

Cheech and Chong would love Arizona's medical-pot law

Keeping an inherently dishonest program honest is no easy task.

The Arizona Department of Health Services got that job in 2010 when voters bought into one of the biggest cons around and narrowly approved “medical” marijuana.

DHS Director Will Humble deserves credit for trying to keep things honest. But you have to wonder if it’s even possible.



So-called medical-marijuana laws are more about normalizing a recreational drug than getting medical treatment to sick people.

It is true that marijuana appears to provide relieve from symptoms of some ailments or side effects from other medical treatment. But Arizona’s medical-marijuana law did not produce a time-tested way for those patients to access a dose-controlled, legitimate pharmaceutical product.



It opened the door to abuse.

If you doubt that, just ask yourself what other medically prescribed pharmaceutical is sold through special “dispensaries” instead of at the drug store. A law that authorizes those who claim chronic pain — a subjective and unprovable assertion — to buy generous doses of an otherwise illegal recreational drug is a farce.

In fact, 73 percent of Arizonans who got approved to use pot between July 2012 and June 2013 cited severe and chronic pain as the sole reason they needed the drug, according to DHS’ second annual medical marijuana report issued this month.

None but the chronically gullible will be surprised.

Seventy-two percent of qualifying patients were male, and 30 percent of those men were between the ages of 18 and 30. This age group listed pain as a debilitating condition at a higher rate than any other group.

Man, that hurts!

We're not saying the young don't suffer. But you have to wonder why Arizona is seeing so much pain among people who are in their prime recreational drug-using years.

The report suggests collecting "more nuanced data" to help better understand "how medical marijuana may influence pain management." Good idea — and tactfully stated.

But collecting that information is difficult under the current language of the medical-marijuana law, the report says.

What's more, statutory changes or amendments are necessary to conduct an epidemiological analysis that would show any public health and safety implications of medical-marijuana use on opiate dependency, motor vehicle accidents and pregnancy and breast feeding.

Lawmakers: When Humble comes around next session, listen up. He needs to be able to better track what's going on.

What we do know raises real questions.

For example, DHS found a mere 25 physicians certified about 70 percent of pot patients. Twenty-one of those docs were naturopaths. A total of 472 physicians wrote 36,346 pot 'scripts during the period covered by the report.

Humble told *The Republic's* Yvonne Wingett Sanchez this raises concerns about whether people are seeking out "certification mills" rather than going to primary-care doctors who would bring more scrutiny to those requests to get high for health.

Humble is doing his best to keep a misguided law true to voter intent. This report shows just how hard that task is.

Voters were right to feel compassion for sick people, those who might legitimately benefit from access to marijuana. But this law patches together patient with a remedy that has more in common with a street drug than standardized medicine.

As a result, pot patients are stigmatized by a system that invites abuse.

Meanwhile, DHS deserves public and political support as it tries to rein in the excesses of a law only Cheech and Chong could love.