MARIJUANA’S BILL OF HEALTH

While the War on Drugs is fought out on the high seas and in the coastal swamps and in the big cities, another war against drugs goes forward in the government-subsidized laboratories where countless scientists have labored for years to discover whether marijuana damages the brain or some other part of the human body. The number of these studies, experiments and projects has increased enormously over the years. Several hundred scientific papers are now published annually, detailing the latest findings of the dope labs. If the one war suggests Vietnam, this war suggests the battle against cancer or some other dread disease.

Very few of the scientists are truly impartial in their attitude toward grass. They undertake their experiments in the hope of being able to document some adverse effect of dope smoking. They do not rejoice when they discover that once again they must give marijuana a clean bill of health. On many occasions they have gone to the media with alarming conclusions based on very slight and debatable evidence. The tone of prejudice, of animus, is very strong in some of the leading authorities, like Professor Gabriel G. Nahas of Columbia University, a pharmacologist of distinction whose book, Marihuana--Deceptive Weed, is one of the best to date. Professor Nahas makes it perfectly clear that from childhood up he has been powerfully disposed against can

The medical literature on cannabis is for the most part of very recent origin, if one excepts the classic account of Moreau and a few old government-sponsored reports like the Indian Hemp Drug Commission Report of 1893-1894, the Canal Zone Report of 1925 (never published) and the La Guardia Report of 1940. In fact, one could say that the scientific literature on marijuana really does not commence until the year 1965, when Mechoulam synthesized delta-9 THC, thus opening the way for the precise measurement of the principal psychoactive ingredient. Until that breakthrough, experiments with marijuana were impossible—to evaluate because there was no knowing the actual dosage employed. To say that the subjects received "small," "medium" or "large" doses, to record that they smoked one gram or swallowed thirty meant very little when one could not assay the potency of the preparations that were being administered. So, for all practical purposes, scientific research into marijuana is about fourteen years old.

During that fourteen years, scientists have learned more about marijuana than in all the
preceding centuries. Though no great monies have been allotted to the work, though initially the number of researchers and institutions was small and the number of experiments very limited compared with other areas of scientific investigation, the strong white light of modern chemistry, pharmacology and medicine has been cast into this dusky and mysterious corner.

Sad to say, what characterizes most of this literature is the indecisiveness of the findings. Medically, marijuana is a Mexican standoff. You can't say it's good; you can't say it's bad. According to one study it does so-and-so, but according to the next study it really doesn't. Whatever the studies establish, there is always the possibility that everything will look different if the research is prolonged over a period of ten, twenty or thirty years. Everybody is always calling for long-term studies, but the problems of pot are today.

Basically, it is now agreed that all the terrible charges leveled traditionally against marijuana—murder, madness, heroin addiction—must be dropped forthwith. But a whole new bill of attainder has been drawn up from the experiments of modern geneticists and psychiatrists. Marijuana's principal antagonist in the U.S. Senate, James O. Eastland, has established the practice of holding annual hearings of his subcommittee to investigate the administration of the Internal Security Act (of the committee on the Judiciary) that are virtually tournaments of antidope champions. The procedure is to send a group of assistants to the medical library, where they compile a list of all the most terrifying accusations that have been levelled against marijuana in the recent scientific literature. Then the authors of these often arcane and highly technical papers, investigations that can only be understood and evaluated by a handful of specialists, are invited to Washington from Cairo, Athens, Bombay, Katmandu, Kabul or Rawalpindi to lay before the shocked minds and grim visages of the subcommittee the latest medical horror stories. It's the Harry Anslinger Show come back to earth, but with infinitely better material. Not only are the scientists internationally respected authorities instead of sleazy journalists, the stories they unfold are even more terrifying to our hypochondriacal age than were Anslinger's tabloid tales of killer weed.

In 1974, for instance, the senator printed in the minutes of his subcommittee hearings a scientific report that claimed that through a very difficult (and dangerous!) technique of brain X-ray (pumping air up the spinal column into the cranial cavity), it had been established that ten young men who had smoked marijuana daily for three to eleven years had suffered cerebral atrophy. Their brains had shrunk! They had brains like those of sixty-five-year-old men or boxers who had been punched out for years in the ring. Their complaints included "headaches, memory loss for recent events, changes in personality and temperament, decreased clarity of thought and decreased desires to work." Marijuana had reduced them to mushrooms.
Another scientist, deposing at the same hearing, testified that his researches showed that THC could pass the placental barrier in a pregnant woman. This meant that if a woman smoked pot while carrying, the mysterious chemical might seep through her womb and anesthetize the fetus. If the fetus were at some crucial phase in its development—the budding of the arms and legs, let us say—the growth process could stall and the baby could emerge a thalidomide freak!

The specter of the genetically malformed child was summoned up by yet another scientist who claimed that in his studies of the blood of pot smokers, he found an abnormally high proportion of broken or damaged chromosomes. As normal chromosomes are vital to the production of normal children, the image of a gene-scrambled hippie impregnating (without benefit of wedlock, of course) his dope-crazed doxy and begetting a monstrous birth were summoned up in the committee room.

Not content with these threats to the physical vitality and integrity of the human species, the subcommittee investigators put on the stand a couple of psychiatrists who testified that chronic smoking of dope produced an "amotivational syndrome." When whole populations get on the weed, it was argued, they go on the nod. Nobody wants to work or compete to make a living. It makes sense, too, because when you stop and think about it, who are the people that are deepest into dope? The Mexicans, the Egyptians, the Indians and the Africans. All the Third World Losers. The people we are always struggling to feed, clothe and delouse. NO wonder Senator Eastland closed the hearings with a stern warning, a la Joe McCarthy, that we were spawning a "generation of zombies."

As nothing is more basic to the marijuana problem of the present day than an accurate appraisal of what dope will do to your physical and mental health, the compiler of this report (a lifelong hypochondriac who don't want no trouble!) has sifted through all the current medical literature trying to separate what is sound and beyond doubt from what is merely speculative or vaguely possible—or downright crazy and alarmist. The best way to understand the medical implications of pot is to start with the act of smoking and study the process of getting high step by step.

When you light up a joint, you initiate certain familiar physical and chemical processes. An analysis made a few years ago by the Federal Trade Commission details the whole process with scientific precision:
Cannabis cigarettes were prepared containing 1 gram of leaves with 1.4 THC content and 12% moisture; they were wrapped in 14-second paper 68 millimeters long. The cigarette was consumed on a smoking machine in a series of 35-millimeter puffs of two seconds duration every 60 seconds. All of the side-stream smoke [produced during static burning] and the mainstream smoke [from the puffing] were collected separately and passed through a fiberglass filter. Equal amounts (21%) of THC were received in the side-stream and mainstream smoke, while 52% was found in the 20 millimeters of cigarette end remaining unsmoked. Therefore it appears that about 10% of the THC is pyrolized [burnt up].

As this succinct analysis shows, roughly a third of the THC in a joint is wasted in combustion and uninhaled smoke; if the roach is not consumed, another 52 percent is lost. So an ordinary smoker is only getting one-fifth of the THC his joint contains. Now, let's take the next step.

When the smoke enters the smoker's lungs, it is transfused through the surface capillaries and enters the bloodstream., The THC circulates rapidly throughout the body and within a few minutes it lodges in a number of body organs. In experiments with rats (in which the drug must be administered orally or injected) the lodgment breaks down as follows: lung, 55 percent; liver, 12 percent; heart, 6.7 percent; kidney, 6.5 percent; fat, 5.5 percent; intestine, 3.5 percent; muscle, 3 percent; brain, 2.7 percent. As soon as the THC settles in these organs, it begins to break down into its metabolites or into waste products. After three days, the distribution of these metabolites is radically different: they are heavily concentrated in the bile, fat, kidneys, liver, lungs, uterus, intestine and even the spinal cord. Unlike alcohol, which is excreted from the body within eight to ten hours of its consumption, THC and its metabolites are not completely expelled from the body for one whole week. Like DDT, THC is highly soluble in fat. Instead of flushing out in the urine, part of it sticks in the various body organs. If the subject smokes within the week, the concentration in his tissues increases; if he smokes every day or many times a day, the concentration becomes even higher. The effects of this concentration of a relatively unknown chemical in the body tissues over a period of years is a question to which scientists are currently devoting a lot of thought.

THC hits the brain in exactly the same spot as does alcohol: the frontal cortex; the seat of all the higher mental activities. Likewise, there is the same concentration in the cerebellum, which may account for the loss of motor coordination under the influence of booze and pot. Unlike alcohol, high concentrations of THC are also found in the lateral and medial geniculate nuclei, which connect with the visual pathways and may promote hallucinations. Also there is a buildup of the chemical in the amygdala, which is where the antidepressants lodge in the brain; hence the euphoric effect of dope.
After the brain, the most important target of THC is the heart. Not until the La Guardia Report was compiled in 1940 did physicians discover the most consistent physiological symptom of marijuana: a marked increase in heart rate accompanied sometimes by tachycardia, or irregular heartbeat. If there is any anxiety on the part of the smoker this heart acceleration can be very milled; if the smoker is calm, it is only a moderate increase and is not accompanied by any significant alteration in blood pressure. It would appear, therefore, that smoking marijuana is not a good idea for people with heart disease.

Another familiar symptom of smoking pot is conjunctivitis, reddening of the eyes, which has nothing to do with the irritant effect of the smoke but is produced by dilation of the blood vessels of the eyes. Likewise familiar is the sensation of dryness in the mouth and the craving for food, especially sweets. Moderate levels of marijuana use generally have sedative effects; but consumption of large quantities have the paradoxical effect of overstimulating the user and destroying his ability to sleep.

None of the foregoing effects of pot would cost a pathologist a moment's worry. At the very most he would put marijuana down in his notebook as 'mildly toxic.' The only clear dangers in dope smoking are those that are analogous to the harmful effects of smoking tobacco, drinking alcohol and having anxiety attacks. Let's take them in that order.

After all we have learned about smoking in recent years, it is perfectly clear that repeated irritation of the delicate tissues of the mouth, throat, bronchial tubes and lungs is certain over a period of years—depending on the individual's degree of susceptibility—to produce effects that range from chronic coughs to lung cancer. Marijuana is no different from tobacco in this wise; in fact, the sort of marijuana that is generally available is much harsher and more punishing to the throat and lungs than is tobacco, a carefully cured, treated and filtered smoke.

Whether marijuana contains chemicals that make it even more carcinogenic than tobacco is an issue upon which it is much too soon to pronounce. A study at the University of Indiana in 1975—which employed a smoking machine to measure the difference between inhaling 2,000 joints of Mexican grass and 2,000 tobacco cigarettes—concluded that there was a greater concentration of cancer-causing agents in marijuana smoke than in cigarette smoke. The chemist in charge of the experiment suggested that "more potent marijuana containing larger amounts of the active ingredient [THC] might also produce more carcinogens when smoked." This would eliminate the possibility of protecting the smoker through the use of filters. He
observed also that the marijuana smoker inhales more deeply than the tobacco smoker, drawing the smoke down into those portions of the lung that are least adapted to such irritation, that he holds the smoke within respiratory system longer and that he smokes the cigarette farther down to the butt. Experiments on animals and long-term human studies like those which established the carcinogenic effect of tobacco smoking are needed to confirm the link between cannabis and cancer. The probability is extremely high that the correlation will be confirmed and marijuana will be found to offer an even greater threat of cancer than tobacco.

The one medical advantage that the grass smoker has had traditionally over the tobacco smoker is that he smokes so much less. Until recent times, most people who smoked dope did so only in the evenings or on weekends and they passed the joint around instead of smoking the whole stick themselves. This meant that even if the smoke were more irritating or the technique of smoking more damaging, the smoker did so little smoking that the effects on his health could not be really detrimental. As marijuana becomes more available, however, this traditional pattern of consumption changes. People smoke more and more. When you spend a lot of time with people who have virtually unlimited access to marijuana, you discover that they smoke all the timer when they get up in the morning, as they work through the day, as they drive, drink or play. Basically, their smoking pattern is no different from that of the heavy cigarette smoker. (Marijuana smokers are often tobacco smokers as well.)

One of the reasons for this increase in smoking is the phenomenon of tolerance. Back in the Sixties, when the hippies were selling America on dope, there was a lot of talk about "reverse tolerance" in marijuana smoking. It was observed that novice smokers frequently failed to get high after their first experiments with the drug, whereas experienced smokers could get off on just a couple of puffs. Subsequent scientific study of this phenomenon demonstrated that it had a physiological basis but that the effect of "reverse tolerance" was only temporary. If the smoker continued using marijuana regularly, he would develop true tolerance and require more and more dope to get the same effect.

One alternative to this steadily escalating irritation of the breathing apparatus is to ingest cannabis orally, as the Arabs have always done with their hashish confections. With modern technology, we could improve on Arab methods and produce pills of THC concentrate or even synthetic THC that could be consumed in exactly measured doses. The objection to this proposal is that for reasons that are not understood, cannabis is far more effective when smoked than when consumed orally. Smoking produces within a few minutes effects that may last for hours; oral doses of far greater potency do not manifest themselves for at least an hour, though the effects may last as long as six hours. As the oral dose is not felt at the time it is consumed, there is a strong tendency to take more dope than the subject can handle. Then, when the effects begin to manifest themselves, it is too late to stop; the trip is on and it may last until the dope eater is driven into extreme panic.
Another fallacy of the dope world that has been exploded by current scientific research is the idea that dope smokers, unlike drinkers, are no more prone to automobile accidents than sober folk. In fact, if you want the myth in its strongest form, the contention is that dope smokers are safer drivers than the average unstoned citizen because they bring such exacting concentration to bear upon every act they perform. (This concentration is so great with many doped-up drivers that I have often seen them miss turnpike exits.) Recent studies have shown that these claims are without foundation. Though the last word on smoking and driving cannot be pronounced until extensive studies have been made of actual road accidents and their correlation with dope smoking, the results of artificial tests performed under laboratory conditions suggest strongly that the pot-intoxicated driver is no less prone than the drunk driver to make errors in judgment and physical coordination. The only advantage that the doper has over the drunk is in the matter of aggressiveness in driving. The pot head is typically less eager to pass another car on the road than the drinker: he takes longer to assess the risks of passing and is less likely to accept these risks. On the other hand, the pot smoker is more likely than the drinker to get into his car and drive immediately after getting high.

The fact is that most people who smoke dope also drink alcohol; the idea that the two methods of intoxication are mutually exclusive is yet another example of the tendentious and erroneous rhetoric of the Sixties. When a person both dopes and drinks, the chances of his having an automobile accident are greatly increased. The pot impairs his motor responses, particularly his peripheral vision, and the booze spurs him on to aggressive passing and other bullish tactics on the highway. As the experiments have demonstrated, the greatest errors in tracking are those made by drivers who are both stoned and juiced.

A much more dangerous side effect of smoking pot is the possibility of the smoke habit escalating to more potent and dangerous drugs. We are witnessing currently an epidemic of cocaine usage, which would have been hard to imagine before the widespread experimentation with marijuana and other drugs in the Sixties. Cocaine can be rationalized like grass, as a "natural" substance, though the refining process required to extract the alkaloid from the coca leaf is just as unnatural as the refining of heroin from opium. It can be associated, like marijuana, with ancient folk usage, though the chewing of coca leaves is a totally different experience than the snorting of refined cocaine. There is also the cop-out that cocaine is not an addictive drug, though the whole notion of addiction as a compulsive bodily craving has eroded badly in modern times, and we now have come to understand that the basis for any addiction is primarily psychological. So the notion that marijuana leads to heavier drugs, which has been ridiculed and discounted for generations, is a contention that deserves very careful scrutiny.
The simple truth is that once one starts experimenting with drugs, he opens up a Pandora's box. The term "multiple-drug abuser," which is one of the most accurate if inelegant phrases for describing the current drug scene, suggests the true state of affairs. Once one has pleasured himself with one drug, he is naturally well disposed to the idea of drug usage in general. Smoking pot, for example, is like walking through the revolving barrel at the amusement park. You may stumble at first, but gradually you learn to keep your balance and enjoy the odd sensation. Eventually, you crave something more exciting; now you have the confidence to accept a new and greater challenge. Abstractly speaking, there is no reason why one should not taste every chemical pleasure. Millions of sophisticated dope users have judged the highest of all such pleasures to be heroin. Consequently, the cliche that smoking dope leads to mainlining horse (or sniffing it, to get around the needle phobia) is not that absurd when you view it from a more sophisticated perspective. What has to be stressed here is that the profound disposition in our society toward seeking pleasure through drugs is not something that can be checked by outlawing the mildest and most harmless of the popular euphoriants. Given the basic thrust, the process will continue whatever the legal status of marijuana. It is vain, however, given the present arrangement of taboos in our culture, to deny that the training ground for all illicit drug usage is marijuana.

The least-understood problem presented by cannabis is the occasional anxiety reaction. Here it would appear that we have a clear-cut case of the familiar panic in the face of a loss of self-control. Though marijuana is as much a soporific as a euphoriant, the dopey down stage following upon the initial high, some people become alarmed the moment they perceive the slightest alteration in their normal state of consciousness. Bad trips on marijuana occur generally when the smoker is inexperienced, emotionally perturbed, or in a strange or alarming social setting. They may also be triggered by very strong grass, which carries the smoker further than he is accustomed to going when high. Typically, a bad trip will produce symptoms of paranoia. The smoker will feel anxiety and disorientation. He may imagine that something dreadful is happening to him. He may feel a heart palpitation and think he is suffering a heart attack. He may suffer a delusion and think he is losing his mind. The panic induced by these fears intensifies the emotional disturbance and may lead ultimately to some precipitous act designed to turn off the terror.

The remedy for marijuana-induced panic is precisely that for any sort of panic. The frightened person must be assured by someone he trusts, such as a doctor, that the anxiety will soon end, that it is merely the effect of the drug and not some disastrous failure of his mind or body. Like any such experience, the bad trip has one value: it teaches caution and moderation in the future.

Though most of the medical research into marijuana has been dedicated to turning up hidden dangers, there has been a small
but steadily growing body of work that has established the therapeutic values of cannabis. Marijuana has always been a specific in folk medicine, a fact of which I received firsthand knowledge when I lived in Jamaica. My landlord, a prosperous white electrical contractor, told me that when his son was young, he had suffered from asthma. When all the usual medical prescriptions failed, the father became extremely distressed. Everywhere he went, he discussed the boy's problem. One day he was talking to the police chief of Montego Bay, a black. When the chief heard that the boy was suffering from asthma, he reached into the drawer of his desk and pulled out a bundle of ganja. "Take this and brew it into tea and give it to the boy," he said. The contractor had never heard of this old folk remedy, but he was desperate enough to try anything. He took the grass home, had the tea brewed and fed it to his son, who was suffering shortness of breath. Within an hour the boy began to breathe easier. The effect lasted for many hours. Next day, the father administered the tea again. Within a couple of days the attack had passed.

When I heard this story, I assumed that the effects were psychological. Asthma is a notoriously psychosomatic disease; it could be affected by a placebo. Recently, however, a whole series of scientific studies have confirmed the soundness of the Jamaican household remedy. Cannabis does function as a dilator of air passages in the lungs. It is an excellent specific for asthma, especially in forms that do not transmit the THC through puffs of irritating smoke. Currently an aerosol spray with THC is being tested on asthmatics with great success.

Another distressing condition for which marijuana has now become the standard prescription is the nausea which accompanies chemotherapy for cancer. Not long after I published my first article on marijuana, I received a call from a doctor whose patient I have been for years. He told me that he had developed severe cancer and was receiving treatments that made him violently nauseous. Could I help him get some pot? I was astonished that a man with the whole world of drugs at his beck and call should want such a primitive remedy. Later, when I read the medical literature on the subject, I discovered that three federal agencies were investigating this valuable therapeutic effect.

Yet another therapeutic use of marijuana is in cases of glaucoma. Recently, Robert Randall, a twenty-nine-year-old speech teacher in Washington, D.C., made a formal application to the DEA for permission to smoke dope in order to save his vision. His appeal was backed by affidavits.
from his eye specialist and from a medical research group in California that had been treating him with marijuana. They discovered that when the young man smoked, the pressure within his eyeball was lowered sufficiently so that no further damage was caused to his visual nerves. Without this reduction in pressure, obtainable in no other way, he was certain to go blind. With permission to smoke dope, he had a chance of saving his vision. Permission was granted, and Randall also became the first subject in a federally sponsored program to test the efficacy of THC eye drops in cases of glaucoma.

When one examines the scientific literature on cannabis, the most conspicuous omission is in the area of the positive psychological benefits of dope smoking. Ours is a notoriously antihedonistic society. The notion of a serious scientist dedicating himself to finding new ways to give people pleasure is one that makes no sense to us latter-day Puritans. Even assuming, however, that the attainment of pleasure is not a proper goal for the "exact sciences," what is one to make of the familiar claims for marijuana as an aid to reflection, as an inspiration for art, as a tranquilizer and soporific, as an enhancer of erotic and other sensual experiences, as a promoter of that free flow of associations in which the psychoanalysts find such valuable revelations of the human psyche? We are easily alarmed at the prospect of a generation of ill-motivated, short-attentioned, memory-lacking dolts dozing over the assembly lines or nodding out in the missile silos. Anything that threatens our capacity to work can become matter for legislative concern. Yet one could argue just as persuasively, with an even greater showing of distinguished hands, that marijuana (and other drugs) have operated powerfully to effect many of the most valued mental achievements of modern civilization. The number of writers, musicians and painters, scientists, statesmen and businessmen who would step forward to testify on behalf of the inspirational qualities of marijuana is staggering. It would take a great many meetings of Senator Eastland's subcommittee to hear them all out. Likewise the number of ordinary citizens of all age groups who attribute to marijuana every sort of positive benefit from the improvement of their sex life to the lowering of their blood pressure to the soundness of their sleep to the enhancement of their appetite to the antidote to their incipient alcoholism to the solidifying of their ties to their dope-smoking children is something that no scientist—or politician—should lightly discount. The dope constituency in America is vast today. Unless one adopts the highly undemocratic attitude that the people never know what's good for them, the mounting tally of votes in favor of marijuana should inspire some sober thinkers to explore the possibility that this illicit substance is really socially beneficial.

SHOULD MARIJUANA BE LEGALIZED?

Though marijuana has proven to be a relatively harmless substance, there appears to be a profound reluctance on the part of the people who make our laws to recognize this obvious fact and make the necessary modifications in the criminal code. The most that is offered us by the
Carter administration is the hope that one of these days the drug will be decriminalized—by the states. Decriminalization can be extolled as a step in the right direction; but as a rational policy it is preposterous, like being "a little bit pregnant." If marijuana poses no clear threat to its smokers, it is a violation of our civil liberties and the constitutionally endorsed right to the "pursuit of happiness" to bar the drug from consumption on the same terms as its natural counterparts, alcohol and tobacco. What is more, by compelling marijuana users to consume this product in the manner of bathtub gin, many real and present health hazards are created. By not subjecting the drug to the normal standards of control, anything can be marketed as marijuana. High-potency grades that can trigger dangerous anxiety attacks are offered with the same hand that passes stuff so weak that its sale is really a commercial racket. Plants that may carry dangerous germs or plant diseases (or defoliant chemicals that are pure poisons) are shipped into the country in vast quantities and dumped on unsuspecting users. Far from protecting the public health, the current laws expose millions of Americans to dangers that cannot even be measured.

Though the War on Drugs has failed completely to block the avalanche of dope that comes pouring into the country every year, the law does serve to put great numbers of Americans in jail or to compel them to engage in costly and damaging legal contests. In 1977, a record number of arrests (457,000) were made for simple possession. Though eleven states have decriminalized dope, thirty-nine other states have not done so, nor are most of them about to liberalize their laws. What's more, the cost of enforcing the current law is enormous. The federal government alone spends nearly $100 million a year prosecuting dope cases, to say nothing of the hundreds of millions it expends to maintain its huge drug enforcement apparatus. The only rationalization that hard-liners against liberalization of the law are able to muster is the oft-voiced fear that if the law is softened, the consumption of marijuana will be increased vastly. Marijuana consumption is increasing rapidly, but there is no correlation between this increase and the liberalization of the drug laws. In fact, in every case in., which a study has been made of consumption rates before and after passage of a decriminalization statute, the finding has been the same: no discernible increase in marijuana consumption.

Were the government to lift the ban on marijuana instead of spending hundreds of millions of dollars every year to enforce an unenforceable statute, the position would be totally reversed. A study made for the purposes of this book estimated that by applying the same excises to marijuana that are applied to tobacco and alcohol, the federal government alone could realize about $5 billion annually. The states and local municipalities would profit in like manner. At the same time the farming, processing and marketing of marijuana would become major new industries.

The most important single benefit of the legalization of marijuana would be the wiping out of the marijuana underworld. The longer the present laws remain in effect, the more crime,
violence, killing, social corruption and moral decay will be introduced into our society. The law has encouraged the growth of a vast criminal underworld which is not the old criminal underworld but a new gangland comprising for the most part young men and women who are not criminals by nature but who are compelled by the logic of their undertakings to engage in criminal acts that gradually escalate to an intolerable level. These young people are busy proving that crime does pay. Their example encourages the flouting of all laws. Eventually, they could spawn a generation of outlaws.

The bottom line of this balance sheet is the effect that continuing the current prohibition will have on the nations of South America. Here we encounter the most horrible examples of the perversion of law and order. A country like Colombia is literally being destroyed by dope smuggling. The government is corrupt, the people restive, the national economy staggering under conditions that could soon produce an explosion. In an age when America has become so conscious of the effects it produces on the rest of the world, particularly on the relatively undeveloped and highly vulnerable Third World nations, it behooves us to wake up to the deadly influences we are bringing to bear on our nearest good neighbors.

Marijuana should be a source of pleasure, not of pain and shame. We should be free to cultivate and sell and buy this harmless euphoriant. The only controls should be those that are imposed to protect the public from bogus or polluted merchandise. With the dreadful example of Prohibition before us, it seems nearly unthinkable that we should have done it again; taken some basic human craving and perverted it into a vast system of organized crime and social corruption. When will we learn that in a democracy it is for the people to tell the government, not for the government to tell the people, what makes them happy?

LETHAL WEED

The irrational and dangerous character of the American government's policy towards marijuana was snapped into frightening focus in March 1978. The Secretary of Health, Education and Welfare, Joseph A. Califano, Jr., announced that permanent lung damage could result from smoking Mexican weed that had been sprayed with a herbicide called Paraquat. A preliminary sampling of marijuana confiscated in the Southwest had shown that 21 per cent of the grass was contaminated and that the average concentration of the chemical on the plant stuff was 450 parts per million, which drastically exceeded the maximum level allowable in American agriculture of 0.05 parts per million.
The panic that ensued after this announcement sent hundreds of thousands of people rushing to health clinics; it flooded testing facilities with thousands of specimens of marijuana; and it inspired a scramble in Washington, where officials of the government, lawyers for NORML (National Organization for the Reform of the Marihuana Laws), the Congress and the President all maneuvered confusingly to either clarify the problem and assign responsibility or to deny the danger and defuse the political issue. A fast program was launched to test the effects of inhaling Paraquat, and a couple of months after the first announcement the results were published. The findings were appalling.

A smoker who inhaled four or five joints a day for two months could develop fibrosis of the lungs: a condition that reduces the lungs’ capacity to absorb oxygen and thereby lays the foundation for countless other organic ailments. Fibrosis is not only a serious disease; it is insidious, hard to diagnose and irreversible. Overnight a country that had become utterly blase about smoking dope, a country with at least 16 million regular marijuana smokers, was put on notice that it had been poisoned by its own government.

In the confusion of statements and counter-statements that followed the initial reports, the medical findings were obscured by the rhetoric of the politicians and the dopers. When it was discovered that some of the testing had been inaccurate and no evidence was forthcoming of an epidemic of lung fibrosis, the panic subsided as quickly as it had begun. Congress ordered that the herbicide be mixed with a red dye—an order which the Mexicans refused to heed. Eventually, some people began to say that the whole issue had been a hoax engineered by the authorities to discourage the smoking of dope. When the National Institute of Drug Abuse confirmed the original warnings a year after they had been issued, the Paraquat scandal had been so completely forgotten that the media ignored the final word in the controversy.

By now it is clear that from the time the spraying program was instituted in 1975, certain officials in the government were aware of its dangers. They knew that some of the contaminated marijuana was being harvested immediately after it had been sprayed, and they knew that this poisonous leaf was indistinguishable by the consumer from pure marijuana. When pressure was brought to bear on the government by NORML and other interested parties, the officials of the government agencies involved in the program resisted the investigation and took the line that dope was illegal and therefore the dopers were not entitled to the protection extended to consumers of legitimate substances. Even when the scandal broke, President Carter continued to endorse the spraying, remarking: "I favor this program very strongly." Needless to say, without this wholehearted endorsement by the American government, the Mexicans could not have undertaken such a campaign. The $40 million allocated for the eradication, as well as the
helicopters used for spraying and even the contract pilots had all come from the United States.

Whatever the final results of the Paraquat episode prove to be, no one should dismiss this scandal simply as a false alarm. What the incident really reveals is the enormous danger inherent in any policy that tolerates the use of a drug while seeking at the same time to cut off the supply of this drug by any and every means. As with virtually every other feature of marijuana prohibition, the Paraquat scandal reflects precisely the worst features of alcohol prohibition. Though the present generation cannot be expected to know such things, thousands of people were blinded, crippled or even killed during Prohibition by consuming liquor that was contaminated with deadly toxins.

The classic example was Jake Leg: a crippling affliction produced by drinking Jamaican ginger extract that had been stretched with triorthocresyl phosphate, an ingredient of varnish and lacquers. Like Paraquat, this chemical was tasteless and odorless. Like Paraquat, it was highly toxic. It paralyzed fifty thousand drinkers in the South and Midwest. The only important difference between the two cases is one of responsibility. Jake Leg was peddled by conscienceless criminals. Paraquat poisoning is the work of government officials whose sworn duty it is to protect your health.

The Paraquat scandal provides, therefore, the first and only confirmation of the alleged dangers of smoking marijuana. As Professor Nahas has long contended, marijuana is a "deceptive weed." The deceit, however, lies not in the drug but in the scientists who sanctioned the use of this poison without so much as troubling to ascertain its potential effects. The deceit lies in the government officials who have escalated the War on Drugs until it has become a war on millions of American citizens conducted with the same nefarious weapons that we were forced to abjure in Vietnam. The deceit lies in the Carter administration, with its hypocritical and now discredited drug adviser, Dr. Peter Bourne, who alternated during the height of the crisis between denying responsibility for what the Mexicans had done (as if they were not the creatures of our policy) and rejecting the protests of the potential victims on the grounds that they were consuming an illegal substance. Ultimately, the deceit lies just where it has always festered since the days of Harry Anslinger and Killer Weed: in the irrational and puritanical minds of the American majority, always eager to stamp out evil—like a weed.