

The Ethics Behind the Legalization of Marijuana

Rhamel A. Brewer '22 and Rakeem R. Walker '20

Marijuana legalization is a point of interest and an ongoing debate in the United States, but should it be? Some states are starting to legalize the “drug” for both medical and recreational use; it has dramatically improved those states economy. The government should legalize the drug in all states (with regulation). Compared to legally prescribed opioids, the legalization of marijuana shouldn't be looked at unethically. Why are we so afraid of marijuana, when there are worse drugs in the world?

First, we have to understand what marijuana is. Marijuana comes from the dried flowering tops, leaves, stems, and seeds of the *Cannabis sativa* plant also known as hemp. It contains the mind-altering chemical THC and other similar compounds. Some people use medical marijuana to treat chronic pain, muscle spasticity, anorexia, nausea, and sleep disturbances. Humans have used marijuana for hundreds of years for fiber (hemp), seed oils, medical treatment, and recreation.

Marijuana, as you know, became an issue in the United States during the early 19th century when Mexican immigrants would use the herb in southwestern states; there was tension between Mexican immigrants and US citizens because the Mexicans were taking most of the jobs from residents in the southwestern states (Little, 2018). The Mexican immigrants would work for less. Texas law enforcement was not pleased with Mexican cannabis usage. Texas law enforcement claimed that marijuana was associated with violent crimes and that the immigrants were distributing it to young children; as a result, Texas and other states began to outlaw the drug by creating laws against it between 1916 and 1930. Then the federal government decided to develop the Marijuana Tax Act of 1937 which banned the substance nationwide (Little, 2017). The Marijuana Tax Act did not criminalize individuals, but it imposed a high tax on individuals who sold cannabis, or hemp in the United States; many doctors were not happy with the tax because marijuana provided health benefits to those who used it, so doctors became reluctant to giving their patients the substance. Before passing the act, there were reports that the Federal Bureau of Narcotics presented to the public information that the marijuana would cause individuals to have homicidal tendencies (Gallihier & Walker, 1977). Word spread that marijuana was evil, and as a result, more states began creating laws to outlaw the drug. Propaganda against marijuana was widespread. The states acted before the federal government. The substance was not a priority for the federal

government; instead, the Great Depression was the government's main concern during the 1930s.

In 1971, President Nixon declared a “war on drugs” and as a result, increased the size of and presence of federal drug control agencies-Drug Enforcement Agency (DEA) (NCSL, 2018; Drug Policy, 2018). In 1952, the Boggs Act was passed: it made sentencing for drug conviction mandatory. In 1970, Controlled Substance Act was passed under President Nixon. He decided to declare marijuana as a Schedule I category drug. There were moments where Nixon's administration recommended decriminalizing marijuana possession and distributing for personal use, but he wouldn't give in. Unfortunately, Nixon disapproved of their recommendations and continued the fight the war on drugs. After Nixon's presidency, states began to decriminalize marijuana, but society became concerned with the high rates of teens using marijuana. Parents were concerned with their children using marijuana, so that change the views of marijuana in the 1980s. States were hesitant to decriminalize the substance because they would receive backlash from their constituents, along with place them with a certain demographic, or stereotype of people. There was a time when marijuana was the united states number one enemy, but over time the views of marijuana have shifted.

Legalizing marijuana can help combat the opioid epidemic in America. Opioids are naturally found in the opium poppy plant (scientifically known as *Papaver Somniferum*). Some prescription opioids are made directly from the plant, while others are made in labs scientifically. Opioids are often used as strong medicines due to their pain relief or aesthetic properties. Opioids are prescribed to individuals to treat chronic pains; however, opioids are highly addictive and can cause an individual to overdose if they are misused. Marijuana can serve as a substitute for the opioids because it provides some of the same effects as opioids. Furthermore, marijuana is less addictive than opioids, and it is rare for someone to overdose on marijuana. Over time the opioid death rate lowered for states with medical marijuana compared to states without it: first year 20%, third year 24%, and in the sixth year 33% (Begley, 2016). Medical marijuana dispensaries lead to a reduction in opioid mortality because marijuana is another option patient can use to treat their severe chronic pains.

In 2011, researchers found a decrease in opiate-related deaths in states that had legalized medical marijuana. Casualties decreased by 33% in

the 13 states where marijuana was legalized. In 2010, states with legalized medical marijuana saw 1,700 fewer opiate-related overdose deaths. In 2016, 42,249 overdoses that involved opioids according to the Center for Disease Control and Prevention (CDC). The way we see it, the more medical marijuana dispensaries there are means, the fewer opiate overdoses there are.

Despite the benefits of these drugs, both medical and recreational, there are consequences and effects of these drugs on our society. The most common prescription opioids and their brands include: Hydrocodone (Vicodin®) Oxycodone (OxyContin®, Percocet®), Oxymorphone (Opana®), Morphine (Kadian®, Avinza®), Codeine, Fentanyl. Some of the negative effects of using opioids include: nausea, drowsiness, slow breathing, confusion, constipation, and euphoria (NIDA, 2018). Individuals who try to stop using opioids experience severe withdrawals. Some of the withdrawal symptoms include the following: muscle and bone pain, sleep problems, severe cravings, cold flashes, diarrhea, vomiting, uncontrollable leg movements. The withdrawals from opioids make it extremely difficult for individuals to stop using them. As a result, they become addicted to opioids. They are no longer using the substance for its initial benefit-pain relief. Instead, they are using the substance to avoid the discomfort of not using it. This is sad but true. Along with this, the consequences are more costly than the effects themselves. Heroin addiction is often the result of people growing a tolerance from prescription opioids (The higher the prescribed daily dose, the higher chance of opioid overdose) which causes them to find stronger street drugs, and inevitably seek a stronger "high."

Marijuana, on the other hand, does not create severe withdrawals, so it is easier for individuals to stop using the drug once the drug has served its purpose. Though, some of the withdrawal symptoms of marijuana are the following: loss of focus, diminished appetite, mood changes, increase feeling of depression, headaches, and cold sweats (Holland, 2017). Medical doctors will be more willing to refer their patients to marijuana than opioids. The consequences of proactive use of marijuana include addiction (mentally), increased the risk of chronic psychosis disorder, Cognitive Impairment and altered brain development (along with lower IQ for those who used during adolescence).

Inevitably, there are negative aspects this substance as stated above. However, recent research provides evidence that there are positive effects of using marijuana. Marijuana can allow individuals to experience a sense of relaxation and calmness. The relaxation effect of marijuana can help individuals who suffer from chronic pain recover from the pain. The substance can serve as a substitute for opioids that

are prescribed to patients who are suffering from severe pains. The drug can help treat and prevent eye disease glaucoma: it was one of the main reasons for medical legalization in some states (Loria, 2018). CBD, which is one of the cannabinoids in the plant, can help control epileptic seizures (Loria, 2018). The FDA Food and Drug Administration approved the use of CBD (legal in all 50 states) as a therapy (Epidiolex) in 2018 to treat Lennox Gastaut Syndrome and Dravet Syndrome; the CBD lowers the frequency of seizures in those who have these illnesses (Carrier, 2017). There has been researching that shows marijuana stopping the spread of cancer. Once again, CBD is the chemical in the drug that can help slow the growth of cancerous cells (Loria, 2018). Low doses of marijuana can help lower anxiety. Emma Childs-associate professor of psychiatry at the University of Illinois at Chicago- found that low doses of THC can help lower anxiety in individuals, and high doses can cause the opposite effect (Loria, 2018). There have been studies that have shown marijuana slowing the progression of Alzheimer's disease. In a 2006 study, researchers found that THC slows the formation of amyloid plaques (an abnormal protein that builds in organs and tissues) by blocking enzymes in the brain that create the amyloids (Loria, 2018). A combination of CBD and THC can help preserve memory in a mouse model of Alzheimer's disease.

A study showed the cannabinoids in marijuana could help against cancer. Researchers have been hesitant to use marijuana in cancer research because THC provides individuals with a psychoactive effect. However, CBD provides a less psychoactive effect. The researchers studied the effects of CBD on the following cancers: lung cancer, breast cancer, leukemia, endocrine tumors. CBD was effective in inhibiting the growth and spread of cancer. CBD and THC combined can be effective to reduce cancer cells; the cannabinoids do not behave as a toxic compound so that it will be effective for cancer treatment in the future (Massi et Al, 2012). This study provides evidence that marijuana is more than an addictive substance; it also shows society that marijuana can be the solution it has been looking for. With more government funding, there can be more research on marijuana and its medical effectiveness.

Marijuana can help reduce inflammation, discomfort, and promote sleep. Today, society is experiencing less sleep, and marijuana can help solve that issue. Research from Israel provided evidence that marijuana can reduce pain and tremors and improve sleep for individuals with Parkinson's disease; Parkinson's disease is a neurodegenerative disorder that affects predominantly dopamine-producing ("dopaminergic") neurons in a specific area of the brain called substantia nigra (Parkinson's Foundation, 2018). The research also found that individuals motor

skills improved (Loria, 2018). Marijuana is legal in Israel because it provides individuals with multiple health benefits. Marijuana helps Veterans who have PTSD; in New Mexico, the number one reason for people to get a license for medical marijuana is to treat PTSD (Loria, 2018). It is hard to classify marijuana as a schedule I drug because there is a significant amount of evidence showing the benefits of using it. The federal government should not be hesitant in the proposed policy to remove the false label and further look into the benefits of marijuana.

Individuals are changing their views of marijuana and the ethics behind it. More and more Americans are approving the legalization of marijuana. We believe it is unethical to keep the substance federally illegal because it has more positive benefits than harm consequences. We believe the Controlled Substance Act should remove marijuana from the Schedule I category of drugs, which will allow for more research on the illicit drug. If it is federally legal, medical doctors can prescribe their patients the substance. The world is changing. We understand that these opioids are useful for post-surgery and that they help decrease chronic and severe pain, but the risk of addiction and the consequences heavily outweigh the benefits. So why are we so afraid of marijuana, when there are worse drugs out there? We shouldn't be.

REFERENCES

- Carrier, S. (2017). 5 Health Benefits of CBD Oil. Canabo Medical Clinic. <https://www.canabomedicalclinic.com/5-health-benefits-cbd-oils/>
- Hanson, K. (2015). REGULATING MARIJUANA: TAXES, BANKING AND FEDERAL LAWS. National Conference of State Legislatures. <http://www.ncsl.org/research/health/regulating-marijuana-taxes-banking-and-federal-laws.aspx>
- Hartig, H., Geiger, A. (2018). About six-in-ten Americans, support marijuana legalization. Pew Research Center. <http://www.pewresearch.org/fact-tank/2018/10/08/americans-support-marijuana-legalization/>
- Little, B. (2017). Why the U.S. Made Marijuana Illegal. History. <https://www.history.com/news/why-the-u-s-made-marijuana-illegal>
- Loria, K. (2018, March 07). 23 health benefits of marijuana. Retrieved from <https://www.businessinsider.com/health-benefits-of-medical-marijuana-2014-4#marijuana-may-help-veterans-suffering-from-ptsd-17>
- Loria, K. (2018). 23 Health Benefits of Marijuana. Business Insider. <https://www.businessinsider.com/health-benefits-of-medical-marijuana-2014-4>
- Massi, P., Solinas, M., Cinquina, V., & Parolaro, D. (2012). Cannabidiol as potential anticancer drug. *British journal of clinical pharmacology*, 75(2), 303-12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3579246/>
- The National Institute on Drug Abuse. (2018, June 07). Prescription Opioids. Retrieved from <https://www.drugabuse.gov/publications/drug-facts/prescription-opioids>
- The National Institute on Drug Abuse. (n.d.). Marijuana. Retrieved from <https://www.drugabuse.gov/publications/drug-facts/marijuana>