of a tree yielding seed, to you it shall be for meat. (KJV)
• God made herbs (e.g., marijuana) to grow for the service of man
• One drug that is mentioned in the Bible is alcohol, and the joys of drinking were sung; the Bible distinguishes between use and abuse of alcohol; therefore, the medical use and responsible use of marijuana, as shown by many government reports, is of no danger to society
• Since many plants and herbs were grown in biblical times, Jesus probably lived among marijuana users and did not criticize them for their habits
• Jesus said to keep the church and the state separate; based on Genesis 1:29, it was God who gave man marijuana to use, not the government
• Jesus reserved judgment of actions, such as using marijuana, for God alone
• Jesus preached love and forgiveness and thus warned us about seizure, forfeiture, and prohibition of substances, such as marijuana
• Tolerance, compassion, and unselfish effort, as espoused in the Bible, supports the end of persecution of marijuana users
• Nothing in the Bible states that those who follow their conscience and use marijuana in good faith can be imprisoned

The Bible and Marijuana: Interpretation #2
Galatians 6:7-8. Be not deceived; God is not mocked: for whatsoever a man soweth, that shall he also reap. But he that soweth to the Spirit shall of the flesh reap corruption; but he that soweth to the Spirit shall of the Spirit reap life everlasting. (KJV)

Jesus stated that He is the Way, the Truth, and the Life (John 14:6). Jesus is the source of all truth. Jesus is the Truth. I am called to follow the Holy, Holy, Holy LORD God Almighty and nothing less. In doing so, I find my comfort in the words of Job 13:15, proclaimed by Job: Though God slay me, yet I will put my trust in Him. †

Final Reflections
Throughout my pharmacy career of almost 50 years, I have always followed the law, especially the law related to controlled substances, as I certainly did not want to ever lose my pharmacy license; but there was always a higher calling for following the law. All practicing pharmacists are called to promise to devote ourselves to fulfilling the “Oath of a Pharmacist.” One section of the Oath states that we will hold ourselves to the highest principles of our profession’s moral, ethical, and legal conduct. In today’s society, words such as “moral”, “ethical”, and especially “legal” have hollow and ever-shifting meanings. This seems to be especially true when it comes to dispensing “medical” and/or “legal” marijuana even though it has a high potential for abuse, has no currently accepted medical use in treatment in the United States under federal law and regulations, and has a lack of accepted safety for use under medical supervision. Individual states have freely decided the legality of marijuana use without federal interference. This presents a conundrum, a confusing and difficult problem, in several areas for Christian pharmacists.

When is “legal” really legal and moral and ethical, and when is it only legal, but not moral and/or ethical? And who determines this? The Federal government? Or state or local governments? As with secular truth, “legal” becomes a relative and hollow term; and everyone, including pharmacists, can determine their own meanings and interpretations of the law. Why do I personally choose only to follow the federal law and not the state laws on marijuana use? Why do I personally choose not to follow any law for the dispensing of abortifacient drugs or drugs for assisted suicide? Why must I, as a Christian pharmacist, choose Interpretation #2 above to guide my practice when it comes to marijuana? It is because I am held to the highest standard. Christians are mandated to respect and obey the laws of the land (Romans 13:1-7)… except when the law of the land violates the law of God (Acts 5:29). Based on this, I believe that Christian pharmacists can invoke the Conscience Clause for sincerely held convictions, such as dispensing marijuana, after much thought and negotiations with their superiors. In the past, it was considered wrong to dispense a drug with abuse potential that might harm a patient. Conscientious objection must be defined for what it is, and what it is not, given the vague implications it has been given by moral relativists.

References
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Dr. Nice has published Nonprescription Drugs for the Breastfeeding Mother, 2nd Edition and The Galactogogue Recipe Book. Dr. Nice has also authored over four dozen peer-reviewed articles on the use of prescription medications, Over-the-Counter (OTC) products, and herbals during breastfeeding, in addition to articles and book chapters on medical missions, the use of power, epilepsy, and work characteristics of healthcare professionals. Dr. Nice continues to provide consultations, lectures, and presentations to the breastfeeding community and to serve the poor of Haiti.