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## 5 Biggest Lies from Anti-Pot Propagandist Kevin Sabet

By [Sunil Kumar Aggarwal](#) <sup>[1]</sup> / [AlterNet](#) <sup>[2]</sup>  
August 8, 2013

Kevin Abraham Sabet-Sharghi, Ph.D., aka Kevin Sabet, has been a headline-grabbing right-winger ever since his [U.C. Berkeley days](#) <sup>[3]</sup>—where he did not study science or medicine despite his [current appointment as an assistant professor of medicine](#) <sup>[4]</sup> at the University of Florida. His most [recent incarnation](#) <sup>[5]</sup> as a co-founder of [Project SAM](#) <sup>[6]</sup> (Smart Approaches to Marijuana) follows a stint in the Obama White House on its drug policy staff from 2009-2011. His [personal website](#) <sup>[7]</sup> claims he is the “quarterback” of a new anti-drug movement, boasting that he’s been [“quoted in over 15,000 news stories.”](#) <sup>[8]</sup>

Project SAM’s anti-marijuana priorities include emphasizing the “lifelong stigma” of pot-related arrests, the prospect of “Big Marijuana” marketing it to children, the industry being taken over by Big Tobacco, and seeking federal research on pharmaceuticalized medical marijuana products.

Unlike Sabet, I have spent more than a decade training in the relevant disciplines he attempts to speak for. I’ve earned degrees in medicine and medical social scientific fields, not social policy like Sabet, and I feel the need to debunk his [“moral entrepreneurship”](#) <sup>[9]</sup> that demonizes marijuana use and ignores scientific research that contradicts his drug warrior claims.

What follows are five claims from his list of talking points—fictions—followed by the facts.

### Claim #1: There’s no need to smoke it.

[“Since we don’t smoke opium to get the effects of morphine, why should we smoke marijuana to receive its therapeutic effects?”](#) <sup>[10]</sup> (Published or aired on Reason.com, Christian Science Monitor, CNN’s Dr. Drew, Huffington Post, Project SAM website.)

However one medicinal agent is delivered into the body should have no bearing whatsoever on how another medicinal agent should or should not be given. To believe so shows a fundamental lack of understanding of the variation of medicines and modes of delivery in modern clinical practice. To allow medicinal use of cannabis-marijuana does not mean that one would *only* be presented with the option of smoking it to receive its therapeutic effects. Many other modes of delivery: oral, topical, sublingual, vaporized, etc. are available.

Moreover, the harms of cannabis smoking [are nowhere near](#) <sup>[11]</sup> the harms of tobacco smoke. All large-scale, long-term epidemiological studies conducted to date have not shown any links to COPD or lung cancer. In fact, cancer-protective effects have been demonstrated in at least two studies. Opium is consumed orally in medicine today in the tincture form of [paregoric](#) <sup>[12]</sup>, used across the United States in hospitals and clinics for refractory diarrhea.

### Claim #2: The plant has dangerous unknown elements.

[“The raw marijuana plant material -- itself containing hundreds of unknown components -- has not met FDA’s standards of safety and efficacy.”](#) <sup>[13]</sup> (CNN, Huffington Post, Project SAM website.)

Adequate and well-controlled studies proving the medical efficacy of cannabis exist, but are [ignored by marijuana schedulers](#) <sup>[14]</sup> in the Department of Health and Human Services, under which the FDA resides. Large, multicenter, randomized, double-blind, placebo-controlled studies involving hundreds of patients in America and abroad that are in some cases a year in duration have been published in U.S. National Library of Medicine indexed journals showing that marijuana, orally administered in extract form, can treat [intractable pain](#) <sup>[15]</sup> in cancer and improve [mobility](#) <sup>[16]</sup> and [symptom control](#) <sup>[17]</sup> in multiple sclerosis.

Cannabis-marijuana plant material is one of the best studied and characterized plant materials in science. As of 2008, there were [over 15,000 articles alone on the chemistry and pharmacology of cannabis](#) <sup>[18]</sup>.

### Claim #3: Marijuana use stunts intelligence.

[“Recently completed research shows that pot can significantly decrease IQ.”](#) <sup>[19]</sup> (USnews.com, CNN.com, CNN’s Piers Morgan, Reason, *Arkansas Democrat-Gazette*, Project SAM website.)

This assertion is based on a reference to [a research study](#) <sup>[20]</sup> from New Zealand published in the Proceedings of the National Academies of Science in August 2012 that grossly mischaracterizes its results, and did not in fact establish this causal link.

In this research, there was no breakdown of frequency or amount of cannabis used to see if there was any “dose dependency” to the effects—an important item in association studies. The study’s cannabis exposure data was strictly based on self-report, even though other data, such as the subjects’ reported cognitive performances, were corroborated by statements from close contacts. There was only consideration of alcohol dependence, not binge drinking patterns, which have also been shown to be neurotoxic, and if occurring, would confound results. Schizophrenia was considered as a confounding factor, but other mental illnesses such as major depression, anxiety, PTSD or traumatic brain injuries, such as concussions, all of which can reduce performance on neurocognitive tests, were not factored in.

In other words, the “pot makes you stupider” proof was not there. There was no neuroimaging or physiological/neurochemical/anatomical correlates presented. A [subsequent study](#) <sup>[21]</sup> published in the same journal with the same dataset concluded that all the variation in cognitive effects could be explained just as easily by socioeconomic variables rather than cannabis use, which cast significant doubt on the robustness of the initial study.

Pioneering scientists and doctors such as Carl Sagan, Lester Grinspoon, Richard Feynman, Stephen Jay Gould, Andrew Weil, Oliver Sacks, and [others](#) <sup>[22]</sup> have stated that cannabis use improved the quality of their intellectual work. This aspect of cannabis use is entirely ignored by Sabet and his colleagues. Finally, Dutch senior high school students rank [number one in math and number two in science globally](#) <sup>[23]</sup>, despite the country having a de

facto legal marijuana market for over 30 years.

#### Claim #4: Today's pot is much stronger than it used to be.

"Today's marijuana is 10 times more dangerous than the marijuana of the '60s that many parents smoked in their dorm rooms." [24] Sabet told Salon.com. It's "five to six times greater in potency and strength" [25] he told Huffington Post's Ryan Grim and "4-5 times stronger" [19] he wrote in a recent *U.S. News and World Report* commentary.

Aside from the fact that Sabet varies his figures based on which media outlet he is communicating to, it is patently false to claim that marijuana-cannabis and the forms it was ingested in were somehow so different 50 years ago. Cannabis resin, produced by its flowers, has always been concentrated in solutions that were consumed orally. So it is false to claim that the cannabis available today is somehow so different than what it was in the past.

If there are higher potency forms of herbal cannabis available, based on THC content, it's due to the pressures produced by prohibition and the lack of legal regulation. And it can be a good thing, if a higher THC percentage is present, as a consumer would need to consume less to achieve a desired effect. Additionally, there are other cannabinoids and terpenoids whose concentration can be varied to produce a variety of effects.

While people can certainly have unpleasant reactions from consuming too much THC-rich cannabis, the best way to address this is labeling and consumer education, not blackmarket-generating prohibition and contrabanding.

#### Claim #5: 1 out of 6 youngsters get hooked.

"*Marijuana addicts 1 out of every 6 children who ever try the drug.*" [26] (Baker Institute Blog, Russia Today, CNN.com, Huffington Post, Project SAM website.)

Sabet has made this outrageous statement by citing Johns Hopkins epidemiologist J.C. Anthony, as well as federal drug abuse research summaries produced by the National Institute on Drug Abuse (NIDA), whose director, Nora Volkow, has [made this same claim](#) [27].

Both sources, however, rely on psychiatric diagnostic manuals widely criticized in peer-reviewed literature (see [here](#) [28] and [here](#) [29]) for gross over-pathologization of substance-related problems. Eager to diagnose, these studies ignore the impact that aggressive policing of cannabis has on users. The illegality of marijuana not only affects what subjects will be willing to disclose to researchers, but the stress of engaging in behavior that can lead to "social death"—suspension, arrest, loss of job, benefits, etc.—may be more psychologically trying than the drug itself.

The research supporting the claim is also based on faulty math. While the "1 out of 6" statistic does not appear anywhere in the text, figures or tables of the references (2002 [30], 1994 [31]), the only way to come to this number is by manipulating numbers. The study's authors attempt to measure the "Cumulative Probability for Meeting Criteria for [Marijuana] Dependence" by a certain age does not follow users over time, and thus represents a survey-based snapshot of their lives in which they recollect their past use. This data, collected from 3,940 total users sampled of whom 354 were classified as dependent, allows for the inference that, by age 18, 5.61% or "1 in 17" marijuana users are at risk for dependence. It does not, however, allow for an analyst to add together dependence risk percentages from ages 10, 15, 16, 17 and 18, to get 14.5% or "1 in 6." If the same math were applied to all ages reported, you would end up with 162.24%.

The NIDA reference to "1 in 6" [32] is based on [self-reported data](#) [33] from the annual National Survey on Drug Use and Health to analyze data for "age of first marijuana use" and "[Illicit Drug Dependence or Abuse in the Past Year.](#)" [34] In a similar maneuver, the authors added the percentages for drug-dependent youths who had used marijuana age 14 or younger (12.7%) and ages 15-18 (4.9%), which equalled 17.6%, or "1 in 6." They effectively played with numbers to invoke the widely [debunked](#) [35] marijuana gateway theory.

#### Culture Warrior Propagandist

The proposals that Sabet pushes, while dressed in science, are essentially moral judgments. This is why there is no attempt to take seriously [the large body of evidence](#) [36] showing the beneficial impacts of cannabis use or regulated cannabis markets on human health and social well-being. His major thrust is moral entrepreneurship: to popularize negative associations such as "threatening" and "culturally foreign" [with cross-cultural, millennia-old, common human-cannabis relationship behaviors](#) [37] such as cultivation, consumption and trade.

Sabet and his team, many of whom are specialists in addiction or are recovering addicts, such as SAM's chairman, former congressman Patrick J. Kennedy, are not interested in this evidence. They continue with a soundbite debate society approach, which neglects the fact that millions of lives globally are ruined annually due to an unevenly applied penalty system ranging from arrest to the death penalty.

Surprisingly, even [Sabet's Baha'i faith](#) [38]'s policymaking body, the Universal House of Justice, the leading body of a religion that itself continues to [face persecution](#) [39], [pronounced in 1967](#) [40] that cannabis is allowed for medical purposes by followers:

Concerning "the use of marijuana, LSD and other psychedelic products," we have already informed the National Spiritual Assembly of the United States that Baha'is should not use...substances, except when prescribed for medical treatment.

Sabet may seek to seem reasonable by [saying](#) [41] that there is benefit to "components" of cannabis, but despite his wishes, we must not allow it to remain tightly in the hands of the pharmaceutical sector but rather available as widely as possible like other herbal medicines.

Cannabis, a [commonwealth plant](#) [42] that evolved [34 million years ago](#) [43], which has a myriad of benefits as medicine, food, fiber, fuel, relaxant, etc. should not belong only to a wealthy, well-connected elite. Given Sabet's prior political track record—campaigning against drugs and other "immoral" indignities since his U.C. Berkeley days—it is not surprising that he has chosen to serve the interests of the few over the many.

Fortunately, the pushback on the talking points epitomized by Project SAM is forcing Sabet to retreat from his most strident comments. His [Huffingtonpost blog recently noted](#) [44] that "folks" who are studying how to "do legalization best" have come up with some "laudable proposals."

But marijuana proponents should not be fooled. Kevin Sabet has built a career being a drug warrior and conservative contrarian. And if the bio on his personal website tells us anything, it is that right-wingers like Sabet know how to reinvent themselves to perpetuate the 1960s culture war.

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[46]

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