

## Legalizing Marijuana Slides OLLI July 19, 2012 Tallwood

1. **Roach:** Depending on your preferences you can get **56 joints** per ounce of 'weed" or as **few as 28** 1000 mg joints.

**Cost of weed in Woodbridge, VA was \$80 per ounce.** Therefore joints can run as **low as \$1.43 each for the cost of the weed.** **Perhapstriple this for made up joints**(which is not normal). So joints should run \$5.00 to \$10.00 each. So markup can run 500 percent.

### 2. **Should we legalize Marijuana?**

3. **David Bronner**, CEO **Dr. Bronner's Magic Soaps**. Number one selling organic soap brand in the U.S. Wants to legalize multi-purpose **industrial hemp**. Protest in **Lafayette Park Sq., Mon. June 11, 2012**. One of their soaps key ingredients.

Bronner imports several tons or several hundreds of thousand dollars of **Canadian hemp oil** annually for his soaps. Argues industrial plants (**cannabis Indica**) have no drug value for recreational or medical use, **less than 0.3% THC** No more drug value than a poppy seed bagel. Argues U.S ban on production is not science based or good for the U.S. economy.

**U.S. is the biggest market** on the planet **for healthy hemp seed and fiber products** with retail sales in 2011 of over \$400 million. **Drug Enforcement Agency** (DEA) has placed **industrial hemp** on its proscribed list next to marijuana but it can be imported.

History of ban goes back to the alleged "yellow journalism" of newspaper mogul **William Randolph Hearst**, whose papers in the 1930's demonized the cannabis plant. Put emphasis on connections between **cannabis and**

**criminalization.** Hearst felt that **hemp** might be a **threat to his extensive timber holdings, source of paper pulp.** He joined forces **with Andrew Mellon and the Du Pont** family that had invested heavily in **nylon** as a substitute for hemp in the production of fiber. DuPont in 1937 had just patented nylon and “a new sulfate/sulfite process for making paper from wood pulp” — so presumably “if hemp had not been made illegal, 80 percent of DuPont’s business would never have materialized.”

So it is with **Dow** today. Industrial uses of hemp include plastics, water purification and weed control that could compete with Dow products and perhaps cause its business to decline. **DuPont, Monsanto, Dow Chemical and Standard Oil** are **protected from competition** by the **marijuana laws**...as are the cotton, coal, timber, chlorine, polyester, latex paint and vinyl plastic industries. The major **considerations blocking hemp's utilization are not agricultural or botanical, but political.**

Hemp producers sell **hemp seeds as a health food**, as they are rich in sought-after [essential fatty acids](#) and have a good [amino acid](#) balance, together with various [vitamins](#) and [minerals](#). Hemp "milk" is a milk substitute made from hemp seeds; it is both dairy- and gluten-free. Hemp is valuable in tens of thousands of commercial products, especially as fibre<sup>1</sup> ranging from [paper](#), [cordage](#), [construction material](#) and textiles in general, to [clothing](#), in which hemp is stronger and longer-lasting than [cotton](#). It also is a useful source of [biofuels](#) (from the oils found in the seeds) and [medical products](#). **Hemp has been used by many civilizations, from [China](#) to [Europe](#) (and later [North America](#)) during the last 12,000 years or so.**

#### 4. Marijuana Plant: Cannabis **Sativa**.

Yield two to five ounces or more dried marijuana per plant indoors. Value \$160 to \$400 or for the four pots shown \$540 to \$1600.

Real prize is outdoor plants that will yield two pounds with some reports of up to five pounds per plant. So 32 ounces would have a value of \$2560.

Price a few years ago would have been higher.

5. **Cannabis Sativa bud.** Annual **herbaceous plant**. People have **cultivated** this [herb](#) throughout recorded **history** as a source of [industrial fibre](#), [seed oil](#), [food](#), [recreation](#), [religious and spiritual enlightenment](#), and [medicine](#).

Its seed, chiefly used as **caged-bird feed**, is a valuable source of protein. The flowers (and to a lesser extent the leaves, stems, and seeds) contain [psychoactive](#) and physiologically active [chemical compounds](#) known as [cannabinoids](#) that are consumed for **recreational, medicinal, and spiritual** purposes. When so used, preparations of flowers ([marijuana](#)) and leaves and preparations derived from resinous extract ([hashish](#)) are consumed by smoking, vaporizing and oral ingestion. Historically, [tinctures](#), [teas](#), and [ointments](#) have also been common preparations.

The [flowers](#) of the female plant can produce hundreds of seeds. *Cannabis* plant requires more than 12–13 hours of light per day to stay vegetative.

Flowering usually occurs when darkness equals at least 12 hours per day. The flowering cycle can last anywhere between **nine to fifteen weeks**, depending on the strain and environmental conditions.

The main psychoactive [chemical compound](#) in *Cannabis* is  **$\Delta^9$ -tetrahydrocannabinol (THC)**.

**Cocaine** per kilogram \$1,800 in Columbia, S.A., NYC \$23,000, Washington, D.C. \$31,000 to \$37,000 or over 2000% markup. Colombia is the world's leading producer of cocaine. Three-quarters of the world's annual yield of cocaine has been produced in Colombia, both from cocaine base imported from Peru (primarily the [Huallaga Valley](#)) and Bolivia, and from locally grown coca.

**Heroin** per gram \$2.40 in Afghanistan, \$200 in the United States or over 8000% markup. Heroin: An opiate analgesic derivative of opium poppy. Largest producer is Afghanistan i.e. 85-90 percent but Mexico has been increasing supplies.

6. Virginia roughly 2.6 percent of US population. Implies 65,000 users in the past year.
7. The psychoactive **effects of Cannabis** are known to have a biphasic nature.

Primary psychoactive effects include a **state of relaxation**, and to a lesser degree, **euphoria** from its main psychoactive compound, [tetrahydrocannabinol](#). Secondary psychoactive effects, such as a facility for **philosophical thinking**, [introspection](#) and [metacognition](#) have been reported amongst cases of [anxiety](#) and [paranoia](#). Finally, the tertiary psychoactive effects of the drug cannabis, can include an **increase in heart rate and hunger**, believed to be caused by [11-Hydroxy-THC](#), a psychoactive metabolite of [THC](#) produced in the [liver](#).

8. **Comparison of physical harm and dependence regarding various drugs**. Source: The above table appeared in: Gable, R. S. (2006). Acute toxicity of drugs versus regulatory status. In J. M. Fish (Ed.), *Drugs and Society: U.S. Public Policy*, pp.149-162, Lanham, MD: Rowman & Littlefield Publishers. Also see Vol. 94 2006 the American Scientist, page 208.
9. A rational scale to assess the harm of drugs. Data source is the March 24, 2007 article: Nutt, David, Leslie A King, William Saulsbury, Colin Blakemore. "Development of a rational scale to assess the harm of drugs of potential misuse" The Lancet 2007; 369:1047-1053. ([PMID 17382831](#); [doi:10.1016/S0140-6736\(07\)60464-4](#))

The data in the paper is obtained solely from questionnaire results obtained from two groups of people: the first comprised people from the UK national group of consultant psychiatrists who were on the Royal College of Psychiatrists' register as specialists in addiction, while the second comprised of people with experience in one of the many areas of addiction, ranging from chemistry, pharmacology, and forensic science, through psychiatry and other medical specialties, including epidemiology, as well as the legal and police services; the experts are not named and were chosen by the authors. This is a tertiary source as it summarizes experts' opinions on the matter (which are secondary sources) without any direct references to primary sources. The data was first reported in appendix 14 of "Drug classification: making a hash of it?"

10. The British peer-reviewed journal *Lancet* published a study titled "Drug Harms in the UK: A Multicriteria Decision Analysis" on Nov. 1, 2010 which ranked 20 drugs from alcohol to marijuana to tobacco based on harm factors.

The red area for Cannabis was very controversial and political. Items included community, economic cost (very large), international damage, family adversities (medium), and environmental damage. Without the economic cost item and a lower family adversity score it would rank five or six points lower.

11. Alcohol and Tobacco

12. Poisonings: Kochanek KD, Xu JQ, Murphy SL, et al. "Deaths: Preliminary data for 2009." National vital statistics reports; vol 59 no 4. Hyattsville, MD: National Center for Health Statistics. 2011. pp. 17-20.

Highest rate of deaths were males, were people in the 45-54 year old age group, were non-Hispanic white.

In 2007-2008 48% of Americans used at least one prescription drug in the past month and 11% used at least five or more prescription in the past month.

Source: Drug poisoning deaths in the United States, 1980-2008. National Center for Health Statistics, Centers for Disease Control and Prevention, US Dept. of Health and Human Services.

13. FOIA request to Food and Drug Administration from ProCon.org of June 24, 2005. Drugs chosen included 12 commonly prescribed in place of medical marijuana, seven were randomly selected because they are widely used and recognized.

14. Deaths: Lack of health insurance calculated in the Journal of Public Health.

15. Illicit Drug Use: National Survey on Drug Use and Health sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) Primary source of data based on survey of approximately 67,000 persons.

Nonmedical drugs include pain relievers 2.0%, tranquilizers 0.9%, stimulants 0.4% and sedatives 0.1 percent. Highest rate of use 18-24 years old 23.1%. Ecstasy use by 12-17 year olds 0.5%.

16. Illicit Drug Use: Percent using illicit drugs in the past Month.

17. Current (past month use) – at least one drink; Binge use – five or more drinks at the same occasion on at least one day in the past month; Heavy use – five or more drinks on each of 5 or more days in the past month.

Alcohol causes as much as half of America's criminal violence and vehicular fatalities.

18. Legal Marijuana: Pro and Con: Also what of other drugs? Pro and Con arguments are often about harder drugs including heroin and cocaine.

19. **Efficacy: Supporters** of prohibition **claim** that **prohibitive drug laws** have a **successful track** record suppressing illicit drug use since they were introduced 100 years ago.<sup>[1][2]</sup> The licit drug **alcohol** has current (last 12 months) user rates as high as **80-90%** in populations over 14 years of age,<sup>[3]</sup> and **tobacco** has historically had current use rates up to **60%** of adult populations,<sup>[4]</sup> yet the percentages **currently** using **illicit drugs** in **OECD** countries are generally **below 1%** of the population excepting **cannabis where most are between 3% and 10%, with six countries between 11% and 17%**.

**Sweden** is an excellent example. **Drug use** is just a **third** of the **European average** while **spending** on drug control is **three times** the EU average. For three decades,<sup>[nb 1]</sup> Sweden has had **consistent and coherent drug-control policies**, regardless of which party is in power. There is a **strong emphasis on prevention**, drug laws have been progressively tightened, and **extensive treatment and rehabilitation** opportunities are available to users.

**Legalize:** [August Vollmer](#), founder of the School of Criminology at [University of California, Irvine](#) and former president of the [International Association of Chiefs of Police](#). In his 1936 book *The Police and Modern Society*, he stated his opinion that:

**Stringent laws, spectacular police drives, vigorous prosecution, and imprisonment of addicts and peddlers have proved not only useless and enormously expensive as means of correcting this evil, but they are also unjustifiably and unbelievably cruel** in their application to the unfortunate drug victims. **Repression has driven this vice underground**

**and produced the narcotic smugglers and supply agents, who have grown wealthy out of this evil practice and who, by devious methods, have stimulated traffic in drugs.** Finally, and not the least of the evils associated with repression, the helpless addict has been forced to resort to crime in order to get money for the drug which is absolutely indispensable for his comfortable existence.

**Drug addiction, like prostitution, and like liquor, is not a police problem; it never has been, and never can be solved by policemen. It is first and last a medical problem.**

Stephen Rolles, writing in the [British Medical Journal](#), 2010(?), argues:

Consensus is growing within the drugs field and beyond that the **prohibition on production, supply, and use of certain drugs has not only failed to deliver its intended goals but has been counterproductive.** Evidence is mounting that this policy **has not only exacerbated many public health problems, such as adulterated drugs and the spread of HIV and hepatitis B and C infection among injecting drug users, but has created a much larger set of secondary harms associated with the criminal market.** These now include **vast networks of organised crime, endemic violence related to the drug market, corruption of law enforcement and governments.**

A report sponsored by the [New York County Lawyers' Association](#), **one of the largest local bar associations in the United States**, argues on the subject of US drug policy:

**Notwithstanding the vast public resources expended on the enforcement of penal statutes against users and distributors of controlled substances, contemporary drug policy appears to have failed,** even on its own terms, in a number of notable respects. These include: minimal reduction in the consumption of controlled substances; failure to reduce violent crime; **failure to markedly reduce drug importation, distribution and street-level drug sales;** failure to reduce the widespread **availability of drugs** to potential users; **failure to deter individuals** from becoming involved in the drug trade; **failure to impact upon the huge profits** and financial opportunity available to **individual**

**"entrepreneurs" and organized underworld organizations** through engaging in the illicit drug trade; the **expenditure of great amounts** of increasingly limited public resources in pursuit of a **cost-intensive "penal" or "law-enforcement" based policy**; **failure to provide meaningful treatment and other assistance to substance abusers and their families**; and **failure to provide meaningful alternative economic opportunities** to those attracted to the drug trade for lack of other available avenues for financial advancement.

Moreover, a growing body of evidence and opinion suggests that **contemporary drug policy**, as pursued in recent decades, **may be counterproductive and even harmful** to the society whose public safety it seeks to protect. This conclusion becomes more readily apparent when one distinguishes the harms suffered by society and its members directly attributable to the pharmacological effects of drug use upon human behavior, from those harms resulting from policies attempting to eradicate drug use. With aid of these distinctions, we see that present drug policy appears to **contribute to the increase of violence in our communities**. It does so by permitting and indeed, **causing the drug trade to remain a lucrative source of economic opportunity for street dealers, drug kingpins and all those willing to engage in the often violent, illicit, black market trade**. Meanwhile, the effect of present policy **serves to stigmatize and marginalize drug users**, thereby inhibiting and undermining the efforts of many such individuals to remain or become productive, gainfully employed members of society. Furthermore, current policy has not only **failed to provide adequate access to treatment for substance abuse**, it has, in many ways, rendered the ent, and of other medical services, more difficult and even dangerous to pursue.<sup>1</sup>

[The Economist](#) fear [of legalisation] is based in large part on the presumption that more people would take drugs under a legal regime. There is **no correlation between the harshness of drug laws and the incidence of drug-taking**: citizens living under tough regimes **take more drugs, not fewer**.

**The use of drugs by minors is much more difficult to control with drugs prohibited**. To effectively regulate the sellers of drugs so as to ensure that they only sell drugs to adults, drugs must be legalized, and the sellers licensed. **With drugs prohibited, sellers are "underground" and therefore nearly impossible to control**.

20. Deterrence: Prohibition: A 2001 **Australian study of 18-29 year olds** by the **NSW Bureau of Crime Statistics and Research** suggests that prohibition deters illicit drug use. **29%** of those who had **never used cannabis** cited the **illegality** of the substance as their reason for never using the drug, while **19%** of those who had **ceased use** of cannabis cited its **illegality** as their reason.

Gil Kerlikowske, Director of the US Office National Drug Control Policy ([ONDCP](#)) argues,

**Controls and prohibitions help to keep prices higher, and higher prices help keep use rates relatively low, since drug use, especially among young people, is known to be sensitive to price.** There is literature showing that **increases in the price of cigarettes triggers declines in use.**“

Legalize: The **use of drugs by minors is much more difficult to control with drugs prohibited. With drugs prohibited, sellers are "underground" and therefore nearly impossible to control**

According to a 2009 annual report by the European Monitoring Centre for Drugs and Drug Addiction, the **Dutch are among the lowest users of marijuana or cannabis** in Europe, despite the Netherlands' policy on soft drugs being one of the most liberal in Europe, **allowing for the sale of marijuana at "coffee shops", which the Dutch have allowed to operate for decades, and possession of less than 5 grams (0.18 oz).**

**British Crime Survey** statistics indicated that the proportion of 16 to 24 year-olds using **cannabis decreased from 28% a decade ago to 21%**, with its declining popularity accelerating after the **decision to downgrade the drug to class C** was announced in January 2004. The BCS figures, published in October 2007, showed that the **proportion of frequent**

**users in the 16-24 age group** (i.e. who were using cannabis more than once a month), **fell from 12% to 8% in the past four years.**

21. **Gateway Prohibition:** The US Drug Enforcement Agency's (DEA) **"2008 Marijuana Sourcebook"** argues that **recent research supports** the gateway hypothesis **that certain drugs (such as cannabis) act as gateways** to use of harder drugs such as heroin, either because of **social contact** or because of an increasing search for **a better high.**<sup>1</sup> Proponents cite studies such as that of 311 **same sex twins**, where only one twin smoked cannabis before age 17, and where such early cannabis smokers were five times more likely than their twin to move on to harder drugs.

Legalize: A study of drug users in **Amsterdam** over a **10-year period** conducted by Jan van Ours of Tilburg University in the Netherlands concluded that **cannabis is not a stepping stone** to using **cocaine or heroin.**

In the **US**, such substances as **prescription painkillers** appear to be **more common than cannabis** as the **first "illicit" drug** tried, and are **relatively easy to obtain by adolescents.** Due to the similarity between narcotics, those who become addicted to prescription painkillers sometimes move on to **heroin** since the latter can **actually be a cheaper habit to support.**

For **teenagers, credibility of adults is eroded** when the **dangers of the "gateway" drugs are exaggerated or made up**, leading them to think all anti-drug messages are nonsense.

The **US Institute of Medicine** found **no conclusive evidence** that the **drug effects of marijuana are causally linked to the subsequent abuse** of other illicit drugs. Several other studies **National Development and Research Institute in New York** and the **Rand Drug Policy Research Center** in Santa Monica, California.

**Some individuals** are, for whatever reason, **willing to try any substance**, and the **"gateway" drugs** are merely the ones **that are (usually) available** at an earlier age than the harder drugs.

22. **Health:** Very messy and controversial issues. Often mix in discussions of **drugs in general versus drugs such as marijuana. DEA role and responsibilities versus public views** and results of non-government studies are **often at opposite poles**.

**Prohibition:** The DEA has said **marijuana is far more powerful than it used to be**. Note: US marijuana was very poor quality relative to Europe in the 1960's and 1970's. Product caught up to competition in past three decades. According to the National Institute on Drug Abuse, "Studies show that someone who smokes **five joints per week may** be taking in as many cancer-causing chemicals as someone who **smokes a full pack of cigarettes every day**." Marijuana contains more than 400 chemicals, including the most harmful substances found in tobacco smoke. For example, **smoking one marijuana cigarette deposits about four times more tar into the lungs than a filtered tobacco cigarette**. [...] The **short-term effects** are also harmful. They include: **memory loss, distorted perception, trouble with thinking and problem solving, loss of motor skills, decrease in muscle strength, increased heart rate, and anxiety**. Marijuana impacts young people's mental development, their ability to concentrate in school, and their motivation and initiative to reach goals. Note: **Can likely make comparative statements about tobacco and alcohol**.

Gil Kerlikowske, director of the US **Office of National Drug Control Policy (ONDCP)** argues that in the United States, **illegal drugs already cost \$180 billion a year in health care, lost productivity, crime, and other expenditures** and that number would only increase under legalization because of increased use.

**As is the case with alcohol addiction, illicit drug addictions likewise serve to keep many such users functionally in poverty and often as a continued burden on friends, family and society.**

**Legalize:** There is evidence that many illicit drugs pose comparatively fewer health dangers than certain legal drugs. The health risks of MDMA (Ecstasy) have been exaggerated for instance, the risks from cannabis use also overstated, and health problems from the use of legal substances, particularly alcohol and tobacco, are greater, even than from cocaine use for example. Occasional cocaine use does not typically lead to severe or even minor physical or social problems.

**More on health benefit arguments later.**

**World Health Organization report:** "As cannabis is an illegal drug its cultivation, harvesting and distribution are not subject to quality control mechanisms to ensure the reliability and safety of the product used by consumers. ...The government cannot enforce quality control on products sold and manufactured illegally.

The illegality of many recreational drugs may be dissuading research into new, more effective and perhaps safer recreational drugs.

Taking into account deaths from non-illegal drugs leaves only **21 percent of CDC "drug-induced death" figures actually due to the use of "illegal" drugs.**

23. **Economics:** Prohibition: The tax revenue collected from alcohol pales in comparison to the costs associated with it. **Federal excise taxes collected on alcohol in 2007 totaled around \$9 billion; states collected around \$5.5 billion.** Taken together, this is less than 10 percent of the over \$185 billion in alcohol-related costs from health care, lost productivity, and criminal justice. **Tobacco** also does not carry its economic weight when we tax it; each year we spend

more than **\$200 billion on its social costs** and collect only about **\$25 billion in taxes.**

— Gil Kerlikowske, current director of the US [ONDCP](#) (April 2010). [Why Marijuana Legalization Would Compromise Public Health and Public Safety.](#)

Legalize: The [United States efforts at drug prohibition](#) started out with a **US\$ 350 million budget in 1971**, and was in **2006 a US\$ 30 billion** campaign. These numbers only include **direct prohibition** enforcement expenditures, and as such only represent *part* of the total cost of prohibition. **Economic impact of holding 500,000 prisoners** on prohibition violations for one.

The war on drugs is extremely costly to such societies that outlaw drugs in terms of **taxpayer money, lives, productivity, the inability of law enforcement to pursue [mala in se](#) crimes, and social inequality.** ...**financial and social costs of drug law enforcement far exceed the damages that the drugs themselves cause.**

It has been argued that if the US government **legalized marijuana** it **would save \$7.7 billion per year in expenditure on enforcement of prohibition.** Also, that marijuana legalization would **yield tax revenue of \$2.4 billion annually if it were taxed like all other goods and \$6.2 billion annually if it were taxed at rates comparable to those on alcohol and tobacco.**

If you look at the **drug war from a purely economic point of view**, the **role of the government is to protect the drug cartel.** That's literally true.

—[Milton Friedman](#)

The United States' "[War on Drugs](#)" has added considerably to the **political instability in [South America](#)**. **has allowed criminal, [paramilitary](#) and [guerrilla](#) groups to reap huge profits.** Afghanistan went from producing practically no illegal drugs in 2000 (following banning by the [Taliban](#)), to cultivating what is now as much as 90% of the world's opium.

**Rural farmers** in the poor regions. **crops are frequently destroyed** by U.S.-sponsored **eradication treatments (usually sprayed from the air** with varying degrees of discrimination), whether or not the farmers directly supply the cocaine trade.

24. **Crime and Violence:** Prohibition: The US Drug Enforcement Administration claims: Crime, violence and drug **use go hand in hand. Six times** as many **homicides** are committed by **people under the influence of drugs, as by those who are looking for money to buy drugs.**; they're committed by people on drugs.

—US Drug Enforcement Administration (2003). "[Speaking Out Against Drug Legalization](#)"

Late 1990's Drug Use Forecasts statements:

**Frequent use** of hard drugs is one of the strongest **indicators of a criminal career.**

Offenders who use drugs are **among the most serious and active criminals**, engaging in both property and violent crime. **Early and persistent use of cocaine or heroin** in the juvenile years is an **indicator of serious, persistent criminal behavior in adulthood.**

Those arrested who are drug users are more likely than those not using drugs to be rearrested on pretrial release or fail to appear at trial. Late 1990's statements.

Legalize: Violence and profits of drugs traffickers:

Prohibition protects the drug cartel insofar as it keeps the distribution in the [black market](#) and creates the risk that **makes smuggling profitable**. We are loved by the drug cartels.

**Drug money has been called a major source of income for terrorist organizations.** Note unclear how important this is. US government agencies and government officials have been caught trafficking drugs to finance US-supported terrorist actions in events such as the [Iran-Contra Affair](#), and [Manuel Noriega](#).

Corruption :Human rights organizations and legal scholars have claimed that drug prohibition inevitably leads to [police corruption](#).

Stigma of conviction: Despite the fact that **most drug offenders are non-violent, the stigma attached to a conviction can prevent employment and education.**

**Children being lured into the illegal drug trade:** The **lack of government regulation and control** over the lucrative illegal drug market has created a large population of **unregulated drug dealers** who lure many children into the illegal drug trade. The U.S. government's most recent **2009 National Survey** on Drug Use and Health (NSDUH) reported that nationwide over **800,000 adolescents ages 12–17 sold illegal drugs** during the previous 12 months preceding the survey.

25. **Civil Rights: The Christian Institute** argues that there is no point in having criminal laws unless those caught breaking them will at least face prosecution.

**Drug Free Australia** argues "The notion that illicit drug use is a victimless crime and that everyone should be free to do what they want with their body disregards the web of social interactions that constitute human existence. Affected by an individual's illicit drug use are children, parents, grandparents, friends, colleagues, work, victims of drugged drivers, crime victims, [elder abuse](#), sexual victims, patients made sicker by medical marijuana etc. Illicit drug use is no less victimless than alcoholism.

Legalize: Cognitive liberty: Authors such as [Aldous Huxley](#), and [Terence McKenna](#) believed **what persons do in private should not be regulated by the government**. It is argued that **persons should be able to do**

**whatever they want with their bodies**, including the **recreational use of drugs, as long as they do not harm others**. Such arguments often cite the [harm principle](#) of philosopher [John Stuart Mill](#) who urged that the **state had no right to intervene to prevent individuals from doing something that harmed them**, if no harm was thereby done to the rest of society: 'Over himself, over his own body and mind, the individual is sovereign' and 'The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant.' **The argument is that drug use is a [victimless crime](#) and as such the government has no right to prohibit it or punish drug consumers, much like the government does not forbid overeating, which causes significantly more deaths per year. This can be equated with the quest for [freedom of thought](#).**

26. Politics: Prohibition: Previous UK Home Office Minister Vernon Coaker 2006: Argues that **sending out signals** should be a **consideration of drug policy**.

John Donnelly, writing for the Boston Globe on the **presidential race of 2000**, suggested that the candidates' silence on drug policy may stem from a widely shared belief that **any position even hinting at reducing penalties for drug use would be political suicide**. Charles R. Schuster, director of the [National Institute on Drug Abuse](#) under Presidents Reagan and [Bush \(Snr.\)](#), was reported as saying in 1997, "**Talking sense about drug policy in today's climate of opinion can be political suicide.**"

**Legalize:** The Science and Technology Committee appointed by the House of Commons to inquire into the Government's handling of scientific advice, risk and evidence in policy making agreed with Transform Drug Policy Foundation's view that "**Criminal law is supposed to prevent crime, not 'send out' public health messages**". Transform warned that **sending out signals could backfire by "fostering distrust of police and public health messages amongst young people"**.

27. Medical Uses of Marijuana: The [Cannabis plant](#) has a long history of use as medicine, with historical evidence dating back to 2737 BCE.<sup>[1]</sup> Cannabis is one of the [50 "fundamental" herbs](#) of [traditional Chinese medicine](#), and is prescribed to for a broad range of indications.

Supporters of medical cannabis argue that cannabis does have **several well-documented beneficial effects**. Among these are: **the amelioration of [nausea](#) and [vomiting](#), stimulation of hunger in [chemotherapy](#) and [AIDS](#) patients, lowered intraocular eye pressure (shown to be effective for treating [glaucoma](#)), as well as gastrointestinal illness**. Its effectiveness as an [analgesic](#) (pain reliever) has been suggested—and disputed—as well.

There are several methods for [administration of dosage](#), including [vaporizing](#) or smoking dried buds, drinking, or eating extracts, and taking capsules. The comparable efficiency of these methods was the subject of an investigative study<sup>[6]</sup> conducted by the [National Institutes of Health](#).

Synthetic cannabinoids are available as **prescription drugs** in some countries. Examples are [Marinol](#) (The United States and Canada) and [Cesamet](#) (Canada, Mexico, the United Kingdom, and the United States).

Many countries are beginning to entertain varying levels of decriminalization for medical usage, including **Canada, Austria, Germany, Switzerland, the Netherlands, Czech Republic, Spain, Israel, Italy, Finland, and Portugal**. In the **United States**, federal law outlaws all use of herb parts from Cannabis, while some states have approved use of herb parts from Cannabis as medical cannabis in conflict with federal law. The [United States Supreme Court](#) has ruled in [United States v. Oakland Cannabis Buyers' Coop](#) and [Gonzales v. Raich](#) that the federal government has a right to regulate and criminalize cannabis, even for medical purposes.

A 2002 review of [medical literature](#) by Franjo Grotenhermen states that medical cannabis has established effects in the treatment of nausea, vomiting, [premenstrual syndrome](#), unintentional [weight loss](#), [insomnia](#), and [lack of appetite](#). Other "relatively well-confirmed" effects were in the treatment of "[spasticity](#), painful conditions, especially [neurogenic pain](#), [movement disorders](#), [asthma](#), [and] [glaucoma](#)".

Preliminary findings indicate that cannabis-based drugs could prove useful in treating [inflammatory bowel disease](#), [migraines](#), [fibromyalgia](#), and related conditions.<sup>[8]</sup>

Medical cannabis has also been found to relieve certain symptoms of [multiple sclerosis](#)<sup>[9]</sup> and [spinal cord injuries](#)<sup>[10][11][12]</sup>