

For Minnesota’s leading critic of expanding access to cannabis, the issue is professional. And personal.

George Realmuto is an outspoken advocate for limiting the scope of medical cannabis and for upping the legal age for recreational use, positions informed by his research as a psychiatrist — and by the loss of his daughter.

By [Andy Steiner](#) | Contributing Writer



Since 2015, when the push to legalize cannabis in Minnesota took flight, George Realmuto has joined with other physicians to voice his reservations about the move.

REUTERS/Matthew Hatcher

● Feb. 7, 2022

Like any proud father, George Realmuto has been known to brag about his youngest daughter Kathleen.

“She got very good grades,” he said. “She was athletic. She was in a dance studio and was exceptional. She did well in ballet, lyrical, jazz, tap — her group won a national award one year.

She was on the ski team for [Armstrong High School](#). She was a painter. She went to the [Minneapolis Institute of Art](#)'s summer program, and they asked her to come back and be a junior instructor."

Kathleen Realmuto, her father recalled, "had a number of high achieving ways of demonstrating her many talents."

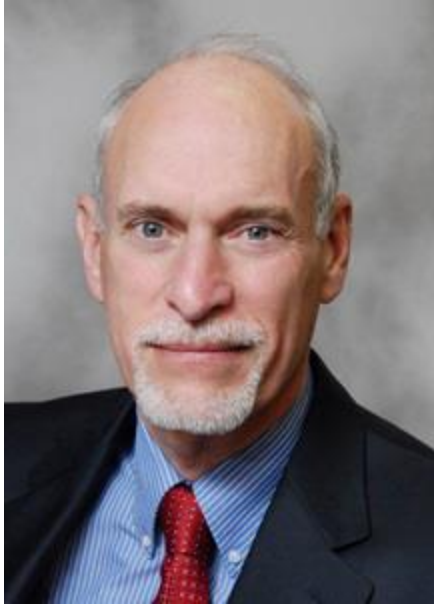
Since Kathleen died at age 36 as a result of a [methamphetamine overdose](#) two years ago, Realmuto, emeritus professor of [psychiatry at the University of Minnesota](#), has been struggling to come to terms with his loss. He blames his daughter's death on addiction, believing that her use of methamphetamines grew from her chronic teenage use of marijuana.

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Realmuto and his ex-wife learned of Kathleen's drug use 22 years ago, after she and a group of other teenagers were cited for driving under the influence. He discovered then that she'd been smoking pot regularly since age 15. "She would go out onto a little porch outside her bedroom window and smoke," Realmuto said. "I didn't know."

Realmuto believes that all memories — both good and bad — bring him back to this point of loss. "There is no way to make this comfortable," he said. "It is uncomfortable. It is grief. I lost a daughter. That will remain with me the rest of my life. It will always be uncomfortable."

Realmuto is now an outspoken advocate for limiting the [scope of medical cannabis](#) and for [upping the legal age](#) for the drug's recreational use. Earlier in his career, Realmuto worked as medical director of [Minnesota's Child and Adolescent Behavioral Health Hospital](#) in Willmar, where he treated young patients who had, he said, "persistent psychosis that had been initiated from very high-potency cannabis use."



George M. Realmuto

As a psychiatrist, Realmuto said his research has demonstrated that regular use of high-potency marijuana has the potential to [permanently alter a young person's brain development](#), something he focuses on when he speaks about cannabis use to groups of medical professionals.

"When your brain is still developing there are consequences for the architecture of the central nervous system going awry," Realmuto explained.

And while his interest in the issue is professional, he also admits that it's personal, too, a fact that he mentions in his presentations. "As a child psychiatrist, I'm interested in how cannabis use impacted my daughter," he said. "I am also interested in how it affects the brain development of all children."

'There is no happy ending here'

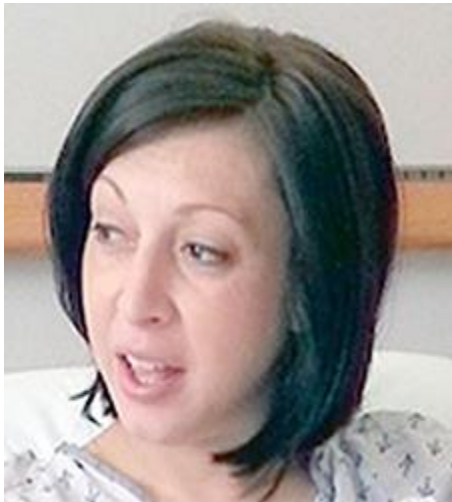
As Kathleen neared the end of high school, Realmuto recalled witnessing a shift from what he saw as her naturally "independent, creative" spirit to a person who struggled to maintain friendships or complete academic programs. "She talked about people not treating her well. That started in middle school but later it became a regular theme, especially with boyfriends."

During Kathleen's senior year, Realmuto said that she spent time with a group of friends who were known to be using drugs. "She was spending less time at school. Her GPA just nose-dived. She was getting offers for colleges and scholarships, and then her senior year in high school was a disaster. She managed to graduate — but it was totally different from her previous three years."

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Realmuto tried to find treatment programs that could help his daughter come to terms with her drug use. He kept running into dead ends, and eventually gave up. “Kathleen had no interest in treatment,” he said. “This was 22 years ago. [Treatment programs for cannabis use](#) weren’t all that accessible.”

Over the next few years, Kathleen’s drug use intensified. She moved away for school, found work and eventually gave birth to a daughter, whom she loved deeply. She tried to limit her drug use for the sake of her child, but she struggled, Realmuto said, and the daughter eventually went to live full time with her father.



Supplied

Kathleen Realmuto

“I suspect one of the worst moments in her life was her sense that she was so far down this drug path that the likelihood of her getting custody of her daughter was nil,” Realmuto said. “I could only imagine the desolation that she experienced when she realized that.”

One day, Realmuto confronted his daughter. She told him: “I use meth every day,” he recalls. “I’ve used it for 10 years.”

Surprised and scared, he once again tried to convince Kathleen to seek treatment. “She got angry that I was asking about this,” Realmuto said. “She was upset. I said, ‘You need help.’ She said, ‘I don’t need help.’”

“As a problem-solver and a parent that’s what I struggle with. I go over this timeline a million times at three in the morning, trying to figure out how this could’ve been interrupted.”

By the time he learned about her dependence on meth, Realmuto believes that Kathleen was already so far along in her addiction that it would’ve been nearly impossible for him to help change the course of her life.

“I think about the different phases of chemical addiction or substance use,” Realmuto said. “There’s experimentation and recreational use and the time that you’re still functional, and then you begin to have dysfunction, and then you have a terminal phase.” He feared that his daughter had reached the terminal phase of her addiction.

Later, when a friend of Kathleen’s called to tell him that he had found her dead in her home from an apparent overdose, Realmuto said he was devastated, but not surprised. The pain still feels fresh. “It is two and a half years ago,” Realmuto said. “It doesn’t change.”

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Realmuto suspects he’ll always feel this way. Since Kathleen’s death, he’s been involved in [NAMI-Minnesota](#). He goes to fundraisers and speaks with other parents who’ve also lost their children to addiction, overdose and suicide. He seeks out support and makes connections, but he’s often left with a nagging ache of frustration.

“There is no happy ending here,” Realmuto said. “It’s part of your life and it affects your life. Kathleen died in June. My mood changes in June. My second wife didn’t understand what was going on until I reminded her, ‘I’m not sleeping well. I’m remembering these times I spent with Kathleen.’”

When people talk about finding “closure,” Realmuto often scoffs. He’s not a great believer in happy endings. “There is no closure,” he said. “Your child is gone. That’s just how it is.”

‘I’m not that idealistic’

In the statewide debate over the legalization of marijuana, Realmuto has been [front and center](#). Since 2015, when the push to legalize cannabis took flight, he has [joined with other physicians](#) in the state to voice his reservations about the move.

“There was a lot of controversy,” Realmuto said about the eventual move to legalize medical cannabis. “Physicians did not want to have anything to do with prescribing cannabis. We didn’t learn about it in school. We didn’t understand it. We knew it could have negative consequences.”

He’s also concerned that the public doesn’t understand that much of the cannabis available to consumers today has been cultivated to [increase its potency and addictive qualities](#). He tries to make his colleagues and the general public aware that much of what is available for medical and recreational use today is [nothing like the marijuana that was available decades ago](#). While he supports [decriminalization and expungement](#), he’d still like to see some controls.

“I’m working on managing people’s perceptions about the safety of cannabis,” Realmuto said. “When you read what I’ve culled from the literature you can see that it’s not like it was in the past. The potency of cannabis used to be like beer. Now it’s more like [Everclear](#).”

While his argument has its share of detractors, Realmuto and his psychiatric colleagues have also had success in getting their message across. Last December, when [Minnesota Department of Health Commissioner Jan Malcolm](#) announced that the state [would not add anxiety disorders to the list of qualifying conditions](#) for treatment with [medical cannabis](#), Realmuto felt like she’d read the [position paper](#) that the [Minnesota Psychiatric Society](#) had sent to her office.

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“When the commissioner made this statement,” Realmuto said, “four of the five points she made were points we made in our letter.”



Dr. Alik Widge

Realmuto’s colleagues at the University of Minnesota agree that his focus on cannabis comes from a deep desire to help young people. “George is coming from the right place,” said [Alik Widge](#), assistant professor of psychiatry. “Maybe I disagree with him on some points, but I think his advocacy has been helpful for his patients. He is a good guy with his heart in the right place.”

Realmuto, Widge added, is, “trying to do what he thinks is genuinely right for his patients. He’s following the ethical perspective of, [‘First, do no harm.’](#)”

[Kaz Nelson](#), associate professor of psychiatry, likewise emphasized Realmuto’s long-standing commitment to his young patients. “I think he recognizes that he’s in a position of privilege and

would not dream of squandering that when he could be using his in-depth understanding of the psychiatric health of children and adolescents. There is a mission driving his desire. He's really an advocate for kids."



Dr. Kaz Nelson

While he appreciates the support of his colleagues, Realmuto says his activism isn't motivated solely by altruism. "I'm not that idealistic," he said. "I've just read the literature. It is very compelling and it seems to me that science still doesn't know a lot about [cannabis and the endocannabinoid system](#)."

"I do this work because it is very interesting in itself," he said. "If I were to think about, 'I'm saving other kids,' it would be a trigger for my own grief. That's a hard place to be."

He admits that he struggled about whether to talk about his daughter for this story. "I knew I'd be uncomfortable," he said, but he decided that the experience of speaking at length about Kathleen might, at least for a moment, make him feel the way he felt right after he gave her eulogy.

"I was almost free for 20 minutes," he recalled. "I told 50 people about what she meant to me and they had to sit there while I went through my stories. It was so liberating."

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