

The Pros and Cons of Marijuana

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Abstract

Discussion on legalizing marijuana continues throughout the nation despite the fact that many states have already approved the use of marijuana for medical purposes. Researchers maintain that by legalizing marijuana we raise the risk of adolescents failing to see the harm and danger of using such substance (Joffe & Yancey, 2004). Those in favor of legalizing marijuana argue that it is economically, practical and medically beneficial. Studies show that despite all the warnings about using marijuana, there are no major health threats to definitely rule out legalization (Bourgois, 2008).

The Pros and Cons of Marijuana Legalization

A growing controversy exists in the United States over the uses and legalization of marijuana (Joffe & Yancy, 2004). Cavan Sieczkowski (2012) reports that the state of Washington may become the first in the nation to approve recreational use of marijuana although federal law still prohibits its use nationwide. Both opponents and proponents of legalization of

marijuana have created multiple sources such as brochures and websites from which to argue their positions. Furthermore, several studies relating to marijuana use suggest one or the other position on the issue of legalization, and news stories regularly report on consistently changing laws concerning medical and recreational use of the drug.

Marijuana has been approved for medical use in several states: Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Maine, Maryland, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington (NORML, 2012a). NORML (2012b) also reports that 14 states have decriminalized small amounts of marijuana, making first-time possession a non-jail offense. While some state governments have moved to abolish or lessen the severity of marijuana laws, the federal government remains entrenched against legalization and actively block research concerning marijuana use, whether medicinal or recreational (Barnes, 2000).

Barnes (2000) identifies the strongest, or at least the most frequently used argument against the legalization of marijuana for medical use as the signal it sends about the safety of marijuana for recreational use. Joffe and Yancey (2004) extrapolate information about the possibility of adolescent recreational marijuana use by looking at adolescents' use of alcohol and tobacco, two drugs legalized for adult recreational use but illegal for the use of minors under the age of 21 and 18 respectively. They point out that alcohol and tobacco are used by adolescents more frequently than any other drugs. They state, "Legalization of marijuana could decrease adolescents' perceptions of the risk of use and increase their exposure to this drug" (Joffe & Yancy, 2004, para. 1). Joffe and Yancy explain that no country has actually "legalized use of marijuana outright" (Joffe & Yancy, 2004, para. 6) and therefore, no studies exist from which they can retrieve data supporting their conclusions. Concerning states that decriminalize marijuana, they indicate contradictory studies relating to use by adolescents, one showing no difference in use after legalization and one showing increased use among youths. In the Netherlands, decriminalization resulted in an increased use of marijuana by those of age 18-20. In the United States, use increased during the same period without legalization. In Norway, which like the U.S. forbids the use of marijuana, use remained steady or decreased. Joffe and Yancy (2004) state that the increased overall availability and lower costs of marijuana caused by legalization will result in increased use by adolescents.

Denise Walker, a researcher at the University of Washington, believes the public may not be aware of all the health issues related to the use of marijuana. She states that marijuana "can be addictive, it can diminish intelligence, it impairs driving and it can trigger anxiety and psychological illnesses" (as cited in Sieczkowski, 2012, para. 12). Barnes (2000), in his analysis and argument of why medical marijuana should be available expounds on several of the arguments against medical marijuana. First, the federal government has a responsibility to its citizens to continue prohibiting its use on any level if marijuana is a dangerous substance. Second, the use of marijuana has not been sufficiently tested to understand the full effects. Third, because marijuana grows naturally throughout the United States, "purity and potency of the drug cannot be adequately controlled" (Barnes, 2000, p. 24). Fourth, the normal procedure of using double-blind test for drugs is not available because no placebo could be used to imitate marijuana's effects. Fifth, marijuana is no longer necessary with the advent of synthetic THC (Barnes, 2000).

Although opponents to the legalization of marijuana have strong arguments to support their stance, proponents of legalization also make a strong case for their positions. Carden (2012)

calls the war on drugs an “economic, moral, and cultural disaster” (para. 1). He states that “Marijuana prohibition has been a terrible mistake that has ruined far too many lives” (para. 6). Carden argues that the laws against the use of marijuana, rather than the drug itself, is the source of the problems related to marijuana use. Siezkowski (2012) points out that within the past 25 years over 241,000 people were arrested for possession of marijuana in the state of Washington at a cost to taxpayers of over \$300 million with most of those arrests coming within the past 10 years. Jeffrey Miron, an economist at Harvard, states that legalization in the U.S. would save annually almost eight billion dollars from curtailing enforcement activities and would generate over six billion in tax revenue (as cited in Siezkowski, 2012).

In addition to economic arguments, those in favor of marijuana legalization consider the practical uses of marijuana to be a legitimate reason for its legalization especially for medical use. Barnes (2000) states that the government has “an obligation to facilitate” the research concerning the possible medical benefits associated with of the use of marijuana (p. 38). Medical uses of marijuana include the treatment of intraocular pressure from glaucoma, nausea and vomiting (usually associated with chemotherapy), pain management, spasticity associated with multiple-sclerosis, and wasting syndrome in AIDS patients (Barnes, 2000; Joffe & Yancy, 2004). McAllister et al. (2001) indicates that many European counties, rather than change their laws, have stopped enforcing those laws, reflecting the majority of citizen views especially in specific areas such as the Brixton neighborhood in South London. In Holland, where marijuana can be purchased and consumed in coffee bars, legalization has separated the marijuana trade from sales of harder drugs like heroin. This separation has resulted in the average age of heroin addicts to consistently increase to the present age of 40 with retirement homes specifically for addicts now opening (McAllister et al., 2001).

Morgan, Rothwell, Atkinson, Oliver, and Curran (2010) found that while under the influence of marijuana, individuals exhibited an increase of state schizotypy, symptoms associated with psychosis as well as an increase in semantic priming or hyper-priming. The study showed that when no longer under the influence of marijuana, users showed no difference in levels of state schizotypy compared to the control group; however, the increased hyper-priming remained higher for the marijuana users than for that of the control group (Morgan et al., 2010). Morgan et al. (2010) point to a study that links hyper-priming to creativity and suggest further studies to determine whether any correlation exist between marijuana use and creativity.

Bourgeois (2008) states that despite mid-20th-century warnings about the extreme behavioral effects of marijuana use that “few significant health or behavioral threats” have been shown to actually exist (p. 581). Furthermore, since 2000 and the time of the article, federal law enforcement has spent over \$4 billion on arresting nearly 750 thousand individuals with the majority of those charged only with possession. He considers the U.S. stance a misguided punitive policy and shifts in state laws tend to indicate a movement to easing restrictions on marijuana use.

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