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## Perspectives on Legalizing Cannabis

The medical use of cannabis in western medicine dates back to the 1800s. Cannabis has been in medical use in the United States until the *Marihuana Tax Act of 1937*, which severely restricted physicians from prescribing it. Cannabis has widely been used in ancient India, China, Egypt, Greece and Arabia for medical, recreational and industrial purposes. Currently, medical use of cannabis is legal in many countries, but in the United States, it is still outlawed by Federal government. However, twenty states and the District of Columbia have legalized it with restrictions. This law removes all state-level criminal penalties on the use, possession and cultivation of cannabis by patients having written documentation from their physicians stating that he/she suffers from a debilitating condition and might benefit from the medical use of cannabis. However, restrictions on the quantity, the medical conditions qualify for the use of cannabis, and its cultivation and sale vary from state to state.

Inhaling cannabis is claimed to be effective in reducing short-term pain, motor problems, chemotherapy-induced nausea and vomiting, and cancer. Other medical conditions qualified under medical legalization of cannabis include multiple sclerosis, disorders characterized by muscle spasticity, epilepsy, chronic nervous system disorders, glaucoma, movement disorder, HIV, AIDS, cachexia, Alzheimer's and Parkinson's diseases, schizophrenia and seizures. Also, it stimulates appetite in patients suffering from cancer, may work against some types of malignant tumors and is neuroprotective. There are also anecdotal evidence indicating the efficacy of cannabis in dealing with aggression, anxiety, emotional tantrums and attention problems associated with autism spectrum disorder (ASD).

Medicinal cannabis can be administered in several ways: smoking, oils, liquids or capsules for oral consumption and cannabis vaporization. The concentration of cannabinoids varies widely with each of these methods. Inhalation of smoke is known to have the most adverse effects. The drug is an extract containing tetrahydrocannabinol (THC: the chemical triggering psychosis), and cannabidiol (CBD: the non-psychoactive component). Although the way CBD works on brain receptors is still not clearly known, some studies have shown that it has the ability to calm the electrical and chemical activities in the brain leading to seizures. The cannabis used for treatment of seizures is in liquid form which can be mixed with food or, in the case of children, can be administered with a dropper.

Though the medicinal effects of cannabis appear "miraculous", prescribing untested and unregulated treatment for young children is very alarming. Little is known about the effects of cannabis, particularly, on children. The negative side effects of cannabis listed by the Department of Justice (DOJ) include: adverse physical, mental, emotional and behavior effects and short-term memory problems (DOJ, 2014). It is not the social stigma that raises this concern and precaution but the dependability of the claim of its medicinal values, and the long-term (adverse) effects, especially when the negative effects involve cognitive impairment and poor motor performance, loss of concentration and paranoia, aggressiveness and psychosis. These aspects may not be significant in the case of patients who are terminally ill or have a life long disability but in the case of adolescent and young patients these effects

need to be addressed and quantitatively analyzed before legalizing treatments with cannabis, particularly, the inhaling of it.

Cannabis is a Schedule I substance under the US Controlled Substance Act (CSA). This means that smoked cannabis “has a high potential for abuse, has no accepted medicinal value in treatment in the United States, and evidence that there is a general lack of accepted safety for its use even under medical supervision” (FDA, 2006). Therefore, it is illegal for any person to cultivate, distribute or dispense, or possess with intent to manufacture (cultivate), distribute or dispense it. It is also illegal for doctors to prescribe. This makes research into the medical benefits of cannabis difficult.

The FDA has noted that, “there is currently sound evidence that smoked marijuana is harmful”, and therefore, “do not support the use of smoked marijuana for medical purposes” (FDA, 2006). Department of Health and Human Services (HHS) agencies including FDA, Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute for Drug Abuse (NIDA) concluded that “no sound scientific studies support medical use of marijuana for treatment in the United States, and no animal or human data support the safety or efficacy of marijuana for general medical use.” (FDA, 2006). Other medical communities that do not advocate the use of inhaled cannabis or the legalization of cannabis include: American Medical Association (AMA), American Cancer Society (ACS), American Glaucoma Society (AGS), American Academy of Pediatrics (AAP), The American Academy of Child and Adolescent Psychiatry (AACAP), and American Psychiatric Association (APA). Moreover, though they are supportive of continued research into the benefits of cannabinoids (DOJ, 2014), they are of the opinion that cannabis has a high potential for abuse and it triggers psychiatric disorders, adversely affecting cognitive skills and motor performance on complex skills, such as driving.

The states of Washington and Colorado legalized (both medicinal and recreational) cannabis through voter initiative. While the medical benefits of cannabis is understandable, the societal impact and civil liberties of legalizing it is less convincing and must be addressed from all perspectives. Is the casual use of cannabis really beneficial to individual and the society as claimed by proponents of cannabis legalization (NORML)? Is it advisable for any society to legalize something so dangerous as the negative effects of cannabis simply because it comes under the basic right to “the pursuit of happiness”? Are the benefits of cannabis really worth ignoring its negative effects, or aren’t there any reasonable substitutes that are less harmful or addictive? The medical benefits of cannabis as we know now are based on a few case studies, or anecdotal, and not based on clinical trials which would have proved the benefits of cannabis beyond doubt. The high percentage of popular support in legalizing the recreational use of cannabis may be a reflection of lack of awareness of these negative effects including psychosis. They seemed to be moved by emotion rather than by the facts of science.

## Citations

DOJ, 2014: <http://www.justice.gov/dea/docs/dangers-consequences-marijuana-abuse.pdf>  
 FDA, 2006: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2006/ucm108643.htm>, Inter-Agency Advisory Regarding Claims That Smoked Marijuana Is a Medicine”, US Food and Drug Administration, April 20, 2006.  
 NORML: <http://norml.org/marijuana/personal>