

Eagle Forum Report

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Weed Reeks and Wrecks

DRUG FREE BABIES IN ALABAMA

by Christine Carr, Certified Registered Nurse Anesthetist

Alabama was able to codify the most stringent “medical” marijuana regulations in the world when the U.S. Supreme Court dismissed *FDA v. Alliance for Hippocratic Medicine* on technical grounds in June 2024.

The Alabama Board of Medical Examiners have set a new standard for physicians, medical boards, and public safety advocates worldwide. With compassionate and scientific analysis, the Board adopted rules that regulate Alabama physicians who are seeking cannabis certification. These rules are designed to ensure meaningful protections for pregnant women, developing babies, vulnerable patient populations, and the public at large.

Remarkably this effort to secure the safety of so many people never made the news — until today.

Like most success stories, their genesis is rooted in failures barely buoyed by small victories. The near hopeless appearance of a pile of ashes still bears the embers of change. All they need is a little oxygen to rise from those ashes and produce something beautiful.

Christine Carr, a newly retired Certified Registered Nurse Anesthetist, devoted the last three years to the worthy effort of protecting the

public from Alabama’s problematic “medical” marijuana bill. She described the regulatory process that began with one conversation in November 2023 and culminated in June 2024. When direct legislative efforts were blocked during the 2022 and 2023 legislative sessions, a discouraged Ms. Carr still found support among many legislators, medical experts, and organizations such as Eagle Forum of Alabama. They supplied just enough oxygen for a heap of legislative ash.

When passage of the Drug Free Babies bill failed passage a second time, Alabama State Representative Susan Dubose accompanied CRNA Carr to speak with key leaders within the Alabama Medical Cannabis Commission. Acknowledging the need to protect developing babies, mothers and the vulnerable, Rep. Dubose and Christina Carr reached out to the Alabama Board of Medical Examiners. Rep. Dubose introduced Christine to key officials at the ALBME to whom she presented scientific data and medical precedence that supported the need for better safety measures for Alabama physicians and their patients.

Christine was so encouraged to work with medical professionals

who immediately recognized and put sound science and public policy above politics and finances. After two months of review, the ALBME adopted its new rules in January 2024. That was a good beginning, but the challenge was not complete. Next came the required time for public comment, further board review and legislative counsel.

“I was unsure what to expect during the public comment period after watching key legislative members block the Drug Free Babies bill in 2022 and 2023. I was greatly relieved

when many physicians, nurses and advocates sent positive comments. I was grateful that not a single lobbyist



(Continued on page 2)

or pro-pot legislator responded with a challenge! It was like baby Moses in the basket. The regulatory changes floated along unscathed.”

In Spring 2024, Alabama was fighting a war over gambling. Like the ferocious crocodiles in the Nile River, Alabama pot advocates were chomping at the AMCC via lawsuits and well-funded lobbyists. But they did not notice the small reed basket containing our proposed Drug Free Babies lifesaving regulations floating by.

While Christine Carr and many others continue to advocate for a complete repeal of “medical” marijuana legislation, Alabama is celebrating the protection of babies and patients with the following requirements:

1. All patients of child-bearing capacity must have a negative pregnancy test in order to receive a marijuana card recommendation. They must also maintain a negative pregnancy test every 30 days in order to maintain card activity. No home tests are allowed.
2. All medical cannabis applicants must have a negative drug screen.
3. All medical cannabis patients must

see their certified cannabis physician every 90 days for case review, dosage changes, and continuation/discontinuation of card activity.

4. No telemedicine is allowed.
5. All caregivers must be present at every visit as well as sign documentation that they have read, heard, and understood the risks outlined by the ALBME.

The entire set of rules can be found here: Chapter 540-X-25 Physician Recommendation of the Use of Medical Cannabis (<https://bit.ly/43qMmxo>).

The protections for pregnant women and their babies are particularly remarkable. “This was not a political process, fortunately. Physicians and advocates from diverse backgrounds agreed on science and medical precedence over any particular political viewpoint. And that’s how good medicine is done,” said Ms. Carr.

Several sources helped aid the ALBME in their deliberations: Physician experts with International Academy on the Science and Impact of Cannabis, emerging research on the embryological and epigenetic consequences of pre- and intranatal cannabis exposure, and the FDA’s iPledge

program that regulates Accutane (a popular yet teratogenic acne medicine). If women must have negative pregnancy tests to receive acne medicine, it makes sense to apply similar standards for cannabis.

“Cannabis use during pregnancy and lactation has been shown to cause serious behavioral changes in the offspring which persist into adolescence. It is not advisable to use during pregnancy or lactation due to the potential harm to the developing brain, which is consistent with American College of Obstetrics and Gynecology and American Academy of Pediatrics,” emphasizes Dr. Kenneth Finn of Colorado. A double board-certified Anesthesia and Pain Management specialist, Dr. Finn is on the Board of Directors for IASIC, past President of the American Pain Society, and editor of the medical textbook *Cannabis in Medicine: An Evidenced Based Approach*.

While the debate over marijuana as medicine still captures popular attention, be encouraged that sound science and good policy continue to prevail. Let Alabama’s success inspire other states to regulate this drug that is dangerous to babies. 🦅

STONED INTO STUPIDITY

by George Citroner, The Epoch Times Citroner reports on health and medicine, covering topics that include cancer, infectious diseases, and neurodegenerative conditions. He was awarded the Media Orthopaedic Reporting Excellence award in 2020 for a story on osteoporosis risk in men.

A recent study has found that frequent use of high-potency cannabis can leave measurable changes to human DNA, raising concerns about the mental health impacts of increasingly available and more potent marijuana products.

Researchers discovered alterations in genes linked to mitochondrial and immune function among

regular users of cannabis with concentrations of tetrahydrocannabinol, the main psychoactive compound found in the cannabis plant, of more than 10%, potentially affecting energy metabolism and immune responses.

Adverse Psychological Effects Linked to Cannabis

About 129 million people claimed to have used marijuana at some point

in their lifetime. As various states pass legalization measures, this number is projected to rise.

There is also a growing body of evidence showing that this trend could have serious consequences for mental and physical health.

Research shows that marijuana joints deliver at least four times as much tar to the lungs as comparable tobacco cigarettes.

A 2019 study published in *The Lancet Psychiatry* indicates that daily use of cannabis, particularly high-po-

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tency cannabis, has a strong correlation with the onset of psychosis.

The findings suggest a significant increase in new psychosis cases in cities where high-potency cannabis is readily available.

“Our findings are consistent with previous studies showing that the use of cannabis with a high concentration of THC has more harmful effects on mental health than the use of weaker forms,” said Dr. Marta Di Forti, lead author from the Institute of Psychiatry, Psychology & Neuroscience. “They also indicate for the first time how cannabis use affects the incidence of psychotic disorder at a population level.”

High-Potency Cannabis and DNA

In a recent study published in *Molecular Psychiatry*, Di Forti and her team discovered that high-potency cannabis can leave a distinct mark on human DNA. This is the first study to demonstrate measurable effects of high-potency cannabis on human biology.

The research focused on DNA methylation, a chemical process that alters gene expression without modifying the DNA sequence, using blood samples from 682 participants, including 188 current cannabis users and 494 people with-

out any history of use.

The study analyzed data from two cohorts: the GAP study, targeting first-episode psychosis patients in South London, and the EU-GEI study, which included patients and healthy controls from multiple European countries and Brazil.

The participants categorized as

frequent cannabis users reported beginning their cannabis usage at an average age of 16, primarily consuming high-potency cannabis more than once a week.

The analysis identified that frequent users of high-potency cannabis, defined as having a delta-9-tetrahydrocannabinol content of 10% or more, displayed alterations in the CAVIN1 gene, which is associated with mitochondrial and immune function. These changes could potentially affect energy metabolism and immune responses.

Delta-9-THC is the most abundant form in the THC class of cannabinoids and is known for its potent psychoactive properties.

The findings also suggest that the effects of cannabis on DNA differ between people experiencing their first psychotic episode and those with no such experience. This raises the prospect of developing DNA blood tests to identify cannabis users who may be at risk for psychosis.

“With the increasing prevalence of cannabis use and more availability of high potency cannabis, there is a pressing need to better understand its biological impact, particularly on mental health,” said Di Forti.

Mental Health and Cannabis Use

Mental health problems and substance use disorders sometimes go hand-in-hand. Substance use can trigger mental health symptoms, and mental health conditions can lead to substance use as a form of self-medication, according to the Substance Abuse and Mental Health Services Administration. They share underlying causes, including genetic factors, brain changes, and trauma. More than a quarter of adults with serious mental health conditions also struggle with substance use, particularly those with depression, anxiety disorders, schizo-

phrenia, or personality disorders.

“I believe that any psychoactive substance such as cannabis influences treatment outcomes greatly in a negative way,” said Dr. Matthew Sherman chief of adult outpatient psychiatry and behavioral health at Stony Brook Medicine, highlighting the interactions with psychotropic medications and the effects of cannabis intoxication or withdrawal on patients’ mental health.

Ethical Considerations of DNA Testing for Psychosis Risk


There are many ethical considerations when using DNA to identify risks, according to Sanam Hafeez, neuropsychologist and director of Comprehend the Mind, a provider of neuropsychological assessments.

“For one, this type of DNA imprinting, whilst possibly valuable, opens the door to ‘what else’ can change my genes,” she said.

Should DNA testing become more widespread, it could have repercussions for the mentally ill, such as “having their DNA misused or even studied without consent, legal implications, and [potential for] gene modification using substances like cannabis,” Hafeez said.

Conversely, Sherman expressed optimism about the potential of DNA testing to benefit patients.

“I think that this has the potential to be a very practical test to perform for our patients,” he said. “Ethically, I think that this could only benefit our patients by being able to identify those who are more at risk for developing psychosis with cannabis use.”

He added that he’s “quite intrigued” by the findings, “as we don’t currently have a method outside of clinical evaluation and risk factors such as family history to determine which ... patients may be at higher risk for developing psychosis.” 



WHAT ARE THEY SMOKING?

by Charles Fain Lehman, fellow at The Manhattan Institute and senior editor of City Journal.

Among all the problems generated by marijuana legalization, few have proved more pervasive than the smell. From Los Angeles to D.C., residents complain regularly of the reek of weed. Perhaps because of this, recent Manhattan Institute polling found that sizable majorities favor laws banning smoking in public parks, on public transit, in restaurants, and near schools.

Few cities have struggled more with the smell of pot than New York. It's in the streets, in the parks, and even, some residents complain, in private apartments. Mayor Eric Adams has noted the pervasive stench. Air quality complaints to the City's 311 line have surged, rising from nearly 4,000 in 2020 to almost 9,000 in 2022 and more than 7,000 last year.

The city is not powerless to deal with the stink. In fact, while marijuana is legal in New York, smoking it in public is not, thanks to the city's smoke-free air laws. A little enforcement of these rules could go a long way toward cleaning up the Big Apple's pot-odor problem.

Veteran New Yorkers will remember that the city's crackdown on public smoking significantly predates

marijuana legalization. Mayor Michael Bloomberg signed the Smoke Free Air Act in 2003, as part of his campaign against tobacco. When he left office, the ban on smoking in restaurants remained one of his most popular initiatives.

Because the city's smoke-free air laws were passed before weed was legal, they do not explicitly contemplate marijuana. But they define smoking to include any "form of lighted object or device designed for human use or consumption by the inhalation of smoke." The Marijuana Regulation and Tax Act, the law that legalized weed, actually expanded the number of places where smoking is prohibited, and the city's Department of Health and Mental Hygiene has issued rules reconciling the two bills.

Under those rules, it's illegal to smoke pot in public parks, pedestrian plazas, school grounds, public transportation, and various other locations. So why can pedestrians in Washington Square Park smell people lighting up?


The simple answer is that the rules are unenforced. It's easy to understand why: police resources are limited, and New York's leaders just got done arguing that marijuana enforcement is evil, racist, and socially destructive. How can they justify punishing people for smoking in public, given that weed is supposed to be such a benign, even beneficial, substance?

All New Yorkers have an equal right to the enjoyment of public spaces. The stench of pot smoke excludes those who wish not to smell it, never mind the potential harm of sec-

ond-hand smoke. That the public is so unhappy with the omnipresent smell is reason enough to act.

Moreover, New York can do something without straining the New York Police Department or throwing smokers in prison. The provisions of the Smoke-Free Air Act are enforced not by the police, but by representatives of the Department of Health and Mental Hygiene, or by any of several other designated departments, including the Department of Sanitation. Enforcement is handled through civil penalties: \$200–\$400 on first offense, \$500–\$1,000 on second offense, and \$1,000–\$2,000 on every subsequent offense within a year.

A burst of enforcement could target a place like Washington Square Park, where many people gather to smoke weed openly. City employees could summarily issue notices of violation to everyone present. Repeat this action for a few days or weeks, and activity would get driven down to a more manageable level, after which a single designated employee could be responsible for enforcement. As a bonus, the act would generate a nice revenue bump.

That New York has not done something so obvious, in a deliberate and clearly communicated fashion, says a lot about the politics of pot and the city's discomfort with curbing its harms. But New Yorkers are fed up with the smell of weed everywhere. A little effort to bring it under control would be widely cheered. 



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