Marihuana—should it be legalized?

After careful appraisal of available information concerning marihuana (cannabis) and its components, and their derivatives, analogues and isomers, the Council on Mental Health and the Committee on Alcoholism and Drug Dependence of the American Medical Association and the Committee on Problems of Drug Dependence of the National Research Council, National Academy of Sciences, have reached the following conclusions:

1. Cannabis is a dangerous drug and as such is a public health concern.

For centuries, the hemp plant (cannabis) has been used extensively and in various forms as an intoxicant in Asia, Africa, South America, and elsewhere. With few exceptions, organized societies consider such use undesirable and therefore a drug problem, and have imposed legal and social sanctions on the user and the distributor.

Some of the components of the natural resins obtained from the hemp plant are powerful psychoactive agents; hence the resins themselves may be. In dogs and monkeys, they have produced complete anesthesia of several days' duration with quantities of less than 10 mg/kg.

Although dose-response curves are not so accurately defined in man, the orders of potency on a weight (milligram) basis are greater than those for many other powerful psychoactive agents, such as the barbiturates. They are markedly greater than those for alcohol. In India, where weak decoctions are used as a beverage, the government prohibits charas, the potent resin, even for use in folk medicine. In many countries where chronic heavy use of cannabis occurs, such as Egypt, Morrocco, and Algeria, it has a marked effect of reducing the social productivity of a significant number of persons.

The fact that no physical dependence develops with cannabis does not mean it is an innocuous drug. Many stimulants are dangerous psychoactive substances although they do not cause physical dependence.

2. Legalization of marihuana would create a serious abuse problem in the United States.

The current use of cannabis in the United States contrasts sharply with its use in other parts of the world. In this country, the pattern of use is primarily intermittent and of the "spree" type, and much of it consists of experimentation by teenagers and young adults. Further, hemp grown in the United States is not commonly of high potency and "streets" samples sometimes are heavily adulterated with inert materials.

With intermittent and casual use of comparatively weak preparations, the medical hazard is not so great, although even such use when it produces intoxication can give rise to disorders of behavior with serious consequences to the individual and to society.

And, while it is true that now only a small proportion of marihuana users in the United States are chronic users and can be said to be strongly psychologically dependent on the drug, their numbers, both actual and potential, are large enough to be of public health concern.

If all controls on marihuana were eliminated, potent preparations probably would dominate the legal market, even as they are now beginning to appear on the illicit market. If the potency of the drug were legally controlled, predictably there would be a market for the more powerful illegal forms.

When advocates of legalizing marhuana claim that it is *less harmful* than alcohol, they are actually comparing the relatively insignificant effects of marihuana at the lower end of the dose-response curve with the effects of alcohol at the toxicity end of the curve—ie, the "spree" use of marihuana, vs acute or chronic "poisoning" with alcohol. If they compared both drugs at the upper end of the curve, they would see that the effects on the individual and society are highly deleterious in both cases.

Admittedly, if alcohol could be removed from the reach of alcoholics, one of the larger medical and social problems could be solved. But to make the active preparations of cannabis generally available would solve nothing. Instead, it would create a comparable problem of major proportions.

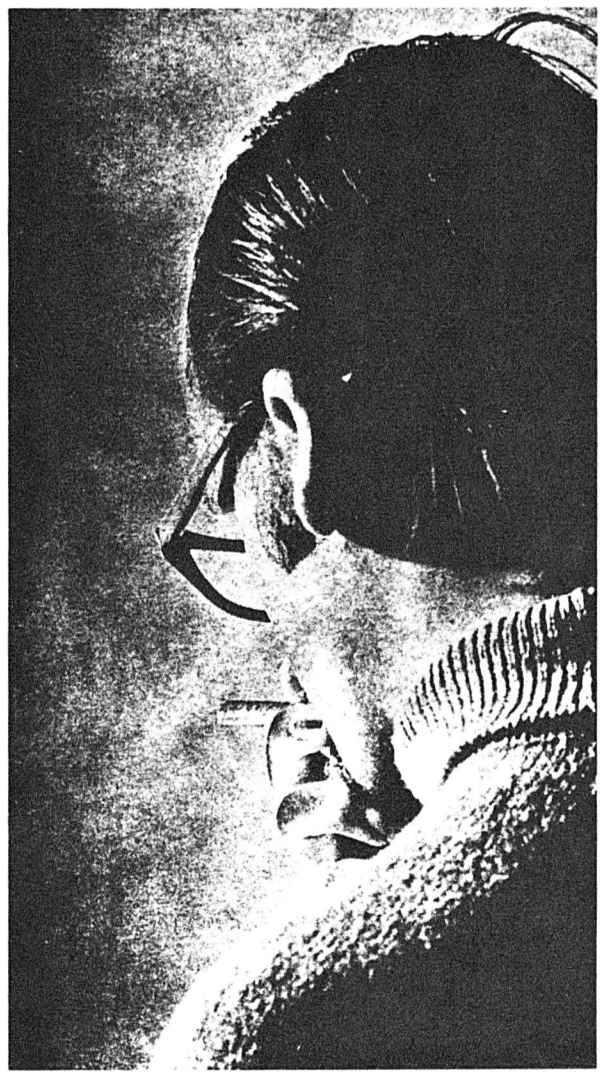
That some marihuana users are now psychologically dependent, that nearly all users become intoxicated, and that more potent forms of cannabis could lead to even more serious medical and social consequences—these facts argue for the retention of legal sanctions.

3. Penalties for violations of the marihuana laws are often harsh and unrealistic.

Persons violating federal law with respect to possession of marihuana are subject to penalties of from 2 to 10 years imprisonment for the first offense, 5 to 20 years for the second offense, and 10 to 40 years for additional offenses. Suspension of sentence, probation, and parole are allowed only for the first offense. Many of the state laws provide for comparable enalties. With respect to sale, penalties are even more severe.

Laws should provide for penalties in such a fashion that the courts would have sufficient discretion to enable them to deal flexibly with violators. There are various degrees of both possession and sale. Possession ranges from the youngster who has one or two marihuana cigarettes to an individual who has a substantial quantity. Sale may range from the transfer of a single cigarette to the disposition of several kilograms of the drug.

While persons should not be allowed to become involved with marihuana with impunity, legislators, law enforcement officials, and the courts should differentiate in the handling of the occasional user, the frequent user,



ONE PUFF . . . THEN HEAVEN

the chronic user, the person sharing his drug with another, and the dealer who sells for a profit.

Of particular concern is the youthful experimenter who, by incurring a criminal record through a single thoughtless act, places his future career in jeopardy. The lives of many young people are being needlessly damaged.

For those persons who are chronic users of the drug, and are psychologically dependent on it, general medical and psychiatric treatment, plus social rehabilitative services, should be made readily available. Such persons should not be treated punitively for their drug abuse alone any more than are persons dependent on other drugs, such as narcotics or alcohol.

Furthermore, if the purpose of imposing penalties is to deter acts which might injure the individual and disrupt society, then equitable penalties, insofar as they enhance resect for the law, can contribute effective prevention.

4. Additional research on marihuana should be encouraged.

Only recently has an active hallucinogenic principle of cannabis been exactly identified and synthesized. Sufficient time has not elapsed to obtain a substantial body of pharmacologic and clinical evidence concerning its effects. There are no carefully controlled clinical studies of long-time effects of cannabis on the central nervous or other organ systems. These and other considerations point to the importance of ongoing research in this area.

It must be emphasized, however, that the issue which faces the United States today is not whether we know all there is to know about marihuana scientifically. Obviously every effort should be made to correct the deficiencies in our knowledge. The issue is whether we can ignore the experiences and observations stablished over centuries of heavy use of hena preparations in various societies. A current solution to the problem does not relate to what is not know, but to those facts which are known about cannabis and in preparations. There is extensive experience in its us in all of its forms, including the effects of the potent natural resins which contain the active biological principles.

5. Educational programs with respect to marihuana should be directed to all segments of the population.

Educational material, based on scientific knowledge should point out the nature of marihuana and the effects of its use. Such material should be an integral part of a total educational program on drug abuse.

Primary and secondary schools, as well as colleges and universities, should establish such programs.

Physicians, as professional practitions and concerned members of the community, should call attention frequently and forcibly to the problems of drug abuse and drug dependence.

An informed citizenry, in the final analysis, is the most effective deterrent of all.

Marihuana thing

Marihuana, like the Vietnam question and the new morality, is one of the issues in the credibility gap between youth and their elders. Although cannabis has been used for many centuries as an intoxicant, controversy regarding its effects has waxed and waned. In recent years it has again flared up, as the drug has become popular with an appreciable number of young people in the middle and upper socioeconomic classes. Experts from fields far distant from pharmacology and medicine have argued that marihuana is harmless. Some physicians have also shared this view. There is substantial need, therefore for the definitive statement by competent and recognized authorities.

The Committee on Problems of Drug Dependence of the National Research Council (of the National Academy of Sciences) and the Committee on Alcoholism and Drug Dependence (of the AMA Council on Mental Health), after appraising all available information concerning cannabis, have correctly concluded that it is indeed a harmful drug and that its legalization would lead to even more serious medical and social consequences than now result from its use.

The harmfulness of marihuana, both to the individual user and to society, too often is masked by the manner in which the drug is used in the United States. Casual episodic use is the predominant pattern, and the strength of the drug typically is not of the magnitude found elsewhere in the world.

Granted that most American users do not suffer lasting physical or psychological impairment and do not exhibit a strong dependence on the substance, there are nevertheless a significant *number,* irrespective of whether the *percentage* is 10 or as low as 2, that do become chronic users with concomitant medical and interpersonal problems.

It has been argued, of course, that it is the unstable, problem-prone individual who is drawn to marihuana, and that any ensuing untoward effects would have come to the fore with or without drugtaking. If this argument were ever valid, it is not so today. The greater proportion of users are introduced to marihuana out of curiosity, youthful thrill-seeking, a desire to be "in" and a wish to demonstrate independence from a generation whose drug of choice is alcohol.

Too many of these young people, and here *both* the number and percentage appear to be significant, then proceed to experimental and spree-type abuse of other drugs. If most marihuana users do not "graduate" to heroin, many, if not most, do go on to "speed," goofballs, LSD, STP, and a variety of other three-letter hallucinogens, either in sequence or in combination. The relatively minor effects of weak marihauna preparations often give the false impression that any drug can be "handled." Thus, we are seeing a substantial number of young people who are drug-oriented, in addition to those who are strongly drug-dependent, at the very time they are being called on to make important career and other life-molding decisions.

Legalize marihuana and we change at least one of the variables in the drug-abuse complex. Enter then the more potent forms of cannabis. The psychopharmacologic effects are intensified, drug dependence and nonproductivity become more pronounced and widespread, and we have the makings of a problem approximating and perhaps exceeding the proportions of alcohol abuse and dependence.

The AMA-NRC statement justifiably points out that to create a marihuana problem of that magnitude would not solve the alcohol problem. The failure of prohibition made alcohol no less dangerous. Legalizing marihuana likewise would not change the nature of cannabis for the better, but predictably would change its form and pattern of use for the worse.

Furthermore, there is no reason to assume that, just because custom and mores made a mockery of alcohol prohibition, marihuana prohibition is unworkable or undesirable.

It is well to remember that prohibition of alcohol *followed* two centuries of relatively uncontrolled use of the drug in this country, whereas the prohibition of marihuana *preceded* by nearly three decades the present state of popularization. Fortunately, marihuana use is not part of the American tradition, and we should discredit efforts to place it there. One dangerous drug does not desreve another.

Despite lack of solid foundation in pathology, the clinical classification is helpful in assessing prognosis and therapy. Outlook is good in Groups I and II, particularly in the young, who often recover spontaneously without subsequent relapse. Prognosis is more serious for Groups III and IV in whom the disorder may occasionally be fulminant but more frequently chronic and resistant to treatment, demanding high doses of corticosteroids for a period of two years or longer.

Consoled by practical benefits of the clinical classification, clinicians are not apt to be unduly disturbed by its lack of insights. The deficiency is felt more deeply by pathologists, who hope to find at the level of the Angstrom meaningful correlations between microstructure and clinical differentiation. To them the failure of the resolving power of the electronmicroscope to resolve clinical-pathologic perplexities is a failure of a promise.