The Debate Regarding The Legalization Of Marijuana Essay, Research Paper

The majority of Americans choose the same issues as the most threatening to the nation. Invariably among these one will see “drugs” as a major concern of most Americans. There is speculation that this is due to a perceived association between drugs and crime (Inciardi 1). A good deal of the argument over government policy towards drugs centers on the least unhealthy and most socially accepted of the illegal drugs, marijuana.

Marijuana, scientifically known as Tetrahydrocannabinol, belongs to its own group among other legal and illegal drugs. It is neither a narcotic, such as heroin, nor a stimulant, such as caffeine or tobacco, nor a depressant, such as alcohol. The cannabis plant is thought to have grown originally in Asia, though it was also discovered upon the settling of North America. Its leaves, when smoked, instigate physiological reactions. When the active chemical in cannabis, THC, enters the bloodstream through the lungs and reaches the brain, it triggers the release of dopamine, a neurotransmitter that induces pleasure (Gettman). This causes several effects upon the user, such as increased sensitivity of the senses, a dry mouth, the inability to keep a train of thought, and fits of laughter, among others.

Cannabis remains a legal though partially restricted substance in several countries. The Netherlands, for example, has mostly decriminalized cannabis. Portugal and Spain recently partially decriminalized the possession and use of recreational cannabis. However, in the United States, the possession of cannabis or any paraphernalia is expressly illegal. While no major legislation has been proposed to decriminalize the recreational use of cannabis, the United States government has commissioned several studies regarding the properties of cannabis and its effects, and also has considered bills permitting the medicinal use of marijuana.

Cannabis was prevalent in America for much of the 18th and 19th centuries. Many apothecaries and doctors proscribed medications containing cannabis. Until 1941, cannabis was part of the United States pharmacopoeia. However, in the early 20th century, public opinion swung and cannabis was characterized as an evil and destructive drug. The major step in the criminalization of cannabis occurred when The Marihuana Tax Act was passed in 1937 (Rubin 259). This act placed a minimal tax on the possession, distribution, or consumption of marijuana, which was punishable by severe fines of jail time.

Nearly 25% of Americans over the age of 12 admit to having smoked marijuana at least once in their lifetime (Inciardi 167). There is a substantial portion of the American public which favors, in some degree, the decriminalization of marijuana. There are also staunch advocates of the prohibition of marijuana, many of them in our government. They each have effective arguments, often disagreeing over improvable ideas.

The faction in favor of full prohibition of marijuana has a strong set of arguments. Firstly, it argues that by causing an altered state of consciousness, cannabis is dangerous. They argue that it is biologically and psychologically addictive and that it the frequent use of cannabis has serious physiological repercussions. They argue that while marijuana may have marginal medicinal uses, that there are several more effective legal drugs for the same purposes. They argue that marijuana is a “gateway drug”, which leads users to “harder” drugs. They say that should marijuana be legalized, its use would run rampant. Some do not believe that it contains any medicinal value whatsoever.

Those in favor of full or partial decriminalization of marijuana have diametrically opposed arguments. They argue that the legalization of marijuana would save billions of dollars that are fed into the “War on Drugs”. They say that it would help clear our overcrowded prison system. They say that the physical effects of marijuana and its level of addiction are lower than those of nicotine and alcohol, both legal drugs. They say that legalization would take the criminal aspect out of the distribution of cannabis; in other words, as the distribution of cannabis would be taken out of the hands of criminals, there would be less crime related to cannabis transactions. There would also be a standard for cannabis, therefore avoiding “laced” cannabis, which can have serious physical effects. They say cannabis has real medical value and can be cheaper than prescription medicine. They say, most importantly, that it is an adult individual’s right to choose whether or not to use cannabis, just as it is his or her right to use nicotine or alcohol ( Inciardi 78).

Several institutes and scientists have attempted to determine the adverse physical effects of cannabis, its possible medicinal merit, and to advise the government as to its policy regarding marijuana. For example, Richard Nixon created the National Commission on Marihuana and Drug Abuse in 1972. This commission recommended that possession and sale of up to one ounce of marijuana be decriminalized. After President Nixon disregarded the commission’s finding, a panel convened in 1982 under the appointment of the National Academy of Sciences. They reached the same conclusion as the 1972 commission, but were equally ignored (Baggins 71).

The safety level of marijuana has been debated. A common way to dtermine safety is to measure the safety margin of a drug or substance. One determines the amount of the substance that causes the desired effect in fifty percent of its subjects. One then finds the lethal dose for fifty percent of the subjects. The lethal dose divided by the amount necessary to produce the desired effect is the safety margin. For example, 10 mg of morphine will produce the desired effect in fifty percent of a population. 90 mg of morphine will kill fifty percent of said population. Therefore, the safety margin of morphine is 9. The safety margin of alcohol, a legal drug, is 10; the safety margin of nicotine is 60. Comparatively, the safety margin of cannabis is 2600; it requires 1,300 marijuana cigarettes, in the span of approximately five minutes, to produce a lethal dosage (Fish 413). Incredibly, while there are numerous deaths each year from overdoses of alcohol, there has never been a death resulting from overdose of cannabis. David Baggins says on page 72 of Drug Hate and the Corruption of American Justice , “…there are zero fatalities in medical history from marijuana use. This compares to nearly a half million deaths each year from tobacco and tens of thousands of deaths each year from alcohol, the nations number one and two drugs in terms of health consequence…The health risk of marijuana is predominantly that almost half a million Americans each year are drawn into the criminal justice system through the prohibition of this drug.”

The most controversial, and at this point in time plausible, argument for the partial decriminalization of marijuana is the potential medicinal value of marijuana. Marijuana use has been cited as a cure or treatment for several afflictions. For example, when a person suffers from glaucoma, fluid pressure builds in the eye until it causes damage to the optic nerve. Marijuana use causes a drop in intraocular pressure for glaucoma sufferers which usually lasts several hours. Marijuana use also has been praised for lessening pain, cramps, and nausea among cancer and AIDS patients, as well as stimulating their appetites, which are usually destroyed by chemotherapy and AIDS medication (Fish 422). Fish compares the use of marijuana and the use of the drug ondansetron on page 422 of How to Legalize Drugs. He explains that they both have comparable success rates in curing the nausea and vomiting of cancer patients undergoing chemotherapy. The benefit of marijuana over ondansetron, however, is the price. In countries where marijuana has been decriminalized, the effective dose costs approximately thirty to forty cents, as opposed to thirty or forty dollars per ondansetron pill. Recently, voters in the District of Columbia, Alaska, Oregon, Nevada, Washington, and Arizona voted to suspend legal punishment of any person using marijuana under the supervision of a physician.

The war on drugs is still in full effect. Despite several medical studies insisting on the partial or full decriminalization of cannabis and medical marijuana bills winning popular approval on state ballots, there are more marijuana-related arrests now than ever before. During Bill Clinton’s Presidency, ten million people have been arrested on marijuana-related charges, a sixty percent increase since Clinton took office (Gieringer).

David Baggins sums up the viewpoint of those in favor of some degree of decriminalization when he writes on page 70 of Drug Hate and the Corruption of American Justice , “Ninety-five percent of the nations illegal drug users smoke marijuana exclusively. The term ‘gateway drug’ sometimes used to describe it is false; only a small percentage of its users ever move on to hard drugs. Over the last decades numerous objective studies were commissioned on the health implications of smoking marijuana. All have concluded that criminalization of the user is a far greater health hazard than any inherent property of the drug itself. The Kaiser Foundation, after reviewing all studies of marijuana, concluded that there is no evidence of the use of marijuana as cause of any life-threatening health condition.”

The debate over the partial decriminalization of cannabis for medicinal purposes will rage on, and will likely be resolved on a state-by-state basis. The argument over the complete decriminalization of marijuana will certainly continue longer than that. However, the fact remains that a drug recognized as physically safer and more beneficial than nicotine and alcohol has caused millions of imprisonments, billions of federal dollars, and several lives. However, we are only left to wonder if the prohibition of marijuana today will one day seem as trivial is our prohibition of alcohol was during the early 20th century.

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