

Posted 9/5/17

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 toké [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.