

# **MARIJUANA LEGALIZATION ESSAYS**

By

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## **SANCTUARY CITIES, SANCTUARY STATES (II)**

### ***Should states legalize recreational pot?***

*By Julius (Jay) Wachtel.* In Part I we explored what happens when local jurisdictions resist or impede the enforcement of Federal immigration laws. Here we'll discuss the intensifying struggle between the Feds and the states over marijuana's legal status, and particularly its recreational use.

Before we begin please note that we've argued against pot's full legalization on three separate occasions, most recently four years ago (see links below). But with California taking that fateful step it seems appropriate to revisit the issue. What of consequence has been learned since our last put-down of the "evil weed"? Should the Feds be more flexible? Is the recreational use of marijuana really as harmless as its boosters claim?

Let's start with chemistry. Marijuana's active ingredient, THC (tetrahydrocannabinol) alters the senses and creates a pleasurable "high" [by overstimulating chemical receptors](#) that help the brain function and develop. And yes, there are consequences. NIDA's latest Drug Facts (August 2017 revision) warns that, among other things, THC interferes with thinking and problem solving and that high doses can bring on hallucinations and trigger psychotic reactions. Perhaps the most important concern is over pot's consequences for the developing mind:

When people begin using marijuana as teenagers, the drug may impair thinking, memory, and learning functions and affect how the brain builds connections between the areas necessary for these functions.

Could such effects prove permanent? Apparently the jury's still out. But there is some unsettling research. According to a 2012 paper ([footnote 5](#) in NIDA's posting) heavy pot use by teens costs a staggering eight IQ points by middle age, and discontinuing doesn't fully right the ship.

To marijuana enthusiasts NIDA's warnings might ring a bit hollow. After all, it's the National Institute of Drug Abuse, right? Well, if more "facts" are useful, the knowledge community has come to the rescue! In January 2017 the most authoritative scientific source in the U.S., the [National Academy of Sciences](#) released [a massive report](#) that summarizes and evaluates decades of marijuana research. Ten chapters are devoted to its reportedly problematic effects:

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- Cancer
- Cardiac risk
- Respiratory diseases
- Impairment of the immune system
- Role in workplace and vehicle accidents
- Risks to infants and the unborn
- Psychosocial effects, including cognition and academic achievement
- Severe mental health problems, including schizophrenia, depression and suicide
- Problem marijuana use
- Links between marijuana and other substance abuse

Overall findings in each area are rated as to their certainty: conclusive, substantial, moderate, limited, none or insufficient. We'll focus on pot's role in vehicle accidents, its consequences on cognition and academic achievement, and its effects on mental health.

Vehicle accidents: A previous meta-analysis of 21 studies in thirteen countries found that vehicle crashes were twenty to thirty percent more likely for drivers who either self-reported marijuana use or had THC in their bodily fluids (p. 228). Driving simulators have also revealed that driving skills decrease as cannabis dosage increases (p. 230) NAS concludes that “there is substantial evidence of a statistical association between cannabis use and increased risk of motor vehicle crashes” (p. 230).

Cognition: Prior studies found that marijuana use “acutely” interferes with memory, learning and attention. Whether such effects endure after pot use ends is uncertain (pp. 274-5). NAS concludes that “there is moderate evidence of a statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory, and attention” but only “limited evidence” that impairment continues after a “sustained abstinence.”

Academic achievement: A prior “systematic review” of sixteen “high-quality” studies concluded that marijuana use “was consistently related to negative educational outcomes” (p. 276). Another study suggested that dosage was important. However, marijuana use is associated with a host of factors, including intelligence, use of other substances, parental education, socioeconomic status, and so on, each of which may also influence academic achievement. Absent a major study that “controls” for each important variable, parceling out marijuana’s unique contribution remains out of reach. NAS concludes that there is “limited evidence of a statistical association between cannabis use and impaired academic achievement and education outcomes” (p. 279).

Mental health: A review of ten studies found a strong link between marijuana use, psychoses and schizophrenia; a “pooled analysis” of thirty-two studies found an

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increased likelihood of psychosis, with risk increasing along with frequency of use (pp. 291-3). Research involving psychiatric patients paints an equally gloomy picture. A study that compared first psychotic episode patients with non-patients revealed that the former “were more likely to have lifetime cannabis use, more likely to use cannabis every day, and to mostly use high-potency cannabis as compared to the controls” (p. 294). Reviewers concluded that there was “substantial evidence” that marijuana use could cause schizophrenia and lead to other psychoses, “with the highest risk among the most frequent users” (p. 295).

Marijuana does have some medical benefits. NAS found “substantial evidence” that pot is effective for chronic pain (p. 90) and “conclusive evidence” that it can reduce or eliminate nausea and vomiting caused by chemotherapy (p. 94). [NORML](#), the nation’s leading pro-marijuana organization, prominently touts pot’s beneficial aspects. In “[Marijuana: A Primer](#)” Paul Armentano, the organization’s deputy director, glows about THC’s safety, “particularly when compared to other therapeutically active substances.” Yet his discussion also cautions that “cannabis should not necessarily be viewed as a ‘harmless’ substance”:

Consuming cannabis will alter mood, influence emotions, and temporarily alter perception, so consumers are best advised to pay particular attention to their set (emotional state) and setting (environment) prior to using it. It should not be consumed immediately prior to driving or prior to engaging in tasks that require certain learning skills, such as the retention of new information. Further, there may be some populations that are susceptible to increased risks from the use of cannabis, such as adolescents, pregnant or nursing mothers, and patients with or who have a family history of mental illness.

Other than for Mr. Armentano’s paragraph, which is buried in a longer piece, NORML’s consistent position is that marijuana is harmless, even for youths. For example, [a post on its website](#) approvingly reports that, according to a new study, the substantial IQ decline noted for teen-age marijuana users is caused by “family background factors” (one of the confounding variables cited in the NAS report) rather than by pot. NORML also consistently rejects the notion that legalizing marijuana might increase its use by youths (for one such post click [here](#)).

Federal law ([Title 21, United States Code, Section 812](#)) places marijuana in Schedule I, reserved for substances that have a “high potential for abuse”, “no currently accepted medical use” and are deemed unsafe to use even under medical supervision. Manufacturing and possessing Schedule I drugs is illegal except when authorized for research purposes. In 1996, when California authorized medical marijuana, [it became](#)

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[the first state](#) to ignore the Feds and chart its own course. Other states have since joined in, and at present medical pot is legal in twenty-nine states plus D.C. and the territories (a handful of additional states allow the use of marijuana oil but not THC.)

According to the NAS, marijuana has some medical use. So why is it stuck in Schedule I? Officially, it's because there supposedly [hasn't been enough research](#) to demonstrate that pot's benefits outweigh its risks. Unofficially, we suspect that the Feds fear any endorsement could open the floodgates to diversion and ultimately lead to full legalization.

Are such concerns valid? To be sure, medical marijuana has probably encouraged the timid to partake, for both good reasons and bad. But showing ID, signing forms and forking over a lot of dough for a small dose has little appeal for the recreationally-minded, who can readily source cheap pot (admittedly, of varying quality) on the street. On the other hand, that feared "slippery slope" to full legalization has been partly realized. [Recreational pot laws](#) are now on the books in eight states – Alaska, California, Colorado, Maine, Massachusetts, Nevada, Oregon and Washington – and have passed (but remain Congressionally unauthorized) in the District of Columbia. With capitalists scrambling to get in the mix, competitively-priced, certified "safe" marijuana may soon become as available and affordable as a bottle of beer.

Pot's freshly scrubbed image has set off worries about an explosion of use, particularly by youths. While marijuana boosters are nonplussed – as we cited earlier, NORML claims that marijuana use by teens has declined – a recent report suggests abundant reason for alarm. "[Association of State Recreational Marijuana Laws With Adolescent Marijuana Use](#)" (*JAMA Pediatrics*, 2017) reports the findings of national surveys administered to high school students between 2010-2015 about their use of marijuana and perceptions of its risk. Researchers discovered that after Washington legalized recreational pot its teens became significantly more likely than peers in other states (whose self-reported use slightly declined) to use pot and downplay its harmfulness. No such differences were reported for youths in Colorado after that state legalized recreational pot. (However, [there is evidence](#) that pot use by Colorado teens had already increased, in 2009, when that state enacted highly permissive medical marijuana laws.)

Colorado's Department of Public Health [issues yearly reports](#) about marijuana's impact on health. While its [2016 version](#) strives to reassure (e.g., marijuana use hasn't changed since legalization; it's also used less than alcohol) there are bombshells everywhere (e.g., "one in four adults age 18-25 reported past month marijuana use, and

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one in eight use daily or near-daily”). Its assessment of marijuana’s health consequences for “adolescents and young adults” seems particularly damning:

The committee reviewed the relationships between adolescent and young adult marijuana use and cognitive abilities, academic performance, mental health and future substance use. Weekly marijuana use by adolescents is associated with impaired learning, memory, math and reading, even 28 days after last use. Weekly use is also associated with failure to graduate from high school. Adolescents and young adults who use marijuana are more likely to experience psychotic symptoms as adults, such as hallucinations, paranoia, delusional beliefs and feeling emotionally unresponsive....

In fact, the report (from a pot-friendly state, no less) [contains so much negative stuff](#) that a *Mother Jones* contributor who admits he enjoys the occasional tokes [was openly dismayed](#).

Marijuana legalization is proving problematic for relations between the states and the new Administration. Since 2014 Congressional spending bills [have prohibited the Feds](#) from spending money to fight medical marijuana in states where it’s legal (for the 2017 bill click [here](#) and scroll to p. 231). Even so, in February Attorney General Jeff Sessions [testily announced his firm opposition](#) to pot’s broad use:

...I don’t think America is going to be a better place when more people of all ages and particularly young people start smoking pot. I believe it’s an unhealthy practice and current levels of THC in marijuana are very high compared to what they were a few years ago...States they can pass the laws they choose. I would just say it does remain a violation of federal law to distribute marijuana throughout any place in the United States, whether a state legalizes it or not.

Sessions’ comments signal a dramatic shift from [the permissive tone his agency adopted in 2013](#), when it announced that it would defer to state recreational use laws based on “assurances that those states will impose an appropriately strict regulatory system.” [A detailed policy pronouncement](#) limits Federal enforcers to tasks such as keeping pot away from minors and preventing its distribution to states where marijuana is completely illegal. To back up the A.G., [then-Press Secretary Sean Spicer made clear](#) that the President saw “a big difference” between medical marijuana and its recreational use. In Blue California, where smoking pot for fun becomes legal in January 2018, that “difference” has been characterized [as a potential “flashpoint”](#) in state-Federal relations. Meanwhile Lt. Gov. Gavin Newsom, who vigorously (and successfully) backed recreational pot, urged the Feds to get over their pique and help the Golden State (no pun intended) “wipe out the black market in pot.”

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As if.

*Police Issues* isn't overly fond of analogies, but here we can't resist. Americans can thank their ready access to a cornucopia of highly lethal guns, and the inevitable consequences, to the profit-driven firearms industry, a huge cadre of gun enthusiasts, and the efforts of gun-friendly politicians, many of the ideologically "Red" persuasion. For the coming young-stoner culture, and its inevitable consequences, we'll one day thank the profit-driven marijuana industry, its ever-expanding cadre of tokers, and the efforts of pot-friendly politicians, many of the ideologically "Blue" persuasion.

A distinction? Maybe. A difference? You be the judge.

Posted 5/20/13

## IS THE POT DEBATE COMING TO A HEAD?

***Two states have approved its recreational use. What will the Feds do?***

*By Julius (Jay) Wachtel.* Hang on to those joints! Last November voters in Washington and Colorado [legalized the recreational use of marijuana](#) for those over 21. And while Federal law continues to classify pot as a Schedule I drug (meaning no accepted therapeutic use), Attorney General Eric Holder, who long ago conceded the fight against medical marijuana, seems in no hurry to challenge states who cross what seems like the final line. During an April Congressional hearing he would only say that DOJ's decision, when made, would place the needs of children first: "When it comes to these marijuana initiatives, I think among the kinds of things we will have to consider is the impact on children," he said.

Holder's approach undoubtedly reflects the views of his boss. Shortly after Washington and Colorado made their move, [President Obama told Barbara Walters](#) that "it would not make sense for us to see a top priority as going after recreational users in states that have determined that it's legal." Even so, as a Harvard-trained lawyer, our reluctant leader had to concede that sooner or later the conflict between Federal and State laws would have to be resolved. "I head up the executive branch; we're supposed to be carrying out laws. And so what we're going to need to have is a conversation about, how do you reconcile a federal law that still says marijuana is a federal offense and state laws that say that it's legal?"

Of course, it's more than just the law. Common sense indicates that legalizing marijuana would increase its use, including by youth. If the Attorney General's decision will hinge on what's best for kids, the Federal Government's leading authority on the topic, the National Institute of Drug Abuse, [offers some sobering thoughts](#):

A recent study of marijuana users who began using in adolescence revealed a profound deficit in connections between brain areas responsible for learning and memory. And a large prospective study...showed that people who began smoking marijuana heavily in their teens lost as much as 8 points in IQ between age 13 and age 38; importantly, the lost cognitive abilities were not restored in those who quit smoking marijuana as adults.

Increases in marijuana use have led health authorities to raise a red flag. In [a recent review](#) of the health implications of legalization, researchers warned that brain scans of



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persons who regularly smoked pot before age 16 have shown evidence of reduced function in an area associated with impulsiveness: “The frontal cortex is the last part of the brain to come online,” said Dr. Staci Gruber, “and the most important. Early exposure perhaps changes the trajectory of brain development, such that ability to perform complex executive function tasks is compromised.”

Marijuana use raises serious health and safety concerns. In 2011 *Harvard Health* reported that [pot use during adolescence](#) is associated with an increased risk of serious mental disorders in early adulthood. In a recent study that tracked 2,000 American teens, scientists found that those who regularly smoked marijuana were twice as likely to develop psychosis or schizophrenia. [Pot’s strength has also increased](#) over time. According to NIDA’s potency monitoring program, the mean content of THC, marijuana’s psychoactive ingredient, has gone up more than twofold, from 3.4% in 1993 to 8.8% in 2008. Many fear the consequences of unleashing this “new, improved” chemical on the public. Do we really need more learning-disabled teens? More addled drivers on the road? More smoking of *any* kind?

Until now legal and practical constraints have limited pot’s popularity. But with two states jumping on the legalization bandwagon, it seems only a matter of time before citizens everywhere start clamoring for the right to toké. Meanwhile a host of conflicting laws and policies leave State and Federal authorities unsure how to respond. Should DEA raid marijuana farms? Shut down retail outlets? Can local authorities help? *Should* they?

What the country needs most is leadership. If the President feels that smoking weed is no more consequential than having a drink, he needs to say so, and to submit legislation that would remove marijuana from Schedule I. If not, he needs to say that, too.

We’re waiting.

Posted 10/17/10

## (MERRILY) SLIPPIN' DOWN THE SLOPE

*First out the gate with medical marijuana,  
California considers legalizing its recreational use*

*By Julius (Jay) Wachtel.* Pitchfork in hand, [a robust, bearded man poses proudly amidst his crop](#). Close to his side, a statuesque blonde gazes into the distance. Her full lips, painted a bright cherry, frame a knowing smile.

No, they're not farmers, at least not in the conventional sense. Steve Soltis, an artist, has come to the rural Northern California paradise known as "Life is Art" to help founder Kirsha Kaechele bring in the harvest. Cannabis, that is. Marijuana. Pot. Grown for resale to medical collectives, its proceeds support several resident artists and help fund art programs in Ms. Kaechele's hometown of New Orleans.

First in the nation, California's [medical marijuana law](#), enacted in 1996, allows physicians to prescribe the drug for a wide range of illnesses, both real and, as many would argue, imagined. Here is how *Los Angeles Times* columnist Steve Lopez, who was seeking relief from back pain, [described his visit](#) to one of the Southland's numerous clinics:

Now I'm not saying it was strange for a doctor to have an office with no medical equipment in it, but I did take note of that fact. And when I described the pain, the doctor waved me off, saying he knew nothing about back problems. "I'm a gynecologist," he said, and then he wrote me a recommendation making it legal for me to buy medicinal marijuana. The fee for my visit was \$150.

Medical marijuana "clinics" started blanketing California within days of the law's passage. The state now hosts a freewheeling pot marketplace that includes a cadre of compassionate M.D.'s who happily issue marijuana cards to anyone who is twenty-one and willing to go through the motions of being "examined." Many cities are besieged by dispensaries. In 2007 Los Angeles imposed a moratorium and required that the nearly two-hundred then in existence register with authorities. That apparently didn't work so well, as [earlier this year](#) the city ordered 439 unregistered clinics to close.

To date [fourteen states and the District of Columbia](#) have legalized medical marijuana. Like measures are pending in eight states. Yet cannabis is a Schedule I controlled substance, thus illegal for any use under both [Federal law](#) and [international](#)

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treaty. That didn't keep Attorney General Eric Holder from issuing a [densely worded memo](#) in October 2009 that essentially prohibited DEA from interfering in medical marijuana operations that were in "unambiguous compliance" with state laws. Now that a critical mass of states are in the medical pot corner the window of opportunity to challenge medical marijuana under the [Supremacy Clause](#) has effectively passed.

Inevitably, the slope has continued to slip, and once again California is leading by a head (pun not originally intended.) Next month's ballot features an initiative, [Proposition 19](#), that legalizes the recreational use of pot. Anyone 21 and older could possess and cultivate marijuana for their own enjoyment. Commercial production and sale would be regulated and taxed, supposedly generating, according to the law's backers, "billions" in revenue. Support for the measure comes from the ubiquitous marijuana lobby, a handful of retired law enforcement executives, a former Surgeon General, and, surprisingly, the influential Service Employees International Union. Police organizations, D.A.'s, Mothers Against Drunk Driving and the Federal drug czar have lined up in opposition. (Click [here](#) for the official arguments pro and con.)

Oh, yes, [Attorney General Holder](#) is also against. In a letter directed to retired drug agents, he said that DOJ "strongly opposes" the measure, in part because it would "greatly complicate" federal drug enforcement. Given the manufacturing and distribution infrastructure that medical marijuana built while DOJ snoozed, he's already right. Meanwhile, Los Angeles County Sheriff Lee Baca has angrily vowed to ignore the proposition altogether, calling it unconstitutional and "null and void and dead on arrival." It's anticipated that the Feds will request an injunction citing the Supremacy Clause should the proposition pass.

Pot is supposedly illegal because of health concerns. For example, our [previous post](#) reported disturbing evidence about marijuana's effects on cognition. Yet as election day nears we've heard precious little from the medical community. Finally the liberally-minded *Los Angeles Times* stepped in. Two weeks after publishing a [surprising editorial](#) that harshly criticized Proposition 19 because it conflicts with Federal law and could make workplaces unsafe, it ran a piece [addressing marijuana's health hazards](#). One expert, a psychiatrist who chairs the California Society of Addiction Medicine (CASM), estimated that 17 percent of 14 and 15 year olds who take up pot will become dependent within two years. "Marijuana is not devastating in the same way that alcohol is. But to an adolescent, it can impact their life permanently. When you take a vacation from development in school for five years, you just don't get to the same endpoint that was available to you earlier in life."

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But will legalization really draw more people to the drug? While advocates of marijuana say no – after all, it’s already widely available – some experts estimate that breaking down legal barriers will increase the number of users by 50 percent. Last year California tax collectors put forward their own, somewhat lower estimate of [40 percent](#). Whatever their actual numbers, most CASM members agree that many of these new users will be adolescents, the group with perhaps the most to lose.

So here’s a question for readers: what percentage of *parents* would want their kids to figure in the increase?

Posted 5/10/09

## WHAT'S THE GVERNATOR BEEN SMOKING?

### *Legalizing marijuana shouldn't just rest on economics*

...Well, I think it's not time for [legalizing pot] but I think it's time for a debate. I think all of those ideas of creating extra revenues, I'm always for an open debate on it...

Governor Schwarzenegger isn't alone. Fifty-six percent of California voters surveyed in the April 2009 [Field Poll](#) said they favored legalizing and taxing pot. Truth be told, the Golden State always had a soft spot for marijuana. Its [Compassionate Use Act](#) was the first, in 1996, to allow physicians to prescribe pot for treating a wide range of maladies including "cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, *or any other illness for which marijuana provides relief* (emphasis added)". [Twelve more States](#) from Hawaii to Rhode Island have since followed suit.

It's not just about medical use. Support for complete decriminalization has been on the rise throughout the U.S. [Four decades ago](#) the split was twelve percent for and eighty-four percent against. By late 2005 the gap had narrowed to thirty-four yes versus sixty no, with younger men mostly in favor and women and older men largely opposed. As might be expected, attitudes vary by region. There's far more support for pot on the East and West coasts than in the more conservative South and Midwest.

Country	Cannabis	
	Percent	SE
Colombia	10.8	0.6
Mexico	7.8	0.5
US	42.4	1.0
Belgium	10.4	1.6
France	19.0	1.6
Germany	17.5	1.6
Italy	6.6	0.8
Netherlands	19.8	1.3
Spain	15.9	1.3
Ukraine	6.4	1.0
Israel	11.5	0.5
Lebanon	4.6	0.9
Nigeria	2.7	0.5
South Africa	8.4	0.6
Japan	1.5	0.4
People's Republic of China	0.3	0.1
New Zealand	41.9	0.7

In 2008 the World Health Organization surveyed alcohol and drug use around the globe. Its [findings](#) were a bit surprising. The Netherlands only placed third. Despite their permissive drug laws, just twenty percent of the Dutch said they had ever used cannabis. Second place went to New Zealand, with a far higher 41.9 percent. Taking the crown was the

good old U.S.A., where 42.4 percent admitted inhaling at least once. (Incidentally, we were also number one for ever using tobacco, 73.6 percent, and cocaine, 16.2 percent).

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Surveys by the [National Institute of Drug Abuse](#) confirm that marijuana is the most popular illicit drug in the U.S. Parents won't like it but [in 2008](#) nearly one-fourth of 10th-graders and one-third of 12th-graders admitted smoking pot at least once during the preceding twelve months.

Marijuana's proponents claim that it's a harmless mood elevator, no worse than alcohol or tobacco. Many scientists disagree. Smoking pot is believed to pose a host of [significant health risks](#), including cancer and diseases of the lungs and respiratory tract. Because they tend to inhale deeply and hold smoke for a prolonged period, pot smokers are likely worse off than those who only use tobacco. And it doesn't stop there. There is good reason why popular culture pokes fun at potheads. Marijuana's active ingredient, THC (tetra-hydro-cannabinol) affects key brain functions including [memory and learning](#). Pot has been linked with poor performance at school and work, and even low dosages can seriously impair judgment and motor skills, making it dangerous to use machinery and drive a car.

THC does have therapeutic qualities. It's in anti-nausea medications used by chemotherapy patients. Marijuana, a powerful appetite stimulant, is of value for those suffering from AIDS and other wasting illnesses. Of course, it's these benefits (and not pot's recreational potential) that justified medical use laws in the first place.

Yet, as well intentioned as the compassionate use statutes may be, their application leaves something to be desired. California's permissive approach (physicians need only give verbal approval) lets unscrupulous clinics sell pot under the flakiest of pretenses. About the best that can be said of these profitable centers of stoner culture is that they don't sell to children. Calling the situation "Looney Tunes," [LAPD Chief Bratton](#) strongly criticized the lack of oversight: "They pass a law, then they have no regulations as to how to enforce the darn thing and, as a result, we have hundreds of these locations selling drugs to every Tom, Dick and Harry."

The good Chief hasn't seen anything yet. Tom Ammiano (D-San Francisco) has introduced [California State Assembly bill 390](#), which legalizes pot for everyone 21 and over. Although the measure includes detailed provisions for licensing producers and retailers, growing marijuana and making reefers is ridiculously simple, so combating illicit manufacture, collecting taxes, preventing sales to minors and controlling purity and potency could easily drain away a good chunk of the [\\$1.3 billion a year](#) that the law would reportedly generate. (Naturally, it's all contingent on the Feds allowing it. But that's a story for another day.)

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There's little doubt that letting buyers get weed from medical marijuana clinics instead of slimy street dealers has expanded sales. Whatever the gain, it's nothing compared to the [staggering forty percent](#) increase in consumption that State tax authorities estimate Assemblyman Ammiano's bill would yield. So is that what we really want? Given what's known and suspected about pot's effects on health, does it make sense to encourage young people to take on a habit that can cause cognitive disorders and life-threatening medical conditions? That's to say nothing, of course, of having even more Toms, Dicks and Harrys driving around in a drug-induced haze.

After all the jawboning about obesity, unhealthy food in the schools and the evils of alcohol and tobacco, it's now proposed that we do an attitudinal U-turn and embrace a mind-altering drug, and all for the sake of a buck.

Heck, it could make one want to light up!