

Medical marijuana should be legal research paper examples

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Medical Marijuana Should Be Legal

The subject of marijuana legalization is much argued about throughout the United States today. The two extreme views are people who believe that marijuana should continue to be outlawed as a dangerous drug versus the people who believe marijuana should be legalized for almost anyone to use. However, there is a grey area between the two views, which includes those who believe that marijuana should be legalized for medicinal use. Medical marijuana faces a difficult path toward legalization, yet a growing number of doctors and citizens believe that it provides valuable medical benefits to patients and its status must be changed to allow it for medical use.

Marijuana “ comes from the leaves and flowering tops of the hemp plant, *Cannabis sativa*, which grows in most regions of the world” (Clark 2000, 42). The active part of the marijuana plant comes from its cannabinoids, which contain a psychoactive compound called delta-9-tetrahydrocannabinol (THC) (Clark 2000, 42). Research findings show that marijuana is effective in pain treatment, lessens nausea from chemotherapy, helps treat neurological and movement disorders like epilepsy, improves the appetite and weight of AIDS patients, reduces eye pressure in glaucoma, and is effective with multiple sclerosis patients (Clark 2000, 42; Gray 1998, 374). Marijuana is classified as Schedule I along with other drugs such as cocaine and heroin, although a number of state and local governments have legalized it and attempt to regulate it for medical use in spite of federal law (Nadelmann 2004, 32). Though much is known about the facts concerning marijuana from research, the Drug Enforcement Agency (DEA) will not reschedule the drug from a Schedule I drug “ with no medical use” to a different category because of a

lack of clinical trials required by the Food and Drug Administration (FDA).

This lack of clinical trials “ is a roadblock which faces all herbal medicines: the lack of a patentable product” (Clark 2000, 42-43).

The opponents of legalization, even for medical purposes, cite several reasons why changing the status of marijuana is objectionable. Objectors believe marijuana is unproven as safe or effective for medical use, it is a “ gateway drug” leading to abuse of other, and it is much stronger now than it was 30 years ago (Clark 2000, 41; Nadelmann 2004, 30). Legalization even has international opponents; many politicians and citizens in Latin America believe that legalizing marijuana would “ undermine their fight to root out organized crime and stem illegal drug production and distribution in the United States” (Llana 2010, para. 2).

In spite of roadblocks toward legalization, some patients and physicians believe that marijuana can be a lifesaver. Thirty year old AIDS patient Jean Charles Pariseau, at the height of his illness, took about 30 pills each day to prevent nausea, increase his appetite, and enhance his immune system; in spite of this treatment, he only weighed 82 pounds, was bedridden, and his doctor, Don Kilby, believed that Pariseau only had three months to live (Gray 1998, 373). Then, Pariseau began smoking marijuana and it made a big difference. Dr. Kilby now gives Pariseau a good prognosis, saying “ He is doing remarkably well because he can now digest his medications. His cerebral toxoplasmosis is in remission, the HIV has been suppressed because he has improved function, he has put on weight and he has learned to walk again with a cane . . . he has a decent quality of life . . . and can join his wife and child at the dinner table” (Gray 1998, 373). In Canada, where Pariseau is

a patient, a THC-delivering pill is legal, but smoking it is not; however, because of his illness and digestive system's intolerance to pills, he must smoke marijuana in order to gain the benefits, forcing him to obtain the drug through the illegal market (Gray 1998, 373).

Considering the life-saving benefits Pariseau and other patients receive from smoking marijuana, it is understandable why they would resort to obtaining drugs through illegal methods, but they should not have to. Since treating Pariseau, Dr. Kilby said, " Until now I never realized how many people were using marijuana for medicinal purposes, without discussing it with their physicians. Nor did I realize how distressing and frightening it has been for my patients' families, who had to find the supplies" (Gray 1998, 374).

Patients and their families simply trying to find a way to obtain a drug that is life saving can easily find themselves charged with whatever local, state, or federal laws apply in their areas and therefore subject to fines, criminal status, and even incarceration. Legalizing the drug for medical use could eliminate this stress for patients and families who could then obtain marijuana from a legal source or grow their own. This would allow them to have control over the quality of the drug without risks of dangerous additives by unscrupulous dealers.

Those people who oppose medical marijuana legalization because they believe it is unproven as safe have a number of points about the valid risks of the drug. This includes the difficulty in knowing an effective dosage of smoked marijuana, studies showing that THC could suppress " critical components of the immune system and could seriously jeopardize AIDS patients," the fact that marijuana tar " contains 50% more phenols than

tobacco tar,” and that the drug can be contaminated by fungus or microorganisms (Clark 2000, 44). Though these risks are valid, there are ways to minimize them. For example, smoking marijuana with a water pipe and vaporizing the marijuana can remove some toxins as well as “ deliver a higher cannabinoid-to-tar ration than do cigarettes or pipes” (Clark 2000, 44). Sterilizing the marijuana with dry heat can kill spores or fungus, and obtaining it from governmentally regulated providers operating under stringent conditions could also reduce the risk patients currently take when buying it from dealers (Clark, 2000 44). Other opponents argue that marijuana today is too strong based on the idea of its potency now versus 30 years ago. If this is true, this could actually be beneficial to patients because it would “ take only a few puffs . . . to get the desired effect, so there’s less wear and tear on the lungs” (Nadelmann 2004, 30).

The complete prohibition of marijuana, including for medical use, is also an economic drain. According to Nadelmann, “ Enforcing marijuana laws costs an estimated \$10-15 billion in direct costs alone” (2004, 28). Despite a 1998 DEA finding in which administrative law judge Francis Young concluded that “ marijuana in its natural form is one of the safest therapeutically active substances known to man,” federal, state, and local governments continue to spend money to arrest and prosecute even people who smoke marijuana because it is offers them life saving benefits (Nadelmann 2004, 30).

Additionally, because of marijuana’s illegal status, many people are required as a result of their arrests to participate in drug-treatment programs, who “ shamelessly participate in this charade to preserve a profitable and captive client stream” (Nadelmann 2004, 30). There is no need to waste taxpayer

money arresting and prosecuting people whose lives are being saved by using marijuana, nor is there a reason to send them to costly drug-treatment programs if they are already under a physician's care.

Whether marijuana should be legalized for recreational purposes is a completely separate argument. Federal policies need to be reexamined concerning marijuana for medical use. Changing marijuana's status from Schedule I to Schedule II would allow the government to regulate the drug, increase the safety of the drug, reduce stress and criminalization of families and patients who currently use illegal markets to obtain it, reduce economic strain on taxpayers and patients, and overall allow a higher quality of life for patients who need the drug.

References

- Clark, Peter A. (2000). The Ethics of Medical Marijuana: Government Restrictions vs. Medical Necessity. *Journal of Public Health Policy* 20(1), 40-60.
- Gray C. (10 Feb. 1998). Legalize Use of Marijuana for Medical Purposes, MDs and Patients Plead. *CMAJ: Canadian Medical Association Journal* 158(3), 373-375.
- Llana, S. (27 Oct. 2010). Latin America's Leaders Condemn California's Prop. 19 to Legalize Marijuana. *Christian Science Monitor*, n. pag.
- Nadelman, E. A. (2004). An End to Marijuana Prohibition. *National Review*, 56(13), 28-33.