

Example of medical marijuana and legalization research paper

[Literature](#), [Russian Literature](#)



' Medical Marijuana' is the term used to contrast the use of marijuana as a pharmaceutical to the recreational use of marijuana; it is marijuana which is used as a pharmaceutical (NCI, 2012; Louie, 2005). Marijuana is a species of cannabis so that term is also used when discussing medical marijuana (Fichtner, 2010, 63-64). Hash, hashish oil and marijuana are all made from parts of the Cannabis sativa plant (NCI, 2012; Louie, 2005). The pharmaceutical effects that relieve symptoms such as chronic pain and nausea are due to the active ingredient in the marijuana plant called THC. The chemical name is delta9tetrahydrocannabinol (NCI, 2012; Louie, 2005; Procon. org, 2012, Med. Marij., 2010). Medical marijuana may be smoked like a cigarette or the THC may be available as a pill or even in some type of tincture form (NCI, 2012). Some states such as California have legalized medicinal marijuana with the result that many different types of hybrid marijuana species are available at special stores that are similar to pharmacies but only offer marijuana. (Med. Marj. Proj, 2012, CA)

This essay considers the role of medical marijuana and the need to make medical marijuana legal on the federal level. The hypothesis is that legalizing medical marijuana offers many advantages that make a federal change in the categorization of marijuana a necessity.

States Rights

California is an example of a state that has put states' rights above federal law in the case of marijuana. Medical marijuana has been legal in California for approximately 14 years. The California program is organized under the California Department of Public Health. (Med. Marj., 2012) A whole system of

dispensaries and cooperatives has been developed to offer high quality marijuana to patients. Under the supervision of the health care department the responsibilities of all parties involved have been carefully defined. The department's medical marijuana program rules must be respected by the dispensaries, cooperatives, patients and the primary caregivers as well as anyone else in the system responsible for the distribution of medical marijuana. (Med. Marj., 2012)

Congress has designated marijuana a Section 1 drug which places it the same category as the highly damaging drugs, heroin and cocaine. There are several major problems with this categorization for marijuana: (a) doctors and researchers have no standardized version of marijuana to use so studies of its pharmaceutical value can be done, (b) states are overriding the federal law and giving their citizens the right to use it, (c) prisons have filled up with non-violent offenders who have been arrested for having a small amount of marijuana, and (d) people using marijuana for medical purposes are criminals in the eyes of the federal law. (Blumenson & Nilsen, 2009; Cohen, 2010; Fichtner, 2010; MPP, 2010;)

There is a difference between legalization and decriminalization; if a person uses marijuana in a state where it is illegal, that person becomes a criminal. (Blumenson & Nilsen, 2009) Even if the individual has never broken any other law, there is a risk that he or she will be put into jail for the non-violent crime of possessing cannabis. If the law for marijuana possession is decriminalized the possessor of the marijuana does not face the uphill battles that criminals face. Under the legalization category the individual

who committed the crime of marijuana possession for whatever purpose risks not only going to jail, but also having their driver's license taken away plus a criminal offense will be added to their record. With a criminal offense record individuals face challenges in buying a home and getting jobs.

(Blumenson & Nilsen, 2009; Cohen, 2010; Fichtner, 2010)

Virginia: Three marijuana bills

Mikos (2009) makes an important argument for states' rights in his article "On the Limits of Supremacy: Medical Marijuana and the States' overlooked power to legalize federal crime." Recently three bills were introduced in the Virginia legislatures which address marijuana. (a) HJ 139 introduced by David Englin (Alexandria delegate) on January 11, 2012 to " call(ed) on Governor McDonnell to support efforts to reschedule marijuana" (Status: Tabled in Rules by voice vote). (LIS) (b) HJ 140 was also introduced by David Englin (Alexandria delegate) on January 11, 2012; it was intended to set up a tax and regulation marijuana committee to study treating marijuana like alcohol (Status: Left in House Rules). (LIS) (c) Onzlee Ware (Roanoke delegate) introduced House Bill 485 on January 11, 2012 so people carrying a marijuana charge on their records would have an easier to have the charge removed from their court and arrest records (Status: Left in Courts of Justice). (LIS)

The public support for a change in marijuana laws is very high; 70 percent or more Virginians support medical marijuana (" While Voters"). Unfortunately the Virginia legislature does not act on the wishes and the needs of Virginians; all three bills were tabled. Virginia is going against the trend at a

time when other states have already passed laws legalizing medical marijuana or are seriously considering passing such laws.

States with legalized marijuana

Seventeen states plus Washington, D. C. have some form of law on the books which legalizes marijuana. Those states are Alaska, Arizona, California, Colorado, Delaware, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont and Washington State. The first state to legalize medical marijuana was California in 1996. November 4, 2008 Massachusetts “ became the first state to remove the possibility of jail time for simple marijuana possession by voter initiative” (MPP, 2012). The fee charged for possessing marijuana ranges from \$20. 00 to \$100. 00. The limit amounts that an individual can possess are different in each state. For example in New Jersey, 2 ounces of usable marijuana is the limit. For California the limited amount of marijuana that is legal to possess is 8 ounces of usable, 6 mature or 12 immature plants. In Oregon the marijuana possession limit is 24 ounces usable and 24 plants (6 mature, 7 immature). (procon. org, 2012, chart)

Clinical use of Marijuana

The positive impacts of using marijuana for health purposes are many; the patients that have joined forces range from cancer patients to HIV carriers to veterans of foreign wars. Clinical uses of marijuana, mainly symptoms that are relieved by marijuana-use are discussed below. Patient advocacy groups are also discussed.

Symptoms alleviated by cannabis

Recreational users of cannabis call the effect of using it ' getting high ' meaning they use it to relax and feel better. Marijuana is useful for decreasing the symptoms of chemotherapy especially the nausea associated with cancer treatments. Having no appetite is a dangerous symptom especially in HIV patients because they need to eat to help their immune system work properly. Marijuana makes patients feel hungry and enjoy their food which is important for many illnesses. Fichtner (2010) lists some types of pain that have been decreased when the patient uses marijuana " painful menstruation, neurological pain, severe facial tics, migraine headaches, and arthritis" (37). It has also been effective as an anticonvulsant and muscle relaxant; in tincture-form cannabis can be used effectively as a topical analgesic. (Fichtner, 2010, 37)

In terms of mental health Dr. Fichtner has found cannabis treatment helps soldiers returning from war and other individuals who have experienced traumatic events resulting in post-traumatic stress syndrome (PTSD). This is only effective with a doctor's recommendation and under careful observation of the prescribing doctor. Anecdotal information has demonstrated an overwhelming amount of patients being treated for mental health issues have found that marijuana has eased many of their symptoms. Symptoms such as irritability, anxiety, road rage, quick to anger and impulses to cause self-injury have all decreased according to patients across the country. Self medicating with cannabis is strongly not recommended. (Fichtner, 2010, 21-23)

The website of the National Cancer Institute (NCI) (2012) describes “Cannabinoids as the active chemicals in Cannabis that cause drug-like effects throughout the body, including the central nervous system and the immune system. The NCI webpage for cannabinoids is quite interesting; in laboratory experiments “cannabis has been shown to kill cancer cells and to affect the immune system.” Although cannabis is considered a controlled substance under Section 1, two cannabinoids have been approved by the FDA “for the prevention or treatment of chemotherapy-related nausea and vomiting.” Those two compounds are dronabinol and nabilone. (NCI, 2012)

Patients advocating for legalized marijuana

The three main groups of patients who feel great relief and positive benefits of medical marijuana are (a) cancer patients, (b) HIV patients, and (c) Veterans of foreign wars. Cancer patients gain relief from the terrible nausea of chemotherapy treatments, but if they grow their own marijuana or buy marijuana in most states they will risk going to jail. HIV patients have the same problem. Many doctors agree with the benefits for HIV patients, especially that it enables them to eat healthily. The risk of arrest as a criminal for possession of marijuana stops most people from experiencing these advantages (unless the patient lives in one of the states which has legalized medical marijuana).

The Veterans of Foreign Wars are some of the most vocal advocates for the legalization of medical marijuana. They continue to lobby both at state and national level for laws to allow the use of marijuana because they receive relief from many of their mental and physical scars due to war. The Veteran’s

Administration (VA) has taken the veterans' concerns under serious consideration. In 2010 the VA made a statement that again reminded patients that the VA cannot allow to deal with medical marijuana. But the difference in the 2010 announcement from previous announcements is that they will not interfere with a veteran's use of medical marijuana if it has been purchased from a state clinic. (Vet, 2010)

Cannabinomics: The Economics of Medical Marijuana Legalization

Drug War Savings

People from every walk of life seem to be making the claim that the drug war has failed and that marijuana should be regulated and taxed. Many states are in economic crisis and the influx of new tax revenue could be very helpful. Dr. Fichtner argues strongly from the economics perspective that legal medical marijuana makes good sense

Normalization of cannabis in American society, with tax-and-regulate integration into the economic economy, has the potential to be a positive economic force. Cannabis reform, followed up with a commitment to look at the drug war as a whole in terms of opportunities to move toward a public health model for managing drug control and away from the criminalization context where nonviolent offenses are concerned, has the potential to generate substantial resources that could reasonably be directed toward the funding of healthcare. (183)

Dr. Fichtner is arguing that instead of wasting money on the drug war and putting so many people in prison, the focus should be on health care.

Managing marijuana policy as a health care issue could lead the way for other more dangerous drugs such as heroin and cocaine to be handled within the health care system. (Fichtner, 2010; Miron & Waldock, 2010; Blumenson & Nilsen, 2009) He does not see the advantage of criminalizing drugs when that has not worked for the past thirty to forty years. (Fichtner, 2010, 186-188).

Blumenson and Nilsen (2008) make a basic argument that using law enforcement for drug problems is inappropriate because drug-use is a public health issue. They have pointed out the savings' advantages to legalizing marijuana (1). They also explain that there are very strong reasons to decriminalize marijuana. Their research has shown that the amount of money needed for the criminal justice budget is directly proportional to the number of marijuana arrests. It follows naturally that by decriminalizing marijuana, the criminal budget would be lower so the state would be saving money. (Blumenson & Nilsen, 2009; Mikos, 2009;) Blumenson and Nilsen support the movement of the states to change the focus of marijuana laws from a criminal offense to a treatment problem.

Cohen (2011) and the California Department of Public Health (2010) have both made the point that the trend in the United State is for states to start legalizing medicinal and some recreational usage of marijuana. The main motivation for states is to save money in the law enforcement department and to be able to tax marijuana use.

Mikos (2009) has researched the amount of money at stake for Massachusetts if they were to legalize marijuana. He notes that legalization of marijuana (both medical and recreational) is better for the state ' across the board' because legalization would automatically make both possession and trafficking legal. The state could then regulate and tax marijuana trade. He also discovered that the savings to the law enforcement, judicial and prison systems is great with legalization. " This report estimates the savings in criminal justice resources that would accrue to Massachusetts state and municipal governments under marijuana decriminalization. The estimate is \$29. 5 million per year" (Mikos, 2009, 8).

Conclusion

This essay has considered the role of medical marijuana in the United States. After studying the research the need to make medical marijuana legal on the federal level seems like a reasonable thing to do. At the beginning of the paper a hypothesis was made that legalizing medical marijuana offers many advantages that make a federal change in the categorization of marijuana a necessity. That hypothesis is correct. The advantages range from law enforcement budget savings to a higher quality of life for suffering patients.

Legalizing medical marijuana is a necessity. Patients, their families and doctors should not be at risk of criminal prosecution for possession of a small amount of pharmaceutical marijuana. Doctors and researchers need to be able to run studies and research projects using standardized marijuana so that their work can be validated by other studies. The pharmaceutical effects

can only be known for sure by carrying out clinical trials with standardized marijuana.

Marijuana does not have the detrimental effect of addiction like heroin and cocaine so considering it a Schedule 1 controlled substance is causing the majority problems. In fact there are so many benefits to the Cannabis sativa plant that it is difficult to understand why Congress put marijuana in that category. States have been legalizing medical marijuana for the private use of individuals but each state has different rules and different fees. A federal law would bring consistency to the medical marijuana laws across all the states which would be preferable to the situation now.

There seems to be no question that medical marijuana has pharmaceutical qualities that improve the quality of life for patients including both cancer and HIV patients. Marijuana has been demonstrated to be a benefit both for physical and mental pain. Doctors support the pharmaceutical use of Cannabis sativa because they can see how their patients gain relief. Legalization would enable standards to be set for medical marijuana which will help patients and money will be saved at both the state and federal level.

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