

Pastoral Guidance on the Compassionate Use of Cannabis

Catholic Bishops' Conference of the Philippines

Some of our Catholic faithful have come to us their bishops to seek moral guidance on the so called “compassionate use of cannabis or marijuana”. In the spirit of pastoral concern, we respond gladly to the expressed need for moral guidance.

Our Competence

What lies within the competence of the Catholic Bishops Conference of the Philippines to make statements on, and what lies beyond must be made clear. When a question of right and wrong, an issue of the ethical as against the unethical is raised, the Church, as prophetic, must exercise its teaching office and must offer the faithful guidance and instruction.

Beyond our Competence

However, in matters pertaining to the establishment, operation and mechanisms of the regulatory agencies of the State, the CBCP has nothing to say authoritatively, except when these agencies and their operations become instruments of injustice or perpetrators of wrong. The details of governance, the methods and strategies, as well as the machinery of regulation are fully within the competence of the State in respect of which the CBCP must maintain a respectful reticence.

Moral Ethical Guidelines

Earlier, in behalf of the CBCP, I already made a statement on the permissibility of the palliative and medical uses of cannabis. I shall therefore highlight ethical principles as enunciated in the magisterial documents of the Church.

1. Substance abuse and drug dependence are wrong, and any measure that makes abused or habituating substances within easy reach of potential abusers and dependents is morally wrong. The Catechism for Filipino Catholics cannot be clearer:

Perhaps the most widespread abuse in our country against physical well-being are the common ‘vices’ of alcohol and drug abuse, and to a less intensive degree, smoking. Medical studies have proven the serious injury in terms of physical harm and addiction, and psychological and social

difficulties and dependence, which these vices can cause. The quality of life – and sometimes life itself – of both the users and their family and close friends suffers greatly. More culpable still are drug dealers and pushers who, for the sake of money, care nothing about drawing others, especially innocent youth, into addictive dependency that ruins their very lives. (n. 1036)

No less clear is the Catechism of the Catholic Church that teaches:

The use of drugs inflicts very grave damage on human health and life. Their use, except on strictly therapeutic grounds, is a grave offense. Clandestine production of and trafficking in drugs are scandalous practices. They constitute direct cooperation in evil, since they encourage people to practices gravely contrary to moral law. (n. 2291)

And here, the magisterium of the Church passes upon the moral evil of substance abuse and the promotion and facilitation of addiction.

Sharing in the culpability of pushers and peddlers, are law enforcers who, by unconscionably corrupt practices, allow seized substances to be re-introduced surreptitiously into the stream of this immoral commerce!

2. The roots of addiction and substance abuse cannot be addressed by law-enforcement and penology alone. There are community and social causes, and these have to be attended to. In a document of the Pontifical Council for the Family, *From Despair to Hope: Family and Drug Addiction*, we are led to a salutary insight:

The endless adolescence, characteristic of the drug user, is frequently manifested in a fear of the future or in the refusal of new responsibilities. The behavior of these young people often reveals the manifestation of a painful helplessness due to a lack of trust and expectation with regard to social structures to which they no longer feel they belong. Who can be blamed if many young people have no desire to grow up and become adults? Have these young people been given sufficient reason to hope in tomorrow, to invest in the present so as to gain in the future, to be stable, feeling solidly grounded in a past which they feel belongs to them? Nonetheless, hidden behind shocking attitudes often deviant and unacceptable, one can perceive a spark of idealism and hope in these people.

Government, no doubt must be vigilant, and measures that facilitate access to abused substances cannot be countenanced. But the family must do its part and so must the community. The nurturing that allows youngsters to grow from their immaturity into the

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responsibilities of adulthood will not happen without the loving environment that allows our youth to hope. The local and particular churches, no doubt, have a tremendous part in keeping alive in the hearts of the young the spark of hope that can be so easily imperiled by adversity!

3. The highest teaching authority of the Church allows for the palliative and compassionate use of narcotics particularly in the case of the terminally ill. In *Evangelium Vitae*, St. John Paul II taught:

Among the questions which arise in this context is that of the licitness of using various types of painkillers and sedatives for relieving the patient's pain when this involves the risk of shortening life...Pius XII affirmed that it is licit to relieve pain by narcotics even when the result is decreased consciousness and a shortening of life, 'if no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties. (n. 65)

4. In other cases, the applicable ethical principle is the principle of proportionality that is explained by the Charter for Catholic Health Care Workers by the Pontifical Council for Pastoral Assistance to Health Care Workers.

The health care worker who cannot effect a cure must never cease to treat. He is bound to apply all 'proportionate' remedies. But there is not obligation to apply 'disproportionate' ones.

In relation to the conditions of a patient, those remedies must be considered ordinary where there is 'due proportion' between the means used and the end intended. Where this proportion does not exist, the remedies are to be considered extraordinary.

To verify and establish whether there is due proportion in a particular case, 'the means should be well evaluated by comparing the type of therapy, the degree of difficulty and risk involved, the necessary expenses and the possibility of application, with the result that can be expected, taking into account the conditions of the patient and his physical and moral powers. (n. 64)

We have been apprised of various medical situations other than terminal illness where it seems that palliative care and relief involving the use of narcotics including cannabis may be indicated. The obligation to treat subsists, even when it may not be possible to cure! We appeal therefore to the prudent and Spirit-filled discernment of our health care workers, particularly physicians, to apply the principle of proportionality and to determine carefully whether there is due proportion between the risks involved in the use

of narcotic and psychotropic substances and the benefits anticipated. In this regard, it is useful to be guided by yet another principle enunciated by the Charter:

It is lawful to interrupt the application of such means when the results disappoint the hopes placed in them because there is no longer due proportion between the investment of instruments and personnel and the foreseeable results, or because the techniques used subject the patient to suffering and discomfort great than the benefits to be had. (n.65)

Moral Limitations

There must be no doubt as to a fundamental principle: When the use of cannabis or any other narcotic or psychotropic substance is not medically indicated and where there are other forms of intervention and treatment possible that do not pose the same risks as does the use of these substances, it is morally irresponsible to make use of cannabis and other narcotic or psychotropic substances, and it is gravely wrong to make use of them for recreational or leisure purposes.

We offer these guidelines for the consideration of the members of the Legislature as well as those within the regulatory agencies of government. We also offer them to our health care workers, both Catholic and non-Catholic, for ethical principles like these, after all, address our common humanity. We offer them finally to our Catholic faithful who, we pray, with informed consciences, will make decisions about the health care they and their loved ones receive as disciples of the Lord.

From the Catholic Bishops' Conference of the Philippines, Intramuros, Manila
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