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HEADLINE: Should the federal government study the effects of medical marijuana? Do Not Waste Taxpayers' Dollars

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BODY:

Spending more hard-earned, taxpayer dollars on additional study of the legalization of marijuana, or any other illegal narcotic, strikes me as an unconscionable waste of taxpayer dollars. This ploy has been used by the pro- legalization lobby to create a detour from the drug war, and is another liberal folly and morally indefensible idea. If this sounds harsh, let me offer seven sound arguments to support this position.

First, the hard science has already been done. Smoking marijuana has no scientific benefit and only serious medical downsides. There are the substantial, credible, mid-1990s studies that show smoked pot degrading and destroying key brain functions, done by Dr. Peter Waser at the University of Zurich; Dr. John Gately and his associates at the

Brookhaven National Laboratory; Dr. Roger Pertwee of the Institute of Medical Sciences at Aberdeen; and Dr. Eliot Gardner of Albert Einstein College of Medicine in New York.

There is the excellent study by Dr. Loren Miller on the "acute effects on human memory" of marijuana; the widely reported study on THC-induced aggression by Dr. Klaus Miczek of Carnegie-Mellon University; and the study by Dr. Edward Domino of the University of Michigan on the damage done to the brain's "neocortex."

There are voluminous studies, produced even in the past several years, showing severe damage to male and female reproductive systems, such as Dr. Herbert Schuel and his colleagues' study on "cannabinoid receptors in sperm"; Dr. Arthur Zimmerman's study on effects on "spermatogenesis;" and Dr. Jack Mendelson and his colleagues' study on "marijuana effects on pituitary and gonadal hormones in women."

There are additional studies confirming damage by marijuana smoking to the immune system, undercutting any argument of marijuana for AIDS. Among these studies are those done by Dr. Thomas Kline; Dr. Harris Rosenkrantz; Dr. Guy Cabral; Dr. William and Sandra Bennett; Dr. Donal Kotlet; and Dr. Joseph Timpone.

There is also a plethora of hard science demonstrating that pot has minimal benefit for pain; can undercut cancer treatment; can produce lung damage, heart damage and birth defects; and offers little in the way of meaningful pain relief. In short, pot has been studied more than any Schedule One substance.

Second, for those who are wedded to THC, there already exists a THC-based, non-narcotic prescription medicine. If there are any non-narcotic benefits from the THC in marijuana, they are available in tablet form. That prescription medicine is marinol, which, while addictive and psychotropic, evades the devastating side effects of smoked pot. While there are dozens of pain relievers that work better than marinol, from percoset to ibuprofen, those who want the satisfaction of saying they use THC can readily seek it through a doctor.

Third, the economics of marijuana legalization will not work for pot - or any other narcotic.

The reasons are elementary. Start with price elasticity. A luxury is something we do not need, and thus, as price increases, we choose to buy less of it: cruises to the Bahamas, or fine wine. A necessity is something we need, like food and gasoline. As prices rise, we still buy the needed basics.

The trick with narcotics is that they start out as a luxury - with high elasticity of demand; they quickly become a necessity, with a low elasticity of demand. The result is a trap, one that kids and adults would both be vulnerable to if the government began making drugs widely available.

First-time use by choice would soon become a need leading to addiction, and the economics of drug use would produce an ever-increasing block of sick, depressed and addicted Americans.

Fourth, drugs and crime are inherently linked. Drugs trigger aggressive and irrational behaviors. For this reason, until the government gives away 100 percent pure drugs for free to all who want them, there will always be a black market for more pure drugs. There will also be drug-related physical and property crime.

Making drugs legal - in any form - may lower the number of acts considered illegal, but it won't change much else.

Fifth, sanctioning pot smoking for any purpose is a slippery slope. It opens the door to wider use of the substance, and that fact is not missed by the wealthy promoters of drug legalization. Viewing pot as medicine, not unlike aspirin or Advil, lends itself too easily to the follow-on idea that it should be available to all. This, of course, is the main hope of those who champion pot use for select segments of society - first you take the hill, then you take the town.

Reality is different, ask the 85 percent of Americans who worry about their kids and drugs. The negative health impact of marijuana itself is just the tip of the iceberg. Marijuana smoking is a swirling current above a more dangerous precipice. It hooks the child, sets the bar low for obeying law and swings wide the gate to a faster current. Not far down that current, there is an undefined point of no return for many kids.

Those swept into drug use through officially sanctioned pot, would be more likely to crash over an edge - with an overdose on heroin; cocaine; crack; methamphetamine; ecstasy; PCP; GHB, known for its use as a date-rape drug; and similar drugs.

I have met with too many parents who have lost sons and daughters to heroin, and confide that their children's drug use began with pot. No one can bring those kids back. We know the risks that attend pot use, and where encouraging such use can lead.

Perhaps that is why we should ask: Why would anyone in his or her right mind advocate legalization, or create any imprimatur of legitimacy for dope use under any circumstances?

The moral argument has other dimensions. If marijuana seldom kills by overdose, it triggers attitude and personality changes, opening a different gate. It legitimates use of drugs that - while they may not kill - do maim, physically and emotionally. Pot use at an early age correlates to greater likelihood of inhalant use that produces brain damage, as well as abuse of stimulants, depressants, prescription medicines and other risky behaviors. Should the government be in the business of studying how to legitimize such a life-degrading substance?

Sixth, drugs that change one's mental state - even those that relieve pain - diminish the individual's free will. They create psychological and physical dependencies. They take from the individual - whether child or adult - the free will that animated one's first decision.

Now, consider studying the idea of putting the government into the business of how best to do that - specifically, how to do it with currently illegal narcotics. Doesn't venturing down this path sound a lot like entering George Orwell's fictional account of where America might go?

Seventh, drug use - even for those who embrace it as the great escape from living with this life's soul-enhancing struggles - is not a victimless crime. It is not a victimless act. It is an act that carries implications for all those who know and love, are related to and interacting with the user. I have sat with parents who are losing and who have lost those that they gave their entire lives to raise. I have seen the data on drug-related overdoses, suicides, murders, traffic fatalities and emergency-room incidents. I have seen the precious bond between parent and child, siblings, grandparents and grandchildren rent and torn by drug abuse.

In my own district, a recent heroin overdose ended the life of a young man with a lovely, happy, little 4-year-old boy. How do you explain to that little boy, whose father started drug use lightly, that his life will never be the same again? Or that some people think drug use should be studied and promoted?

We have conducted hearings on this topic. Conducting additional studies on how to legalize any Schedule One illegal narcotic - especially one that leads to so much physical and emotional pain in the lives of the users and those who love them - is simply not necessary and not a prudent use of taxpayer dollars.

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