

What You – and Your Legislator – Need to Know About Marijuana Policy

Or, some commonly held misconceptions and how to counter them

By Kevin A. Sabet, PhD

From pot shops in Denver to medical marijuana for kids, pot is a hot topic these days. But there is a lot of smoke and mirrors in the discussion about the drug in the United States. In this series, Kevin Sabet uncovers some commonly-held notions about the drug — including what it does to the brain, how it has changed in composition since the hippie heyday of the 1970s, and why our young people should steer clear of it.



MYTH: Legalization is about getting rid of the “war on drugs.”

FACT: Legalization is about one thing: making a small number of business people rich. If it were about ending the War on Drugs, recent law changes would be limited to decriminalization. Rather, a host of business interests are getting involved with the legal marijuana trade in Colorado and elsewhere. They have set up private equity firms and fundraising organizations to attract investors and promote items such as marijuana food items, oils, and other products. We also know these industries target the poor and disenfranchised¹ — and we can expect the marijuana industry to do the same in order to increase profits.

MYTH: Marijuana users are clogging our prisons.

FACT: We shouldn't give marijuana users criminal records nor deprive them of a second chance, but it's far from the truth to say they are clogging our prisons. A survey by the Bureau of Justice Statistics showed that 0.7 percent of all state inmates were behind bars for marijuana possession only (with many of them pleading down from more serious crimes). In total, one tenth of one percent (0.1 percent) of all state prisoners were marijuana-possession offenders with no prior sentences. Other independent research has shown that the risk of arrest for each “joint,” or marijuana cigarette, smoked is about 1 arrest for every 12,000 joints.²

MYTH: Marijuana is harmless, or at least less harmful than alcohol, and therefore should be legal.

FACT: Science has proven — and all major scientific and medical organizations agree — that marijuana is both addictive and harmful to the human brain, especially when used as an adolescent. One in every six 16-year-olds (and one in every eleven adults) who try marijuana will become addicted to it.³

To your brain, addiction is addiction. Different addictions have different *symptoms*, but whether its food, sex, marijuana, or heroin — your brain knows it wants more of that feeling of pleasure. Just as with alcohol and tobacco, most chronic marijuana users who attempt to stop “cold turkey” will experience an array of withdrawal symptoms such as irritability, restlessness, anxiety, depression, insomnia, and/or cravings.⁴ This signals that marijuana can be addictive. Science has shown that 1 in 6 kids who ever try marijuana, according to the National Institutes of Health, will become addicted to the drug. Today's marijuana is not your “Woodstock weed” — it can be 5–10 times stronger than marijuana of the past.⁵ Our currently legal drugs — alcohol and tobacco — provide a good example, since both youth and adults use them far more frequently than illegal drugs. According to recent surveys, alcohol use is used by 52 percent of Americans and tobacco is used by 27 percent of Americans, but marijuana is used by only 8 percent of Americans.⁶

MYTH: Smoked marijuana is medicine, and therefore should be legalized to help the suffering of the very sick.

FACT: Marijuana may contain medical components, like opium does. But we don't smoke opium to get the effects of morphine. Similarly we don't need to smoke marijuana to get its potential medical benefit.⁷ We need more research. Research shows that very few of those seeking a recommendation for medical marijuana have cancer, HIV/AIDS, glaucoma, or multiple sclerosis;⁸ and in most states that permit the use of medical marijuana, less than 2–3 percent of users report having cancer, HIV/AIDS, glaucoma, MS, or other life-threatening diseases.⁹

MYTH: Marijuana should be rescheduled.

FACT: Rescheduling is a source of major confusion. Marijuana meets the technical definition of Schedule I because it is not an individual product with a defined dose. You can't dose anything that is smoked or used in a crude form. However, components of marijuana can be scheduled for medical use, and that research is fully legitimate. That is very different than saying a joint is medicine and should be rescheduled.¹⁰ It is important to note, too, that rescheduling does not generally correspond with criminalization or penalization. So if your target is to reduce penalties for use, focusing on rescheduling is the wrong target.

MYTH: Colorado has been a good experiment in legalization.

FACT: Colorado has already seen problems with this policy. For example, the under-aged college student who jumped to his death after ingesting a marijuana cookie.¹¹ The significant rise in the number of parents calling the poison-control hotline to report their kids had consumed marijuana.¹² Marijuana edibles and marijuana vaporizers have been found in middle and high schools.¹³ And Denver's own police department reported that teen arrests for marijuana at local schools have increased since last year.¹⁴ A large construction company in the state recently reported that they have encountered so many job candidates who have failed pre-employment drug tests because of their marijuana use that it is actively recruiting construction workers from other states.¹⁵

The State of Washington isn't fairsing much better. Marijuana poisonings are up according to the Washington State toxicologist, as are driving while intoxicated under marijuana incidents. In both states, use among those 18 and up, according to the National Survey on Drug Use and Health, have gone up.¹⁶

It will take 20 years to assess the damage — from mental health, school dropouts, and other factors — but I worry about this new policy. And apparently Coloradans do too — most localities have actually banned the sales of recreational marijuana within their city limits.¹⁷ Denver, of course, has not, but this tells me that many Coloradans do not want a marijuana store on Main Street.

Now this doesn't mean we have to punish or incarcerate users. We should focus on early prevention, intervention, treatment, and we should also ensure that we do not give criminal records to young people for simply using marijuana. The alternative does not have to be legalization.

MYTH: Legalization would help tax revenues.

FACT: With increased use, public health costs will also rise, likely outweighing any tax revenues from legal marijuana. For every dollar gained in alcohol and tobacco taxes, ten dollars are lost in legal, health, social, and regulatory costs.¹⁸

MYTH: Legalization is justified because of individual rights.

FACT: Legalization is not about just “getting high.” By legalizing marijuana, the United States would be ushering in a new, for-profit industry — not different from Big Tobacco. Already, private holding groups and financiers have raised millions of start-up dollars to promote businesses that will sell marijuana and marijuana-related merchandise. Cannabis food and candy is being marketed to children and are already responsible for a growing number of marijuana-related ER visits.¹⁹ Edibles

with names such as “Ring Pots” and “Pot Tarts” are inspired by favorite candies of children and dessert products such as “Ring Pops” and “Pop Tarts.” Moreover, a large vaporization industry is now emerging and targeting youth, allowing young people and minors to use marijuana more easily in public places without being detected.²⁰

MYTH: Legalization would get rid of the black market for marijuana.

FACT: Criminal enterprises do not receive the majority of their funding from marijuana. Furthermore, with legal marijuana taxed and only available to adults, a black market will continue to thrive. The black market and illegal drug dealers will continue to function — and even flourish²¹ under legalization, as people seek cheaper, untaxed marijuana.



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