

**Policy Analysis Part 3: A Change to the MORE Act of 2019**

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## Abstract

The MORE Act of 2019 would decriminalize cannabis, remove it from the drug schedule list under the Controlled Substances Act, expunge certain cannabis-related offenses, create a Cannabis Justice Office to carry out the Community Reinvestment Grant Program, use this program to reinvest in communities that have been disproportionately affected by the War on Drugs via a new fund called the Opportunity Trust Fund, fund this account with taxes on cannabis products, protect immigrants from discrimination based on cannabis-related offenses, and require demographic data on cannabis-related businesses to be published regularly (Congressional Research Service [CRS], 2020). It is my opinion that this policy is quite thorough in its mission to right the wrongs of the War on Drugs, but if I had to make a recommendation for a change to this policy I would recommend that it designate funding for cannabis research from the federal drug law enforcement savings due to the decriminalization of cannabis dictated in the original policy. More funding for cannabis research would benefit patients with a variety of conditions, adolescents, public health campaigns, and the inherent destigmatization of cannabis use would eliminate a social barrier to cannabis users seeking assistance from social workers.

The umbrella of “cannabis research” includes, but is not limited to, research into the harmful and beneficial health effects of varying levels of cannabis use, the effect of cannabis on a broad range of health conditions such as dementia, cardiovascular disease, Parkinson’s disease, epilepsy, and multiple sclerosis, and the effects of cannabis on pregnancies, fetuses, short- and long-term health outcomes, and adolescents’ brains from light to heavy use.

Funding is one of several critical barriers to cannabis research. The National Institute on Health (NIH) spent over \$111 million on cannabinoid research in 2015, but only \$10 million of that was investigating the therapeutic effects of cannabis (The National Academies of Science, Engineering, and Medicine [NASEM], 2017). If we are to seek better evidence of cannabis’ efficacy, safety, and therapeutic uses than we currently have available, more funding needs to be made available for this research.

Cannabis research also faces large barriers due to marijuana being a schedule I drug according to the Controlled Substances Act. This is the highest tier of restriction, it is reserved for substances “with no currently accepted medical use and a high potential for abuse” (United States, n.d.), and it is shared by marijuana, heroin, and ecstasy among others. In contrast, cocaine is listed as a schedule II drug along with Vicodin and Ritalin. For this reason, cannabis research is onerous to carry out. Though it is not impossible to obtain the permission, supply, and funding for these kinds of research projects, anyone seeking to do so has an absolute labyrinth of hoops to jump through if they are willing to navigate the bureaucracy (NASEM, 2017). It is partly due to these regulatory barriers that there is insufficient research into cannabis and its effects, but if the MORE Act were to pass, marijuana would be descheduled and some of these limitations would be reduced.

To avoid detracting from the Opportunity Investment Fund for this research funding, the source of this support would be the drug law enforcement savings that result from decriminalization of marijuana. Jeffrey Miron posits that the federal government would save \$3.4 billion annually in drug law enforcement costs from the legalization of marijuana (2010). While it is worth noting that legalization and decriminalization are different, it stands to reason that there would still be significant savings from decriminalization and these savings, or even a portion of them, could be redirected into cannabis research.

To evaluate this policy change proposal, the criteria developed by Kraft & Furlong (2010) as cited in Caputo (2017) will be used. These criteria assess the effectiveness, efficiency, equity/social justice, liberty/freedom, political feasibility, administrative feasibility, and technical feasibility of the policy proposal.

As discussed above, lack of funding is a significant barrier to cannabis research. If funding were provided through this proposed policy amendment using even half the savings from marijuana law enforcement (assuming that savings from marijuana decriminalization is similar to that of legalization), that would equal \$1.7 billion dollars a year which is over ten times the amount the NIH spent on cannabis research in 2015. Undecoupling the NIH's cannabis research budget would effectively remove the funding barrier.

Determining this policy proposal's efficiency is not entirely possible because the benefit cannot yet be determined. It is important to note, however, that the funding for this policy proposal is from money that will be saved as one of the effects of the original policy. If implemented together, the MORE Act and this policy proposal would be financially solvent.

This policy proposal would be equitable in process as the steps to complete it would be fair in costs and benefits, but the equitability in outcome remains to be seen. If all the cannabis research funding goes to the NIH to dole out as they see fit, it would be the responsibility of the NIH directors to monitor and measure outcome equity in how the funds are allocated.

Liberty may be restricted by offering funding exclusively for cannabis research, but certainly maintained by the effects of the research. With increased access to information about cannabis and its impact would come more opportunities for patients and potential cannabis users to be informed consumers.

While the MORE Act may seem politically unfeasible, if it passed and became law, the additional policy proposal to fund cannabis research with federal drug law enforcement savings would not be as politically unfeasible. This is due to the kind of political climate and prevailing public attitude that would necessarily be the case if the MORE Act passed and due to the fact that funding this cannabis research wouldn't cost more money than the government is currently spending.

Administrative feasibility is difficult to project, but it would involve the DOJ identifying the portion of their budget spent on enforcing marijuana laws, determining what portion of that line item that will have been saved needs to be reallocated to cannabis research to comply with this policy proposal, and writing a check. Any hurdles that occur during that process is beyond the scope of this paper. The NIH already has a system in place to provide researchers with funding, so that leg of the process should run smoothly.

The only element of this policy proposal that would influence the technical feasibility is the DOJ's ability to effectively estimate their drug law enforcement savings which is likely to only get better with time and competent leadership.

This proposed policy would have ripple effects on society beginning with those previously stated, such as more funding for cannabis research would lead to an increase in cannabis research and availability of the associated findings. With better access to cannabis research would come more cannabis medications available for a range of ailments. If doctors had this information, they would be able to instruct their patients on safe use. Currently, many health care providers are reluctant to give patients information about medical marijuana even in states where it has been decriminalized for lack of evidence about its safety and efficacy (Gregorio, 2014). The lack of information from health care providers does not always deter patients from using medical marijuana. "The reality of clinical practice today is that patients have access to and are using cannabis, and it is the provider's duty to play a role in reducing any likelihood of harm" (Kansagara, Becker, Ayers, & Tetrault, 2019) which they can only do if they have the best information available to pass on to their patients. With more information on the effects of cannabis, consumers both recreational and medical can be empowered with this knowledge which is consistent with the National Association of Social Workers' Code of Ethics obligation to promote informed consent and client self-determination (National Association of Social Workers [NASW], 2017).

With more evidence about the effect of cannabis on adolescent development and health outcomes when cannabis use begins very early, public health agencies can fortify their informational campaigns to encourage youths to avoid cannabis use until a time when their

body is less vulnerable to developing addictive habits and poor health. The insufficient evidence in this area stunts the ability of health care providers to accurately depict the risks of early cannabis use by adolescents.

In social work practice, social workers would have more evidence-based information to provide to their clients. If cannabis use was more widely researched and gradually less stigmatized, then clients may be more willing to be upfront with their social workers about their cannabis use. Clients may even feel more likely to seek substance abuse treatment and help for other issues if they felt less likely to be judged for their cannabis use. Reducing this barrier to seeking and receiving help is consistent with the NASW Code of Ethics mandate to promote social welfare (2017). If social workers didn't have to concern themselves with recreational and non-problematic cannabis use by their clients, they would have more of their time available to address the more concerning issues in their clients' lives.

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