

Should states have legal control of medicinal marijuana? essay



**ASSIGN
BUSTER**

Running head: SHOULD STATES HAVE LEGAL CONTROL OF MARIJUANA

Should States Have Legal Control of Medicinal Marijuana? Richard J.

Radde Columbia Southern University Abstract The use of marijuana for medicinal treatment has recently been an argumentative issue in state politics. The intent of this paper is to inform the reader of the benefits of using marijuana to assist patients with incurable diseases and to prove that states should have the right to legally control the use of it. State's Control of Marijuana for Medical Use Marijuana is the drug made from the dried leaves and flowers of the hemp plant *Cannabis sativa*. The active ingredient of marijuana is delta-9-tetrahydrocannabinol (THC), which is a sticky resin that is derived from the flowering top of the plants. It had been used for medicinal purposes as early as 3000 BC in India, Central Asia, and China ("Marijuana," 2005).

There were over 100 documents written on the medicinal uses of the drug between 1840 and 1900, but in 1937 the Marihuana Tax Act was written to prevent it from non-medical use. This law made it so difficult to obtain that it was removed in 1941 from the list of drugs that could be obtained from a pharmacy. Marijuana was classified as a Schedule I drug in 1970 under the Controlled Substances Act as a drug that has potential for abuse, lacks medical use, and is unsafe for use under medical supervision (Grinspoon, M. D. , & Bakalar, 1995, 1875-1876). The medicinal uses of marijuana have become a controversial subject again during the last decade.

Research has shown that the drug is a valuable aid in the treatment of a wide range of medical conditions (Mack, Joy, & Joy, 2001). Marijuana helps

patients that suffer from cancer, multiple sclerosis, and AIDS (Joy, Watson, & Benson, 1999). There has also been research performed on the uses of it against malignant tumors. Patients with cancer have claimed that life is more comfortable for them when using marijuana.

The benefits of the drug are that it quiets nausea, suppresses vomiting, increases appetite, relieves pain, and soothes anxiety (Grinspoon, 1997). Cancer patients experience nausea and vomiting from chemotherapy treatments. Some patients would rather die than continue with chemotherapy. The drugs that are given to ease symptoms of chemotherapy treatment either do not work or provide little relief. Researchers have proven that two natural forms of THC and two synthetic cannabinoids are effective in preventing nausea and vomiting that follows chemotherapy.

A clinical study in the early 1970s consisting of 56 patients found that smoking marijuana suppressed chemotherapy induced nausea and vomiting (Vinciguerra, 1988, 525-527). The conclusion was that THC does reduce vomiting following chemotherapy. The U. S. Food and Drug Administration has already approved the drug Marinol, a synthetic form of THC, to be used when other medications are unable to control the vomiting. Smoking marijuana or taking a THC pill are equally effective in controlling vomiting and nausea caused by chemotherapy but most patients prefer smoking.

Smoking raises THC levels in the body quicker and more efficient, and also a pill would be difficult to take for a patient that is nauseated and vomiting (Grinspoon, 1997). Weight and appetite loss are other symptoms that affect cancer patients. Marijuana stimulates the appetite, known as “having the

munchies”, and slows weight loss (Mack & Joy, 2001). Multiple sclerosis victims suffer from stiff, aching, cramping muscles throughout their lives.

People with spinal cord injuries also suffer from the same symptoms. The drugs that they take to relieve the pain often cause weakness, drowsiness, and other intolerable side effects. Several of the patients that have smoked marijuana report a decrease in muscle spasms and also aid them in sleeping (Mack & Joy, 2001). Polls taken throughout the U. S.

show that the majority of medical marijuana users are those suffering from AIDS. Marijuana eases the painful nerve damage, dementia, depression, and anxiety that are symptoms of the virus. It also reduces the nausea and vomiting that is caused by the prescribed AIDS medications. Weight loss in AIDS patients is one of the primary reasons the U. S. Food and Drug Administration approved the sale of Marinol (Joy & Benson, 1999).

A loss of as little as five percent of their body weight is life threatening. Patients who received THC in the form of Marinol experience increased appetite and maintained their weight. Many of the patients prefer smoking marijuana to taking a pill since it gives them control to inhale just enough of the drug to relieve their symptoms. The patients also report that by smoking it gives them the “ munchies”. Some AIDS patients say that it takes away their painful nerve damage also but more clinical studies are being performed on this.

AIDS patients report that using marijuana helps them cope with having to live with a chronic illness for the rest of their lives. Cannabinoid drugs offer a broad spectrum of relief for patients suffering from the symptoms of AIDS.
<https://assignbuster.com/should-states-have-legal-control-of-medicinal-marijuana-essay/>

More effective medicines already exist but are not equally as effective for all people and have unwanted side effects (Mack & Joy, 2001). The National Institute of Health funded researchers at the Medical College of Virginia in 1974 to find evidence that marijuana damages the immune system. They found out instead that THC slowed the growth of three kinds of cancer in mice: lung and breast cancer, and a virus induced leukemia.

The Drug Enforcement Agency immediately shut down the study.

Researchers in Madrid in 2000 continued the study and destroyed incurable brain cancer in rats by injecting them with THC (Cushing, 2000). Lester Grinspoon, M. D. , the Associate Professor of Psychiatry at Harvard Medical School states that although cannabis is not entirely harmless, it is a safe drug. He also says that it is less toxic than the other conventional drugs that it would replace if it were legalized.

In the history of its use it has never caused an overdose death. Cannabis would be one of the least toxic and addictive medicines in the U. S.

Pharmacopoeia if rescheduled and legalized for medical use.

Patients would not have to deal with the anxiety and expense that they deal with now. Cannabis would be at least 100 times less expensive than current medicines that perform the same treatment. Dr. Grinspoon also states that the most serious concern would be respiratory damage from smoking.

The particulate matter in the smoke could be separated from the active ingredients, the cannabinoids to reduce the risk. Prohibition has prevented this technology from happening (Lester Grinspoon, 1997). AARP Magazine conducted a telephone survey of 1, 706 U. S.

<https://assignbuster.com/should-states-have-legal-control-of-medicinal-marijuana-essay/>

residents age 45 and over in November 2004. 72 percent agreed that adults should be allowed legally to use marijuana for medical purposes if a physician recommends it, 59 percent believe that marijuana has medical benefits, 55 percent say that they would obtain marijuana for a suffering loved one, 33 percent think that adults should be allowed to grow marijuana for medical purposes, and 23 percent think that marijuana should be legalized (“ Medical Uses of”). Pew Research Center polls in 2001 show that 34 percent of the public support the legalization of marijuana, 46 percent support decriminalization, and 73 percent support allowing doctors to prescribe marijuana for medical purposes (Jon Gettman, 2003). Proposition 215, a 1996 California referendum, allows seriously ill Californians to obtain and use marijuana for medical purposes without criminal prosecution.

The Physician’s Association for AIDS care was one of the medical organizations that endorsed it (Lester Grinspoon, 1997). A physician’s recommendation is needed and the physician cannot be punished for recommending it to patients. Eight states – California, Connecticut, Louisiana, New Hampshire, Ohio, Vermont, Virginia, and Wisconsin – had laws as of summer 1998 to permit physicians to prescribe medical marijuana. Five states – Arizona, Alaska, Oregon, Nevada, and Washington – passed medical marijuana ballot initiatives in November 1998 (Joy & Benson, 1999). However, in 2001, the U.

S. Supreme Court decided that the sale and distribution of marijuana, no matter for what purpose, violated federal law since federal prohibitions prevail over laws of the state (Dye & MacManus, 2003). Many efforts to legalize marijuana for medical use have been attempted but have not

<https://assignbuster.com/should-states-have-legal-control-of-medicinal-marijuana-essay/>

worked. One of the major organizations in the movement is the National Organization for the Reform of Marijuana Laws (NORML). The organization filed a petition to reclassify marijuana from a Schedule I drug so that it could be used as a prescription drug. This petition was filed in 1972 but the Drug Enforcement Agency (DEA) did nothing about it until 1986.

The hearings took two years and in 1988 the DEA's Administrative Law Judge, Francis L. Young, stated that marijuana should be classified as a Schedule II drug. The DEA overruled his order (Lester Grinspoon, 1997). Voters in California approved an initiative in 2000 which required probation and treatment rather than prison time for those convicted of marijuana use (Dye & MacManus, 2003). The legal, bureaucratic, and financial obstacles have to be overcome so that Food and Drug Administration controlled studies can be done. We know more about marijuana than most prescription drugs due to the research done to show its health hazards and addictiveness, which have been unsuccessful (Lester Grinspoon, 1997).

Opponents state that the only measure of usefulness is from case reports and clinical studies but those are also the source of knowledge for other drugs. Many of the drugs that we use today never had controlled studies done. (Lasagna, 1985, 45-49). Marijuana should not be removed from the scheduling under the Controlled Substances Act but it should be rescheduled in either Schedule III, IV, or V drugs. It is safe for use under medical supervision, has accepted medical use, and its abuse and dependency properties are lower than Schedule I or II drugs.

Based on reported findings, states should have the final decision on controlling the use of marijuana to assist those with medical problems.

References Cushing, Raymond. (1997). Pot Shrinks Tumors: Government Knew in '74.

Retrieved May 13, 2006, from <http://www.alternet.org/drugreporter/9257XXX>

Dye, & MacManus, Susan A. (2003).

Politics in States and Communities (11th ed.). Upper Saddle River, NJ: Prentice Hall. Gettman, Jon. (2003, May).

The Cannabis Column. High Times, 9. Retrieved May 14, 2006, from <http://www.hightimes.com> Grinspoon, Lester.

(1997). Marijuana, the Forbidden Medicine. New Haven, CT: Yale University Press. Grinspoon, Lester.

(1997, October). Testimony of Lester Grinspoon, M. D. Doctor's Views on the Use of Marijuana as Medicine.

Presented at the Crime Subcommittee of the Judiciary Committee of the U. S. House of Representatives, Washington, DC. Grinspoon, Lester. , M.

D. , & Bakalar, James. (1995). Marijuana as Medicine, A Plea for Reconsideration.

Journal of the American Medical Association, 273(23), 1875-1876. Joy,

Watson, & Benson. (1999). Marijuana and Medicine: Assessing the Science Base. Washington, D. C: National Academy Press.

<https://assignbuster.com/should-states-have-legal-control-of-medicinal-marijuana-essay/>

Lasagna, L. (1985). Clinical Trials in the Natural Environment. In *Drugs Between Research and Regulations* (pp. 5-49).

New York: Springer-Verlag. Mack, Alison. , Joy, Janet. , & Joy, Janet E. (2001). *Marijuana as Medicine: The Science Beyond the Controversy*.

Washington, D. C: National Academy Press. Marijuana. (2005). In Microsoft Encarta Online Encyclopedia (Vols. 1997-2005).

Retrieved May 11, 2006, from <http://encarta.msn.com> Medical Uses of Marijuana: Opinions of U. S.

Residents Over 45 [Telephone survey conducted by AARP Magazine].

Washington, DC: American Association of Retired People. Vinciguerra, V.

(1988). Inhalation Marijuana as an antiemetic for cancer chemotherapy. *New York State Journal of Medicine*, 88, 525-527.